

Medicines Management in the Domiciliary Setting (Adults) Policy

DOCUMENT NO:	DN230
---------------------	--------------

Lead author/initiator(s): (enter job titles)	Ann Darvill Principal Pharmacist
---	----------------------------------

Developed by: (enter Team/Group etc.)	Domiciliary Medicines Management Group
--	--

Approved by: (enter management group/committee)	Medication Safety and Governance Group
Approval date:	26 th February 2013 version approved 13 th November 2013
Review date:	February 2015
Version no:	2.2

<i>For office use only:</i>	
Ratified by: (enter Board of Directors or Sub-committee of BoD)	Quality Improvement and Safety Committee
Date ratified:	18 th December 2013

Version Control And Revisions:			
Version	Page/Para No.	Description of change	Date approved
2		First published	<i>February 2011</i>
2.1	Document Control Sheet	Updated links. Addition of Cambridgeshire County Council Training Standards for Medicines Management.	26 th February 2013
2.1	Section 3	Roles and responsibilities of Care managers, providers and staff corrected and updated	
2.1	Section 4.2	Recognises the recently approved Cambridgeshire Medication Competency Criteria	
2.1	Section 4.3	Clarified – Level 3 support may be provided following specialist training and competence, and does not need to be delegated	
2.1	Section 5.1	Clarified and allows some flexibility to the medicines management team	
2.1	Section 6.2	Clarification that Preparation for the service user to take at a later time always constitutes Level 2 support, and requires the provider to monitor such support	
2.1	Section 10	Corrected according to current legislation and for consistency with the overarching Trust	26 th February 2013

		Medicines Management Policy. Removed the requirement to count exact quantities of controlled drugs because these are not treated any differently from other medicines and care staff may not be able to identify them.	
2.1	Section 14	<ul style="list-style-type: none"> • Deletion of “Specialist Medication risk Assessment” but includes “Medicines Risk Assessment” and “Care Assessment” • Addition of “Care Grid” • Further clarification of “Compliance Aid” and “Monitored Dosage System” 	
2.1	Appendix 1	<ul style="list-style-type: none"> • Correction of Disability Discrimination Act – reference instead made to the Equality Act 2010. • Clarification of Level 2 in the light of the revised terms in the glossary (care grid, medicines risk assessment), and makes reference to the Mental Capacity Act rather than the DH document, “Seeking Consent” • Clarification of Level 3 support for consistency with section 4.3 	
2.1	Appendix 2	<ul style="list-style-type: none"> • Added instruction to report missed doses to the care worker’s manager. • Addition of instruction to sign for missed or prepared doses on the MAR, pending revised MAR chart design. 	
2.1	Appendix 3	Cambridgeshire Medication Competency Criteria added	
2.2	Throughout	Web links updated	13 th November 2013
2.2	Section 3.2 7 th bullet point	Added “receiving level 1, 2 or 3 support with their medicines”	13 th November 2013
2.2	Section 7	Added: <ul style="list-style-type: none"> • Service users should self-administer their medicines whenever possible and appropriate. • Care staff must pay due regard to service users’ privacy, dignity and religious/ cultural beliefs at all times. Service users have the right to refuse their medicines and must never be coerced to take them. 	13 th November 2013
2.2	Section 13	Deleted reference to NSF for older people	13 th November 2013
2.2	Appendix 1	Deleted references to Reg 14 Sch.4(4) (superseded legislation)	13 th November 2013
2.2	Appendix 2	Amended heading on second page by adding “ ONE BY ONE ”	13 th November 2013
2.2	Appendix 2, points 11 and 12	Deleted “initial in the correct space on the MAR (if available)”	13 th November 2013


THIS IS A CONTROLLED DOCUMENT

Whilst this document may be printed, the electronic version maintained on the CCS NHS Trust Intranet is the controlled copy. Any printed copies of this document are not controlled.

© Cambridgeshire Community Services NHS Trust. Not to be reproduced without written permission.

DOCUMENT CONTROL SHEET

Purpose and Scope of document:	<p>To provide guidance to support safe and consistent management of medicines by authorised staff in accordance with current legislation, national and local guidance. To provide a policy which forms part of the Home and Community Support Contract and the contract for the provision of Extra Care Services in Cambridgeshire. This policy applies to assistance with medicines in the domiciliary setting for adults over 18 years of age.</p> <p>This Policy replaces: The Cambridgeshire Health and Social Care Organisations Policy for Assisting People with Prescribed Medication in the Domiciliary Setting, DN 133 approved February 2011, which should be archived.</p>
Dissemination:	<p>Available on the Trust intranet http://www.cambscommunityservices.nhs.uk/document-library And on the Trust website: http://www.cambscommunityservices.nhs.uk/about-us/policies-and-procedures/clinical-medicines-team</p> <p>All healthcare staff in the Trust will be informed via the Communication Cascade Cambridgeshire County Council training and contracts departments;</p> <p>Chief Pharmacists: Addenbrookes, Hinchingsbrooke, QEH, Peterborough, and West Suffolk Hospitals, Cambridgeshire and Peterborough Mental Health Trust, Luton and Dunstable Hospital; Community Pharmacists via Local Pharmacy Networks; Medicines Management Team NHS Cambridgeshire; NHS Cambridgeshire Practice Managers – for information</p>
Implementation:	<p>For implementation by CCS NHS Trust staff and private providers who sign up to this policy.</p>
Review:	<p>Two years after ratification or earlier if there is new national guidance, changes in treatment or legislation.</p>
This document supports (enter Standards and Legislation):	<p>CQC Guidance about compliance, Essential standards of quality and safety Outcome 9 National Service Framework for Older People 2001 Mental Capacity Act 2005 Department of Health 2006, Our Health, Our Care, Our Say: A New Direction For Community Services The Royal Pharmaceutical Society of Great Britain Feb 2009: Principles of safe and appropriate production of medicine administration charts. The Royal Pharmaceutical Society of Great Britain 2007: The Handling of Medicines in Social Care</p>
Key related documents:	<p>CCS NHS Trust Medicines Management Policy CCS NHS Trust Delegation Policy CCS NHS Trust Policy for Consent to Examination or Treatment Cambridgeshire County Council Standards for Medicines Management Training in Adult Social Care Cambridgeshire County Council Guidance and Procedures Summary, Protection of Vulnerable Adults from Abuse/Safeguarding Adults Practice November 2008 available at www.cambridgeshire.gov.uk/social/adultprot/ Also: Resource materials to accompany this policy are available from http://www.cambscommunityservices.nhs.uk/about-us/policies-and-procedures/clinical-medicines-team Including:</p> <ul style="list-style-type: none"> • Frequently Asked Questions

	<ul style="list-style-type: none"> • Example MAR charts, prn charts, reducing dose charts. • CCS NHS Trust Medicines Management Standard Operating Procedure for the preparation of MAR charts (as an example for other agencies) • Instructions for use of MAR charts by care workers, intended to be laminated and kept for reference on a daily basis by care staff. • Example form for medicines removed and returned to pharmacy for disposal • Cambridgeshire County Council Standard for Medicines Management Training in Adult Social Care, including competency criteria • Competency Framework <p>These resources will be updated and supplemented on an ongoing basis.</p>
Contact point for queries	CCS NHS Trust Medicines Management Team via Trust HQ reception – 01480 308222
Equality & Diversity:	<p>The lead author/initiator(s) has carried out a rapid Equality and Diversity Impact Assessment on this document. YES</p>  <p>S:\Clinical & Practice Governance\Policies\</p>
Financial Implications:	There are no new financial implications for the Trust.
Key word search	Medicines, home, domiciliary, carers, providers, MAR chart, medication, agency, care manager

1.0	Introduction	6
2.0	Aims and Objectives	6
3.0	Roles and Responsibilities	6
3.1	Care Manager	6
3.2	Care Provider	7
3.3	Care Staff (Formal Carers)	8
3.4	Registered Nurses	8
4.0	Training and Competency	8
4.1	Level 1 Support	8
4.2	Level 2 Support	9
4.3	Level 3 Support	9
5.0	Supply of Medicines	9
5.1	Over the Counter Medicines (Household Remedies)	9
6.0	Storage of Medicines	9
6.1	Hiding Medicines and Covert Administration	10
6.2	Removal from Original Packaging	10
7.0	Administration	11
7.1	Monitored Dosage Systems	11
8.0	Medication Administration Records (MAR Charts)	12
8.1	Purpose of the MAR chart	12
8.2	Responsibilities of care providers for MAR charts	12
8.3	Safe production of MAR charts	12
8.4	Contents of MAR charts	13
8.5	Use of MAR charts	13
8.6	As Required (prn) medication	13
8.7	Variable doses	14
8.7.1	Patient Choice	14
8.7.2	Warfarin	15
8.8	Changes in Medication	15
8.8.1	Discharge from Hospital	15
8.8.2	Verbal Instructions to change medication or doses	15
8.9	Retention of Records	16
9.0	Mistakes in Administration	16
10.0	Disposal of Medicines	17
11.0	Risk Management/ Liability/ Monitoring and Audit	17
12.0	Equality and Diversity Statement	17
13.0	References	18
14.0	Glossary	19
Appendix 1	Levels of Assistance with Medicines	20
Appendix 2	Instructions for use of the Medicines Administration Record (MAR) Chart by Care Workers	22
Appendix 3	Cambridgeshire Medication Competency Criteria	24

1.0 INTRODUCTION

Care Quality Commission (CQC) Outcome 9 : Management of Medicines, states that people using a service regulated by CQC:

- *Will have their medicines at the times they need them, and in a safe way.*
- *Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.*

This is because providers who comply with the regulations will:

- *Handle medicines safely, securely and appropriately.*
- *Ensure that medicines are prescribed and given by people safely.*
- *Follow published guidance about how to use medicines safely*

2.0 AIMS AND OBJECTIVES

Cambridgeshire Community Services NHS Trust (the Trust) has developed this policy in order to

- Ensure that service users' health, wellbeing and independence is promoted with regard to the management of their medicines, in a manner consistent with the seven outcomes set out in the White Paper: Our health, our care, our say:
 - Improved health and emotional well-being
 - Improved quality of life
 - Making a positive contribution
 - Increased choice and control
 - Freedom from discrimination or harassment
 - Economic well-being
 - Maintaining personal dignity and respect
- Provide a framework for the consistent safe and secure management of medicines in the domiciliary setting for Trust staff
- Facilitate collaboration with other agencies who provide care which includes support with medicines in the domiciliary setting
- Provide a policy which will form part of the Home and Community Support contract and the contract for the provision of Extra Care services in Cambridgeshire.

3.0 ROLES AND RESPONSIBILITIES

Please refer to Section 14, Glossary, for definitions of the roles listed below

3.1 Care Manager

It is the Care Manager's responsibility to:

- Assess the service user's care requirements. This includes assessing the level of support with medication the service user requires. (See Appendix 1 "Levels of Assistance")
- Stipulate the level of support to be provided in the care grid and on the care assessment.
- Refer for review by medicines management team if considered appropriate.
- Refer to the Trust's medicines management team for review prior to completing the care grid if it is identified that a care visit will be planned for medication assistance only. (See Document Control Sheet – Contact Point for Queries) If an urgent call is needed to administer medication, the service user should be informed that care input may change pending medication review.

- Take into consideration, when commissioning care, any factors which may require more time to be completed safely.
- Ensure that a review is conducted whenever there is a change in the service user's circumstances which may affect the level of support required, or, as a minimum, every year.
- Ensure that all providers of care, including Day Care, Respite, Domiciliary, Supported Living and Home and Community Support are aware of the service user's needs.
- Liaise with family members and other informal carers
- Seek consent according to Trust/ their organisation's consent policy

3.2 Care Provider

It is the Care Provider's responsibility to:

- Ensure that, when agreeing to provide assistance with medication, they have the capacity and capability to do so safely.
- Ensure they have appropriate employee liability insurance.
- Ensure that their staff comply with this policy.
- Establish, document and maintain an effective system by which medicines are managed safely and securely (with particular attention to controlled drugs) to meet the service user's care needs.
- Designate an experienced senior member of staff to be responsible for management of this system.
- Ensure that care staff providing assistance with medication, and appropriate managers, have been trained and are competent to do so. (See Section 4, Training and Competency)
- Conduct and maintain a Medicines Risk Assessment for each service user who takes prescribed medication receiving level 1, 2 or 3 support with their medicines.
- Provide a Medication Administration Record (MAR) chart, or ensure a MAR chart is available for their staff to record level 2 or level 3 assistance provided. (See Section 8 – MAR Charts)
- Set up a system to assure the source and accuracy of information contained in the MAR chart, and any changes.
- Establish a system by which any changes made after production are evident, i.e. dated, signed and indicates who has made the change.
- Establish an effective system to ensure that any MAR charts which are no longer in use (e.g. from previous months) are removed promptly from the premises .
- Establish a system by which completed (i.e. used) MAR charts are reviewed by a senior, experienced member of staff at least once a month, who reports any discrepancies via Datix or their own incident reporting system and takes appropriate action
- Establish an effective system to ensure that the MAR chart is reviewed following discharge from hospital, and is updated when changes are made to the service user's medication, e.g. following an out-patient appointment.
- Immediately take medical advice in the event of a mistake occurring, and to fully investigate, document and take necessary measures to prevent recurrence. Provided due care and attention has been taken, and the policy has been adhered to, genuine mistakes should not be treated as a disciplinary matter. However, failure to report a mistake would be a disciplinary matter.
- Monitor the care provision and requirements to ensure the care continues to be delivered and is appropriate.
- Respond to concerns raised by care staff and others about the service user's medicines management.
- Respect the service user's right to refuse medicine on any occasion.
- Specify in the care plan the details of support with medicines to be provided.

3.3 Care Staff (Formal carers)

It is the responsibility of Care Staff to:

- Follow the care plan and this policy with meticulous care and attention.
- Provide the level of support specified in the care plan:
 - Level 1 support (e.g. prompting) in accordance with the care plan and the service user's instructions.
 - Only give level 2 or 3 support in accordance with the care plan **and** the prescriber's instructions.
- Meticulously follow the procedure contained in "Instructions for use of Medicines Administration Record (MAR) chart by care workers" when administering medicines (Appendix 2).
- Record level 1 support in the care record.
- Record all level 2 or 3 assistance given on the MAR chart provided. (See Section 8)
- Be alert to any factors which may pose a risk to the service user, and to report any concerns to their manager or the care provider's designated responsible person. This may include concerns about the availability or accuracy of the MAR chart.
- Immediately report any refused doses or mistakes in the administration of medication to their manager, including omitted doses. **If unable to contact the manager, the care worker should not delay seeking medical advice**
- Act in a way which would not put themselves or the service user at risk.
- Ensure they have received the necessary training and are competent and confident to provide the care required.

Care Staff are **only** accountable for medication they themselves administer or assist with.

3.4 Registered Nurses

It is the responsibility of a registered nurse to:

- Carry out a health care assessment.
- Provide nursing and clinical care to service users. This includes caring for wounds and pressure sores, and carrying out invasive procedures such as injections and use of catheter maintenance solutions.
- Monitor the health status of the service user and report any changes to the service user's General Practitioner (GP) as appropriate.
- Adhere to their professional practice guidelines.
- Adhere to the Trust Medicines Management Policy and this policy.

4 TRAINING AND COMPETENCY

Training for Trust non-registered staff in Cambridgeshire, and independent providers who provide care for service users who live in Cambridgeshire is offered by Cambridgeshire County Council in partnership with the Trust. Training sourced elsewhere must incorporate the requirements of this policy, and comply with Cambridgeshire County Council's Standards for Medicines Management Training in Adult Social Care.

4.1 Level 1 Support (See Appendix 1 for details of the levels of support)

Any staff providing level 1 support with medication must clearly understand the limits of the support to be provided, and work strictly within the instructions in the care plan.

If they have any concerns regarding this, or the service user appears to require a greater level of support, the care worker must report this to their manager promptly.

4.2 Level 2 Support

Care staff must not be permitted to give level 2 support with medication until they have:

- Received training in medicines management, and
- Been assessed as competent against the elements set down in the Cambridgeshire Medication Competency Criteria (Appendix 3)

Competencies should be assessed consistently and re-assessed annually.

4.3 Level 3 support

Care staff must not be permitted to give level 3 support with medication unless they have received the necessary specialist training for the task and are deemed competent.

This may involve delegation by a registered nurse, for an individual service user, and an individual care worker by mutual agreement between the registered practitioner and the care worker. The nurse must train the care worker and be satisfied they remain competent to carry out the task. The nurse remains accountable for the task. A record of such delegation must be retained by the provider and the nurse.

Nurses employed by the Trust are not permitted to delegate to employees of any other organisation, for reasons of accountability. See Appendix 1 and refer to the Trust Delegation Policy.

5 SUPPLY OF MEDICINES

- The service user's medicines should already be in the house.
- Care staff may collect repeat medicines **only** if this is specified in the care plan.
- Care staff may assist with the repeat prescription request **only** if specified in the care plan.
- All assistance in obtaining the medicines must be recorded in the care record in such a way that other care staff are able to see what has been ordered or collected.
- Care staff should complete the "Medication audit" section of the MAR Chart for any supplies received

5.1 Over the Counter Medicines (Household Remedies)

Whilst the purchase of medicines or herbal or alternative therapies may take place if requested, the patient's GP must be informed, and medical or pharmaceutical advice sought before or at the time of the purchase, in order to reduce the risk of interactions with prescribed medicines.

Care staff **must not** give any assistance with the administration of these medicines. An exception may be made under very exceptional circumstances, following discussion with the medicines management team, and involving a number of strict provisions.

The use of household remedies, when known, must be documented, and considered in the initial and ongoing Medicines Risk Assessments.

6 STORAGE OF MEDICINES

- Medicines must be stored where they are readily accessible to all carers, subject to the Medicines Risk Assessment.
- Medicines should be kept out of the reach and sight of children and others to whom they may pose a risk.
- Medicines should be kept away from sources of heat, light and damp.

- Where the product label or packaging specifies defined storage conditions, e.g. refrigeration, this must be followed. If it becomes clear that the specified storage conditions have not been adhered to, the carer or their manager should seek advice from the pharmacy, dispensary, or medicines management team regarding the medicine's suitability for use.
- All medicines must be kept in the packaging in which they were obtained from the pharmacy or dispensary.

6.1 Hiding Medicines and Covert Administration

The best interests of the service user are paramount.

Medicines must **only** be hidden from, or made inaccessible to the service user if this is identified in the Medicines Risk Assessment as necessary to protect the service user from harm and is specified in the care plan.

The decision should be taken following discussion with family members, health care professionals etc as appropriate, and documented in the Medicines Risk Assessment.

Similarly, the covert administration of medicines (e.g. disguising medicines in food or drink) must **only** be considered in exceptional circumstances, following discussion with family members, health and social care professionals etc as appropriate, taking into consideration the capacity of the service user to consent or refuse treatment, and documented in the Medicines Risk Assessment and the care plan. Advice must be sought from a pharmacist regarding the pharmaceutical suitability of the medicine for administration in this way.

Decisions to administer medicines covertly must not be taken by any individual in isolation.

Medicines must not be administered covertly to anyone who is deemed to have capacity to make a decision on whether or not they wish to take medication.

All decisions of this nature must be taken in accordance with Department of Health guidance and the Mental Capacity Act (MCA). They must be fully documented as set out in the MCA code of practice.

Trust staff are bound by the Trust's Policy for Consent to Examination or Treatment.

6.2 Removal from Original Packaging

Removal of tablets etc from their original packaging to be left out for the service user **to take themselves** at a later time may aid their independence.

Any assistance of this nature must:

- Be the subject of a Medicines Risk Assessment and be specified in the commissioning care grid.
- Take account of the stability of the pharmaceutical preparation, therefore pharmaceutical advice should be sought.
- Be specified in the care plan.
- Be clearly recorded on the MAR chart using the specified code
- Be closely monitored by the provider
- Medicines must not be left out for longer than 24 hours
- Any medicines that have not been taken must be disposed of safely (see section 10)

Such assistance is classed as Level 2 support with medicines.

Care staff are **not permitted** to remove medication from its original packaging for later administration by a third party, such as another care worker or family member.

Care staff **must not** administer medication that has been removed from the packaging by another person.

Assistance with medicines from unlabelled multicompartiment compliance aids, or those filled by family or informal carers will be limited to prompt only (level 1 support)

7. ADMINISTRATION

Service users should self-administer their medicines whenever possible and appropriate

Medicines must only be administered in accordance with the prescriber's specific instructions.

Care staff may only assist with administration of medicines that are correctly labelled by a pharmacy or dispensary with the service user's full name and date of dispensing. The medicine name, prescribed dose and frequency should also be included except where the dose is variable and given in accordance with separately written instructions e.g. warfarin (see 8.7.2).

Tablets must not be crushed or dissolved or capsules opened unless this is stated on the dispensing label.

Medicines must not be given after their expiry date. Note: many medicines have a reduced expiry date after opening. Check pack for details. If in doubt, refer to pharmacist for advice.

If oral liquid medicines need to be measured via a syringe, a designated oral syringe must be used.

Care staff must pay due regard to service users' privacy, dignity and religious/ cultural beliefs at all times. Service users have the right to refuse their medicines and must never be coerced to take them.

The procedure for administration of medicines is included in the "**Instructions for use of Medicine Administration Record (MAR) Chart by Care Workers**" (Appendix 2)

7.1 Monitored Dosage Systems

Monitored dosage systems (MDS) supplied by a pharmacy should only be used as an aid to compliance for the service user to self-administer. Any support offered by care staff under these circumstances would be restricted to prompt (level 1), and therefore a MAR chart is not required.

Care staff who administer medicines are expected to be able to individually identify each medicine they administer, and record it separately on a MAR chart. Therefore MDS are rarely considered appropriate when giving level 2 support.

N.B. Any selection of tablets from a MDS, including selecting and opening a particular section, is considered to constitute level 2 support.

There may, however, be a limited number of situations in which, upon Medicines Risk Assessment and following consultation with a member of the medicines management team, it is considered appropriate for care staff to administer from a MDS. In this case a MAR chart must also be used.

Some MDS systems (usually only available to care homes) may have one medicine per “blister” and each blister has a direction label. These may be treated as if they were original packs.

8 MEDICATION ADMINISTRATION RECORDS (MAR CHARTS)

8.1 Purpose of the MAR chart

The MAR chart is the confidential, formal record of administration of medicines. It is required for all service users receiving level 2 or 3 support with medicines, and may be used as evidence in clinical investigations and court cases. It is therefore important that they are clear, accurate and up to date.

MAR charts are not required for level 1 assistance (where the care worker reminds or prompts the service user but does not administer the medicines). This should be recorded in the care record.

The MAR chart must provide an accurate account of the medicines being administered to the service user by the care staff. It should document all prescribed medicines, including externally applied medicines. Those applied by nurses will be recorded in the nursing record.

8.2 Responsibilities of the Care Provider for MAR charts

It is the responsibility of the provider to:

- Provide a MAR chart, or ensure a MAR chart is available for their staff to record level 2 or level 3 assistance provided. A new chart is required each month.
- Set up a system to assure the source and accuracy of information contained in the MAR chart, and any changes.
- Establish a system by which any changes made after production are evident, i.e. dated, signed and indicates who has made the change.
- Establish an effective system to ensure that any MAR charts which are no longer in use (e.g. from previous months) are removed promptly from the premises.
- Establish an effective system to ensure that the MAR chart is reviewed following discharge from hospital, and is updated when changes are made to the service user's medication, e.g. following an out-patient appointment.

8.3 Safe production of MAR charts

(Based on Principles for safe production of MAR charts, Royal Pharmaceutical Society of Great Britain, 2009)

The procedure for producing MAR charts should ensure that:

- The MAR chart is individual to the service user and reflects the items which are still being currently prescribed and administered.
- The MAR chart is clear, indelible, permanent and contains product name, strength, dose and frequency.
- The MAR chart is constructed on the basis of currently prescribed medicines together with information about repeat prescriptions for PRN medicines.
- The MAR chart includes all prescribed externally applied medicines to be administered by care staff
- The MAR chart incorporates a method to ensure that any changes made after production are evident (dated, signed and indicates who has made the change)
- There is a robust system in place to ensure timely removal from the MAR chart of items no longer prescribed or administered, following documented communication to this effect from the prescriber.

- When medicine formulations are changed, for example from a tablet to a liquid version, that the original item is removed from the current and all future MAR charts for that service user.
- When a medicine is included in a MAR chart as two or more differing strengths for administration at different times of the day, these should be placed next to each other on the same MAR chart, to help minimise errors.
- When a short course of medicine is prescribed, the MAR chart is clear that this is the case.

Trust staff should operate according to the MMSOP “Preparation of Medication Administration Record (MAR) Charts”, available on the Trust staff intranet.

This is also included in the resource documents as an example for other providers.

8.4 Contents of MAR charts

The MAR chart must detail:

- The service user’s details
- Known Allergies
- The name and form (e.g. tablets, capsules) of ALL medicines that are to be administered or applied by the care worker
- The time they must be given
- The dose
- The route, if not to be taken by mouth, e.g. “to be inhaled”
- Any important special information
- The names of those preparing and checking the MAR chart and the date prepared
- If more than one chart is in use, reference to the other charts, e.g. “chart 1 of 2”

This information must exactly match that on the dispensing label provided by the pharmacy or dispensary

8.5 Use of MAR charts

See “Instructions for use of Medicine Administration Record (MAR) Chart by Care Workers” (Appendix 2)

Each time a dose is due, the care worker giving it **must** follow the instructions step by step.

They must immediately record administration of a dose by signing the MAR chart in the correct place. The time of administration should be recorded in the care notes, if the actual time is not specified on the MAR chart.

Any prescribed medicine **not** given must be clearly recorded as set out in the instructions, and the reason documented.

The information on the MAR chart will be supplemented by the service user’s care plan.

It is important that any MAR charts which are no longer in use (e.g. from previous months) are removed promptly from the premises.

8.6 As Required (prn) Medication

Care staff are **not permitted** to assist with these medicines unless there are specific instructions which clarify:

- What the medicine is being used for e.g. Pain

- The minimum interval between doses
- Maximum number of doses in 24 hours
- Quantity of medication to be given (dose)

The MAR chart should also include:

- Review date
- A reminder to inform the GP if needed frequently

The Care Plan should have clear instructions detailing:

- Whether the medicine should be offered at regular intervals to the service user, or only in response to a request from the service user.
- Any further useful information.

Care staff should

- Refer to their manager if this information is not available
- Always check the time of the previous dose in order to ensure that it is within the minimum time interval specified by the prescriber.
- Check the service user has not taken the medicine themselves or been given it by an informal carer since the last documented dose.
- Record the date and time the dose was administered
- Inform their manager, who should contact the service user's doctor, if
 - The service user wishes to take prn medication more frequently than prescribed
 - Consumption increases markedly
 - They have reason to believe the medication is not effective for the service user.
- Record additional information (such as reason for administration of the medicine) in the care record

It is good practice to record the current balance remaining after each dose has been administered, when practical. This will facilitate good stock management and audit, and deter diversion.

If prn medicines are used infrequently it is important to check before administering:

- That it was originally prescribed for the purpose for which it is now required.
- That the service user is not taking any new medication that might interact with or duplicate it. If in doubt, check with the doctor or pharmacist.
- That it has not been replaced by a different prn or regular medicine more recently prescribed.
- That the supply is still in date, bearing in mind that some medicines have a shortened expiry date once opened. Check pack for details. If in doubt, refer to pharmacist for advice.

8.7 Variable Doses

8.7.1 Patient Choice

If a variable dose is prescribed (e.g. one or two tablets to be taken if required for pain) the decision regarding the dose to take rests with the service user and the prescriber.

Care staff must:

- Ask the service user how many they wish to take. If the service user is unable to decide or respond the care provider should request specific written instructions from the prescriber.

Care staff are not permitted to assist with these medicines unless and until a decision has been made regarding the dose to be taken, by the service user or the prescriber.

- Clearly record on the MAR chart the number of tablets taken.

8.7.2 Warfarin

- The dose of warfarin varies according to results of a blood test.
- It is important to take great care that the correct dose is given, according to the most recent instructions which should be available in the service user's yellow book, or other anticoagulant record.
- The MAR chart must be completed as normal, but in addition the dose given in milligrams (mg) must be written below the signature. This should also be recorded in the care record.
- If the yellow book or other anticoagulant record is not available or not up to date care staff must not administer until the correct dose has been clarified, and this clarification should be **urgently sought**.
- Care staff should be vigilant and aware of arrangements for individual service users.

Warfarin requires extra caution. For further guidance please see the Frequently Asked Questions: <http://www.cambscommunityservices.nhs.uk/about-us/policies-and-procedures/clinical-medicines-team>

8.8 Changes in Medication

The care provider should have a system to check the source and accuracy of any changes. A cross reference to the care record is recommended.

When a service user's medication is altered, the care provider is responsible for ensuring the MAR is amended as follows:

- The original direction is cancelled
- The new directions are written legibly and in ink on a new line of the MAR
- The entry is signed and dated (including a witness when possible).
- The date received from the pharmacy or dispensary is recorded in the Medication Audit section of the MAR

8.8.1 Discharge from Hospital

When service users leave hospital, even following a short stay, it is likely that changes will have been made to their medicines.

The care provider should have a system to review and update the MAR chart following discharge from hospital.

The labelled supply sent home with the service user is the authority to administer those medicines, and supersedes any previous MAR chart. Therefore medicines should be administered according to the instructions on the label, and all doses given must be recorded in the care record if the MAR chart is not yet available. The updated MAR chart must be made available as soon as possible.

8.8.2 Verbal Instructions to change medication or doses

Care Staff may only assist with medication according to written instructions, except in the following cases:

- Under **exceptional circumstances** an individual care worker may accept verbal instructions to change, or stop, **one day's treatment only** from a doctor or other healthcare professional caring for the service user:
 - **Only** the individual receiving the instruction first hand from the doctor or other healthcare professional may act upon this instruction.
 - Verbal instructions must **not** be passed on for action by any other care worker. Written confirmation must be received before others are permitted to carry out the new instructions.

- Under **exceptional circumstances** the care provider's manager may pass on verbal instructions to change, or stop, **one day's treatment only** to care staff, if the prescriber is unable to do so directly, provided:
 - The manager receives the instruction first hand from the doctor or other healthcare professional and carefully records the details of the conversation, and
 - **Only** the individual care worker receiving the instruction directly from their manager may act on the instruction.

Care providers should:

- Request the prescriber to follow up verbal instructions in writing as soon as possible
- Ensure that verbal instructions are fully documented in the care record
- Ensure that the person completing the record:
 - Reads their instruction back to the authorising doctor or other healthcare professional as a double-check, preferably in the presence of the service user.
 - Sign and date the record and ask the witness to do the same
 - Records the time and date of the conversation
 - Records the name of the authorising doctor or other healthcare professional
 - Involves the service user as much as possible to ensure they are aware of and consent to the change, and can check the actions of care staff.
 - Records the dose given in the **care record** with a cross-reference in the MAR chart to the care record, (e.g. "see care record")
- Ensure that the MAR chart is **not** amended, as this applies to a single day's treatment only. Any regular change to medication must be made upon receipt of written authorisation from the doctor or other healthcare professional as set out in 8.8 above.

8.9 Retention of records, including MAR charts

- The MAR chart must be retained in the service user's home while in use.
- Any MAR charts which are no longer in use (e.g. from previous months) must be removed promptly from the premises.
- Used MAR charts must be retained by the provider for a minimum of 6 years.

9 MISTAKES IN ADMINISTRATION

If a member of care staff is aware of having made a mistake in assisting with medicines, or notices that an error has been made they should immediately notify their manager.

If they are unable to contact the manager, the care worker should not delay seeking medical advice.

The manager should ensure the following action is taken:

- Seek advice from the GP or appropriate health professional immediately
- Enter the details of the error in the care record, and on the MAR chart, both of which are kept in the service user's home.
- Make a note of any changes or deterioration in the service user's health or behaviour.
- Ensure the error is fed into the care provider's incident reporting system, (Datix for Trust staff) and is investigated in order to share learning and prevent recurrence.

10 DISPOSAL OF MEDICINES

- Medicines belong to the person for whom they were prescribed and cannot be removed without that person's permission.
- Service users are responsible for disposing of their own medicines safely.
- The service user or informal carer should be encouraged to return unused or unwanted medicines to a pharmacy for disposal as soon as they are no longer required or have expired.
- Care staff should only remove medicines for disposal if this is specified in the care plan, and only if the care provider fulfils the criteria set out by the Environment Agency. Trust staff may only undertake this task if the patient is unable and there are no relatives or other informal carers to do so. In such circumstances the medicines must be taken directly to the pharmacy or dispensary.
- If care staff remove medicines for disposal, the names and quantities should be recorded and a copy retained with the care record. A receipt should be requested from the pharmacy accepting the items. (See Resource Documents: <http://www.cambscommunityservices.nhs.uk/about-us/policies-and-procedures>)
- Trust staff needing to dispose of doses prepared but not used (no longer in packaging) should follow Trust waste guidance.

11 RISK MANAGEMENT/LIABILITY/MONITORING AND AUDIT

Risks will be managed, monitored and mitigated by the following mechanisms:

- The Trust medicines management team will continue to support Cambridgeshire County Council on the content of the "Pills and Potions" medicines management training, updates and competencies.
- The content of this training will be approved by the Trust Medication Safety and Governance Group.
- Contract monitoring by the County Council's contracts department.
- Close liaison between Trust managers and medicines management team, and the County Council's contracts and training departments, and independent sector providers.
- Close liaison between the Trust medicines management team and others in relation to the role of community pharmacists in supporting patients and carers in their own homes.
- Regular monitoring of incidents reported by Trust staff on the Datix incident reporting system.
- Feedback of learning from incident reports to relevant Trust staff and to independent providers of such care.
- The Trust medicines management team will publish a collection of resources to support providers, including Frequently Asked Questions.
- Within the Trust, this will be incorporated into the annual medicines management audit.
- The Trust Medicines Safety and Governance Group, will require evidence that the policy is being monitored and supported.

12 EQUALITY & DIVERSITY STATEMENT

Cambridgeshire Community Services NHS Trust will ensure that this document is applied in a fair and reasonable manner that does not discriminate on such grounds as race, gender, disability, sexual orientation, age, religion or belief.

13 REFERENCES

- CQC Guidance about compliance. Essential standards of quality and safety. What providers should do to comply with the section 20 regulations of the Health and Social Care Act 2008, p 104, Outcome 9, Management of Medicines. March 2010. Available at: http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf
- Principles of safe and appropriate production of medicine administration charts, Royal Pharmaceutical Society of Great Britain, February 2009.

14 GLOSSARY

Assessment/ Care assessment	The process of identifying and recording the health and social care needs and risks of an individual, and evaluating their impact on daily living and quality of life, so that appropriate action can be planned
Care Grid	The commissioning document indicating the times of call, tasks to be completed and the level of assistance with medicines.
Care Manager	The person responsible for an individual package of care, including assessment, commissioning and review
Care Plan	The Provider's plan which sets out the agreed care objectives, following assessment, and sets out how these are to be achieved.
Care Provider/ Provider	The agency which is commissioned to provide the package of care.
Care Record	The daily record of care actually provided.
Care Staff	Staff employed either by the care provider or by the Trust for the purpose of providing the care. (Also known as "formal carers")
Care Worker	A member of the care staff
Care Visit	A visit to a service user's home for the purpose of providing care.
Compliance Aid	A device used to aid compliance. This includes special bottle tops or opening devices, reminder charts, Haleraid [®] devices, eye drop guides. They also include devices such as "multicompartment compliance aids", also known as "dosette boxes", which are usually filled by service users or their families/ friends. They also include pharmacy-filled monitored dosage systems, which are sometimes known as blister-packs (not to be confused with manufacturers' original blister strips)
Healthcare Professional	Healthcare staff that are registered with a professional body e.g. doctor, dentist, pharmacist, nurse, pharmacy technician
Informal Carer	A person who provides care for a service user without receiving remuneration, usually a family member or neighbour.
Medication, Medicine	The terms "medicine" and "medication" are used interchangeably. For the purposes of this policy they relate to medicines prescribed for the service user by a doctor, dentist or non-medical prescriber.
MAR Chart	Medicines Administration Record Chart. The form used to record the administration of medicines.
Monitored Dosage System (MDS)	A system or device which separates different doses and is used as an aid to compliance. It doubles as a container and is prepared by a pharmacist / doctors' dispenser. As such labelling requirements must be complied with, and any particular storage requirements must be taken into account. This includes, but is not limited to, pharmacy-filled blister packs, but does NOT include manufacturers' original blister strips.
Non-medical prescriber	Member of a health profession other than the medical profession qualified to prescribe medicines. This may include some nurses, pharmacists, physiotherapists and certain other professions.
Service User	Person receiving the service of a care provider.
Medicines Risk Assessment	Systematic check of the hazards and risks for the service user and care staff associated with the medicines in use. It addresses problems such as difficulties with compliance, forgetfulness, complex drug regimes, hoarding of medicines etc.

Appendix 1

LEVELS OF ASSISTANCE WITH MEDICINES

(Based on Professional Advice: The administration of medicines in domiciliary care published by the Care Quality Commission (CQC): Quality, Performance and Methods Directorate: January 2009).

Level 1: General Support, also called Assisting with Medicine

General support needs should be identified at the care assessment stage and recorded in the care plan. Ongoing records will also be required in the care record when care needs are reviewed

General support is given when the service user takes responsibility for their own medication. In these circumstances the care worker will always be working under the direction of the person receiving the care.

The support given may include some or all of the following:

- requesting repeat prescriptions from the GP
- collecting medicines from the community pharmacy/dispensing GP surgery
- disposing of unwanted medicines safely by return to the supplying pharmacy/dispensing GP practice (when requested by the service user)
- an occasional reminder or prompt from the care worker to a service user to take their medicines. (A persistent need for reminders may indicate that a service user does not have the ability to take responsibility for their own medicines and should prompt review of the care plan)
- manipulation of a container, for example opening a bottle of liquid medication or popping tablets out of a blister pack at the request of the service user and when the care worker has not been required to select the medication.

Service users can retain independence by using compliance aids, including monitored dosage systems. These should be considered if packs and bottles are difficult to open or if the service user has difficulty remembering whether he or she has taken medicines.

The monitored dosage system (MDS) will normally be filled and labelled by the community pharmacist or dispensing GP. The service user may qualify for a free service from a community pharmacist if they meet criteria under the Equality Act 2010. If a pharmacist or dispensing GP does not fill the MDS, the provider should clarify that the arrangements are suitable and minimise the potential for error.

Level 2: Administering Medication

The need for medication to be administered by care staff should be identified at the care assessment stage, specified in the care grid, and recorded in the care plan. Ongoing records will also be required in the care record.

The care assessment or the Medicines Risk Assessment may identify that the service user is unable to take responsibility for their medicines. This may be due to impaired cognitive awareness but can also result from a physical disability.

The service user must agree to have the care worker administer medication and consent should be documented in the care plan. If a service user is unable to communicate informed consent, the Trust (or organisation's) Consent Policy and the provisions of the Mental Capacity Act must be followed.

Administration of medication (Level 2 support) may include some or all of the following:

- When the care worker selects and prepares medicines for immediate administration, including selection from a monitored dosage system or compliance aid.
- When the care worker selects and measures a dose of liquid medication for the service user to take.

- When the care worker applies a medicated cream/ointment; inserts drops to ear, nose or eye; and administers inhaled medication.
- When the care worker selects and puts out medication for the service user to take themselves at a later (prescribed) time to enable their independence (see section 6.2).

The provider should have a system in place to ensure that only competent and confident staff are assigned to people who require help with their medicines. The provider's procedures should enable care workers to refuse to administer medication if they have not received suitable training and do not feel competent to do so.

Domiciliary care workers should only administer medication from the original container, dispensed and labelled by a pharmacist or dispensing GP. This includes monitored dosage systems and compliance aids. Care staff **must** be able to identify each individual medication against the MAR chart.

People discharged from hospital may have medication that differs from those retained in the home prior to admission. The provider should provide additional support to care workers when this occurs.

Level 3: Administering Medication by Specialised Techniques

In exceptional circumstances and following an assessment by a healthcare professional, a domiciliary care worker may be asked to administer medication by a specialist technique including:

- Rectal administration, e.g. suppositories, diazepam (for epileptic seizure)
- Insulin by injection
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)

If the task is to be delegated to an individual care worker for an individual service user, the healthcare professional must train the care worker and be satisfied they are competent to carry out the task.

The provider's procedures must include that care workers can refuse to assist with the administration of medication by specialist techniques if they do not feel confident or competent to do so.

N.B. Delegation of a nursing task (i.e. level 3 support to be provided by a careworker) must be in accordance with the Trust Delegation Policy.

If the task is not being delegated, care staff must have received the necessary specialist training and be deemed competent. (See section 4.3)

Instructions for use of the Medicines Administration Record (MAR) Chart by Care Workers

Care workers who provide level 2 support with medicines to service-users should:

- Only carry out this service if you have received training and been assessed as competent by your manager.
- Only use a MAR chart that has had the medication details added by a responsible professional (this may be a pharmacist, registered manager or other responsible person of a social care service, a doctor or nurse).
- NEVER tamper with the instructions on the MAR chart.
- Check that:
 - the instructions give all the information and do not say “As directed”
 - dosage timings are clearly indicated on the chart,
 - clear instructions are included for “when required” doses (e.g. maximum number of doses per day and minimum time between doses, and under what circumstances the medication should be given.)
- Use a new MAR chart with each new month’s supply of medication.
- Contact the responsible professional who has provided the chart with any queries regarding the instructions on the chart.
- Contact your manager if you have any concerns or problems.
- Add your name and initials to the “**Who administers Medication?**” section of the chart.
- Check the date on the front of the chart to make sure that it’s in current use, and that it is the only MAR chart in use.
- Complete the “Medication audit” section for any supplies received during the month

- Administer the medicines shown on the MAR chart, using the steps below for **EACH MEDICINE, ONE BY ONE:**
 1. Check the record and make sure the medication has not already been given
 2. Wash your hands
 3. Select the medication required and confirm that it is still current by checking the date on the dispensing label.
 4. Check that the name of the service-user, the name of the medicine and the instructions on the bottle/box are the same as those on the MAR chart - **IF NOT DO NOT GIVE IT.**
 5. Check whether the medicine is to be given by mouth or by another route (e.g. to be inhaled, applied to the skin etc)
 6. If oral, ensure the service user is standing or sitting as upright as possible, and has a glass of water available.
 7. Give the medicine to the service-user with a drink of water.
 8. If applying a cream for a service user, ensure you are wearing plastic gloves.
 9. Enter your initials **clearly** on the correct date and time to show you have seen the service-user take the medicine.
 10. If the dose is variable (e.g. one or two tablets to be taken) record the **actual amount given** and initial.
 11. If the medication is **NOT GIVEN** enter a large **X** in the box and enter the reason in the service-user's care record. Report this to your manager immediately.
 12. If the medicine is left out (this **must be specified** in the care plan) for the **service user** to take themselves at a later time, enter a large **P** in the box, and record in the care record.
- **ALWAYS contact your manager should a new medicine appear that is not accounted for anywhere on the chart.**
- **Always bring any concerns to the notice of your manager.**
- **If you make, or detect a mistake, or have any urgent concerns, immediately notify your manager. If your manager is unavailable call the doctor for advice.**

IN AN EMERGENCY CONTACT THE SERVICE-USER'S DOCTOR

Appendix 3

Cambridgeshire Medication Competency Criteria

For the Administration of Medication to Individuals in a domiciliary care setting

Based on:

Unit 4222- 616 - Administer medication to individuals, and monitor the effects, and

Unit 4222- 331 - Support use of medicines in social care

Competency		Unit	Outcome
1. Understand the legislative framework for the use of medication in social care settings			
1.1	Explain how and why policies and procedures or agreed ways of working must reflect and incorporate legislative requirements	4222-331	1.3
2. Know about common types of medication and their use			
2.1	Identify common types of medication	4222-331	2.1
2.2	List conditions for which common types of medication may be prescribed	4222-331	2.2
2.3	Describe changes to an individual's physical or mental well-being that may indicate an adverse reaction to a medication	4222-331	2.3
3. Understand roles and responsibilities in the use of medication in social care settings			
3.1	Describe the roles and responsibilities of those involved in prescribing, dispensing and supporting use of medication	4222-331	3.1
3.2	Explain where responsibilities lie in relation to use of 'over the counter' remedies and supplements	4222-331	3.2
4. Understand techniques for administering medication			
4.1	Describe the routes by which medication can be administered	4222-331	4.1
4.2	Describe different forms in which medication may be presented	4222-331	4.2
4.3	Describe materials and equipment that can assist in administering medication	4222-331	4.3
5. Prepare for the administration of medication			
5.1	Demonstrate how to access information about an individual's medication	4222-331	7.1
5.2	Apply standard precautions for infection control.	4222-616	4.1
5.3	Explain the appropriate timing of medication e.g. check that the individual has not taken any medication recently	4222-616	4.2
5.4	Obtain the individual's consent and offer information, support and reassurance throughout, in a manner which encourages their co-operation and which is appropriate to their needs and concerns	4222-616	4.3
5.5	Select, check and prepare correctly the medication according to the medication administration record or medication information leaflet	4222-616 4222-331	4.4 7.3
5.6	Demonstrate how to address any practical difficulties that may arise when medication is used	4222-331	7.4
5.7	Demonstrate how and when to access further information or support about the use of medication	4222-331	7.5

6. Administer and monitor individuals' medication			
6.1	Select the route for the administration of medication, according to the patient's plan of care and the drug to be administered, and prepare the site if necessary	4222-616	5.1
6.2	Safely administer the medication: <ul style="list-style-type: none"> • in line with legislation and local policies • in a way which minimises pain, discomfort and trauma to the individual 	4222-616	5.2
6.3	Describe how to report any immediate problems with the administration	4222-616	5.3
6.4	Monitor the individual's condition throughout, recognise any adverse effects and take the appropriate action without delay	4222-616	5.4
6.5	Explain why it may be necessary to confirm that the individual actually takes the medication and does not pass the medication to others	4222-616	5.5
6.6	Maintain the security of medication and related records throughout the process and return them to the correct place for storage	4222-616	5.6
6.7	Describe how to dispose of out of date and part-used medications in accordance with legal and organisational requirements.	4222-616	5.7
7. Be able to receive, store and dispose of medication supplies safely			
7.1	Demonstrate how to receive supplies of medication in line with agreed ways of working	4222-331	5.1
7.2	Demonstrate how to store medication safely	4222-331	5.2
7.3	Demonstrate how to dispose of un-used or unwanted medication safely	4222-331	5.3
8. Know how to promote the rights of the individual when managing medication			
8.1	Explain the importance of the following principles in the use of medication <ul style="list-style-type: none"> • consent • self medication or active participation • dignity and privacy • confidentiality 	4222-331	6.1
8.2	Explain how risk assessment can be used to promote an individual's independence in managing medication	4222-331	6.2
8.3	Describe how ethical issues that may arise over the use of medication can be addressed, e.g. covert administration; family requests etc.	4222-331	6.3
9. Be able to record and report on use of medication			
9.1	Demonstrate how to record use of medication and any changes in an individual associated with it	4222-331	8.1
9.2	Demonstrate how to report on use of medication and problems associated with medication, in line with agreed ways of working	4222-331	8.2