

**Community, Health and Social Care  
Directorate**

**And**

**Children's Services Directorate**

**Joint Guidelines for the  
Administration and Control of  
Medication within Residential  
Establishments**

**September 2005**

**Please note amendment to section 7 disposal of medication January 2009**

# COMMUNITY, HEALTH AND SOCIAL CARE AND CHILDREN'S SERVICES DIRECTORATES

## JOINT GUIDELINES FOR THE ADMINISTRATION AND CONTROL OF MEDICATION WITHIN RESIDENTIAL ESTABLISHMENTS

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**JOINT GUIDELINES FOR THE ADMINISTRATION AND CONTROL OF MEDICATION  
WITHIN RESIDENTIAL ESTABLISHMENTS**

**1. INTRODUCTION**

These guidelines must be read in conjunction with the Directorate's Administration and Control of Medication Policy.

Only staff who have undertaken in-service medication policy and procedure training are allowed to be involved with service users' medication.

It is possible for a designated person to decide to delegate certain responsibilities (e.g. administration of creams, witnessing and checking Controlled Drugs) to another member of staff. However, this must at first be always authorised by the manager of the establishment.

The person to which the extra responsibilities are being placed, must have appropriate training in order to ensure that they are competent to fulfil the role being required. They must also undergo a period of supervision in order that they may be deemed to be competent for the particular task involved. This competence does not imply that they are able to take over the full function of dealing with a service users' medication. They must also be fully aware of the responsibilities that are being placed with them and the action to take if circumstances are not as they should be.

**2. GENERAL POINTS**

- **The keys to the drug storage room must always be the direct responsibility of the manager on duty and should be retained and kept by the designated person in charge or responsible staff on duty (for example in smaller establishments). The keys should not be left unattended at any time and must not be kept in a key cupboard. One spare set should be retained securely in a safe.**
- All medication must be locked in a lockable cupboard or in a medicine fridge in a lockable room.
- All medication must be recorded coming into the establishment on the Medication Administration Record (MAR) sheet. (See Appendix 1 for a sample MAR sheet and also refer to Fact Sheet 3: What is a MAR Sheet?)
- All medication that is administered or refused by the Service User must be recorded on the MAR sheet.

- All medication must be recorded as leaving for disposal to the pharmacy.
- All controlled drugs must be stored in a Controlled Drugs Cabinet and logged as per instructions within these procedures.
- It is vitally important that staff involved in medication management realise the seriousness of the process and adhere to these procedures. Serious risk of harm could arise for a service user who does not receive their medication appropriately. This in turn could lead to action taken against those involved, the establishment and directorate as a whole.
- A copy of the current BNF should be available in each unit for reference.
- **If there is any doubt regarding medication for a service user, then the GP, Out of Hours GP Unit, NHS Direct, Pharmacist or Manager should be contacted as appropriate to get advice.**

### 3. ADMISSION OF A NEW CLIENT/SERVICE USER

#### 3.1 Adults and Older People

Ideally prior to the admission of a new service user, a list of the service user's medication should be obtained and if necessary verified with the GP as being current medication (see Appendix 2 – Service User's Medication Letter to GP).

Part of this process may be to ascertain whether the service user would be able to manage their own medication in terms of ordering, obtaining and self-administration of medication. The service user may be able to self-medicate but, due to disability issues, may not be able to order and collect their own prescription. This would not prevent them from being able to self-medicate.

This may involve discussions with the service user's GP and existing pharmacy. The outcomes of all these discussions must be fully documented in the service user's care plan.

If a service user is deemed to be competent to self-medicate then an assessment should be carried out and an agreement signed by the service users (See Section 12 for further details).

Where a decision is made that the service user is not competent to self-medicate then the staff will take complete responsibility for all aspects of the service user's medication. This decision/information may also be included on the care plan and specifically how the medication should be administered eg to prompt, to supervise, or to administer. (For further information please refer to the service user's care plan and Fact Sheet 7: Care Plan Advice on Administering Medication). The service user should be informed of this decision. Reviews of a service user's ability to self-medicate should take place regularly in case the circumstances change and self-administration becomes a reality.

The service user has the right to use whichever pharmacy they wish. This must be respected where possible.

For those service users who are unable to exercise their individual choice it is desirable that the establishment should deal with one conveniently situated community pharmacy where possible.

On admission a medication profile should be raised on a Medicines Administration Record (See Appendix 1 for a sample MAR sheet). Information can be obtained from:

- A discharge letter from the hospital or
- A prescription from the GP or
- The labelled medication containers from a pharmacy that the service user brings with them or that are less than six months old
- Parent consent forms.

All information relating to medication for a service user must be recorded on the MAR sheet system.

When a new service user enters the establishment, a MAR sheet will need to be completed. (See next page for details).

Medication should not be accepted that is not in a proper container with a dispensing label from a pharmacy. If possible the medication should be verified as being that on the label. (This is only possible where medication arrives in the manufacturer's original blister pack).

If medication is brought into the establishment environment in unlabelled containers, or loose in a bottle, ie. it has been decanted, then this must not be used. Medication that arrives in this condition cannot be:

- Verified as being the actual medication
- May possibly be medication for a different person
- May be out of date
- May no longer be current medication

Only medication that is in a suitably labelled container must be written onto the MAR sheet. If the medication is not suitably labelled, then advice must be sought from either the service user's GP or NHS Direct.

**The following details must be included on medication received and entered onto the MAR sheet:**

- Name of the drug
- Date prescribed
- Strength eg 500 mg
- Quantity eg 28, 56 etc.
- Form e.g. tablet/capsule etc
- Dose and directions eg one to be taken three times a day

- Any cautionary warnings
- Time of administration and medication

For example:           84 Ferrous Sulphate 200mg tablets -  
                                  one to be taken three times a day  
                                  (taken at morning, lunch and teatime)

The medication details' entry must be signed and dated by the person making the entry and then checked, countersigned and dated by another member of staff.

Each medication will have a separate box on the MAR sheet. Under no circumstances should more than one item be written in a box.

If the MAR sheet box is full, then a further MAR sheet should be used, completing the entire service user's details as detailed earlier. Each MAR sheet is to be dated to provide an audit trail.

The following details should be written legibly in BLACK INK and capital letters onto the MAR sheet:

- The service user's name and date of birth (a photograph should be taken if possible to aid identification for other members of staff).
- Details of any known medicine sensitivity, e.g. to penicillin or aspirin – if there are none known then "NONE KNOWN" should be put in this section. Staff should consult the Service User about their sensitivity to medication.
- Any information provided by the pharmacist on foods or other medicines, which might interact with the prescribed medicine.

This handwritten version should be signed and dated by the member of staff making each entry and witnessed, countersigned and dated by another suitably designated member of staff whenever possible.

### **3.2 Children and Young People**

Where practicable, all the guidelines contained in this document also apply to Children's homes, including short break care. However, the following should also be considered.

Children and young people are placed in local authority residential units either at parental request (under Section 20: Children Act 1989) or under a court order, all of which allocate a share of parental responsibility to the local authority.

Whenever a child / young person becomes 'looked after' by the local authority, parents are required to sign a Placement Plan Part One which specifies their agreement to their child receiving:

- Emergency medical examinations and treatment (including anaesthetics);
- Regular medical examinations required by law for looked after children;

- Routine medical treatment including immunisation.

A copy of this document for each child placed, which also includes details of any prescribed medication, should be held within the unit.

Each child receives a Health Assessment from a medical practitioner within 2 weeks of becoming 'looked after' full time and at that stage the paediatrician could be asked to complete the authorisation form to treat minor ailments. Prior to this it is suggested that the parents' agreement (above) would cover the Residential Social worker's actions as long as the administration of medication is recorded as detailed in these guidelines as appropriate.

In the case of a new admission not requiring a health assessment within a short time, then GP authorisation should be sought as soon as possible. In the case of children registering with a new GP practice, this could be done at the 'new patient medical'.

In the case of short break care episodes a detailed medication form is completed and signed by the parent.

#### **4. REVIEW OF MEDICATION**

In line with National Standards Framework (NSF) for Older People, service users over 75 years should have their medicines reviewed on an annual basis if they are prescribed repeat medicines. Service users over 75 years taking 4 or more medicines should have their medication reviewed every 6 months. It is anticipated that any child on medication would be under regular review by their GP or hospital.

#### **5. STORAGE OF MEDICINES**

All medication received must be locked in the drug storage room. Lockable storage must also be provided for medicines during the change over period whenever new supplies are received from the pharmacy and at the time of admission when new service users bring their medication with them.

The temperature of this room should **not exceed 25 degrees C**. The room temperature should be recorded each day. (See Appendix 3 – Room Temperature Record Sheet).

The area should possess hand washing facilities and sufficient work surfaces together with appropriate security measures, i.e. if a window is present it is secure and lockable.

##### **5.1 Cold Storage**

- (a) A separate, dedicated and lockable refrigerator should be available in the establishment to be used exclusively for the storage of medicines. The refrigerator should be kept locked at all times.

- (b) The temperature of the medicines' refrigerator should be monitored daily, using a maximum/minimum thermometer. The refrigerator should be defrosted regularly. (See Appendix 4 - Maximum/minimum temperature record sheet).

**The Maximum temperature should not exceed 8°C  
The Minimum temperature should not go below 2°C**

## **5.2 Medicine Security**

Keys for the medicine cupboards, trolleys and drug storage room should be kept separate from other keys and kept separate from the master key system.

**These keys should be on the designated person in charge at all times.**

Care must be taken to ensure that the keys to the drug storage room or medicines cupboards or trolleys are properly controlled. While duplicate keys may be required for use in emergencies, only one spare set should be kept and stored in the safe. The keys should be kept and carried by the actual person who is administering the medication. Keys should not be kept in a specific area, e.g. key cupboard, office drawer etc.

There should be a written procedure for handing over keys, which should be clearly understood by all staff concerned.

All Medication should be stored in a locked trolley or cupboard in a locked room.

In essence there are 3 main types of storage used:

- Mobile lockable drug trolley – fixed to wall when not in use
- Fixed lockable wall cupboard
- Fixed lockable controlled drug cupboard inside the fixed lockable wall cupboard
- Designated medicine fridge

All medication including excess stock will be stored in the fixed lockable wall cupboard.

Medication should be stored by medication type, e.g.:

Medicines for external use, e.g. creams, lotions, etc  
Medicines for internal use, e.g. lactulose, omeprazole, etc  
Diagnostic reagents (e.g. diabetic test strips etc)  
Large volume intravenous infusion fluids  
Disinfectants and antiseptics  
Controlled drugs (in a suitable metal wall mounted lockable cupboard)  
Items that need to be temperature controlled (stored in the medicine fridge).

These items would normally be stored in the wall cupboard. The different types of medication would be stored on separate shelves in order that they do not get mixed up.

There should be individual sections available that should be suitably labelled for each service user's supplies, i.e. all medication of a particular type for a service user should be

stored together. It may be advantageous to arrange the storage in service user alphabetical order.

Internal and external preparations should be separately stored. Practically, this could be achieved by using separate containers labelled appropriately.

It is important that stock is rotated adequately, i.e. most recently dispensed medication is placed at the back of the cupboard; the older stock is pulled to the front. It is also important that expiry dates are checked on medication to ensure that they are not short dated or out of date.

There are medications that are supplied that will not have an apparent expiry date, e.g. split blister packs (all full blister packs should carry an expiry date), medication that has been supplied in a brown tablet or liquid bottle. In these cases follow the guidelines below.

<b>Item</b>	<b>How long to use for (unless otherwise stated)</b>
MDS Blister Packs (all varieties)	Retain no longer than the intended 28 day cycle
Eye drops/ointment	28 days from date of opening
Creams/ointments in tubes	Up to 3 months from date of opening
Insulin	28 days from date of opening
Creams/ointments in tubs	Up to 1 month from date of opening
Bottles of liquids without expiry date	Up to 3 months from date of opening
Bottles/containers of tablets without an expiry date	Up to 6 months from date of opening

### **5.3 Controlled Drugs**

All Controlled Drugs must be stored in the lockable controlled drug cupboard. For all controlled drugs, two members of staff must be involved in any and all transactions, i.e. booking in medication, stock check and booking medication out. A controlled drug stock bound book must be provided to ensure that correct procedures are followed. The front of the book should include written reference to this procedure. This book only serves as a stock balance record that shows a definite audit trail for all controlled drug medication.

It is important that a storage system for controlled drugs is established in establishments that serve to protect the staff from allegations of mishandling and misuse, as penalties in law can be severe.

Please see Controlled Drug section 6.5 for additional guidelines.

#### 5.4 Self Medication Items

Service users responsible for their own medication should be provided with a personal lockable drawer or cupboard. Staff may have access to such a drawer or cupboard, with the permission of the service user. Staff should seek the advice of the service user's GP or Community Pharmacist if they suspect that a service user is self-administering medicines incorrectly. (See Section 12 for further details).

### 6. PROCEDURE FOR ADMINISTERING DRUGS

Prior to starting the medication round the following items must be available:

- Jug of water with glasses
- Medicine pots that can be used to decant medication into
- Drug trolley (containing blister packs and other medication, e.g. lactulose)
- Other medication (e.g. items from the medicine fridge)
- Small container (labelled "medication for disposal") for refused/unwanted medication; this should ensure that each refused/unwanted medication can be identified
- MAR sheets – in current use
- Black pen

The medication round can be done in any order, although it is advisable to follow it in a systematic manner.

It is extremely important that the identity of each service user can be verified prior to giving medication. This can be done in a variety of ways; however the recommended one is to use recent photographs of the service user. It is advisable that these photographs are renewed 6 monthly, as the service user's appearance may change quite dramatically. These should be stored with the service user's MAR sheet.

**The following procedure must be used at ALL times.**

- (i) Carefully check the identity of the service user using the photograph provided.
- (ii) Check the service user's MAR sheets, noting for the actual medication time, which drugs are due to be given. Note any recent changes in therapy and **ensure that the dose has not already been administered. Medication should never be administered without the MAR sheets or from memory. This is a serious breach of procedures that could lead to disciplinary action.**
- (iii) Identify and obtain each medication which should be checked against the MAR sheet, ensuring that all the details on the pharmacy label are the same, i.e. drug name, strength, dose, directions, etc. If there is a discrepancy check with the pharmacist or person in charge before giving to the service user.
- (iv) The medication should be removed from the blister pack or container and placed in a medicine cup. This should be done without physically handling the medication if possible.

- (v) Take note of tablets that may require to be dissolved (it will say this on the label) and note any other instructions eg to be taken before or after food.
- (vi) Liquids should not be mixed with other liquids or tablets/capsules unless potential issues have been satisfied from the pharmacy. This discussion should be documented.
- (vii) The trolley should be locked at all times when unattended.
- (viii) The medication should be taken to the service user with a glass of water, and the service user asked whether they wish to take their medication, inhaler, etc.
- (ix) The medication should never be left with the service user to take later. If the service user finds your presence obtrusive then withdraw a short distance, but still be in a position to witness the service user take the actual medication.

## **6.1 Recording**

The administration record should be signed by the person administering the medicine **immediately** after the medicine has been given and witnessed. Only those items that have been given and witnessed are to be signed for. Administration records should never be signed in advance or retrospectively of a drug round. Failure to adhere to this could lead to disciplinary action.

All staff with the responsibility of administering medication must give an example of their signature and initials as recorded on the MAR sheets. This is for identification purposes and this record should be kept at the front of the medication file.

All squares on the MAR sheet must be completed with the appropriate entry (see bottom of MAR sheet for details).

## **6.2 Refusal to take Medication**

- (i) The service user has the right to refuse any or all of their medication, and any refusal must be recorded.
- (ii) If the service user refuses to have their medication a number of approaches can be taken. Try to ascertain the reason for refusal and explain consequences to service user. Gentle reassurance and persistence or coming back a few minutes later and asking the service user again may work. If the service user is adamant that they do not wish to take their medication or even one item of their medication, then the medication must be disposed of appropriately and the reason recorded on the MAR sheet. For example R = Refused, S = Sleeping (a full list of codes and brief explanations can be found on the bottom of MAR sheets).

- (iii) If, by not taking the medication, a service user is putting their health at risk, immediately alert the GP and if appropriate next of kin. (See also Section 10 Covert Medication).

### **6.3 Medication Dropped on the Floor**

If medication is accidentally dropped on the floor, it must be disposed of immediately and documented as such. The service user may then be without medication, particularly if using blister packs. Should this be the case and in order to avoid it, the last blister of medication must be used and administered to the service user. This is to avoid the medication being issued out of sync with the record sheets. By completing the cycle this way, it will give a prompt in terms of trying to obtain another prescription to cover the potentially missed dose. This may be done a number of ways from the GP; a single prescription may be issued for the missing medication or the extra medication may be added to the next month's cycle of medication.

There may be instances where the GP may refuse to issue a prescription. In these cases the GP should be informed that on a specific day the service user will not be able to have their medication and the reasons for this omission will be documented in the care plan and record and MAR sheet.

### **6.4 PRN: When Required**

If a medicine is not given to a service user on a regular basis or is supplied "when required"/PRN eg. Painkillers, then the service user should be asked if they require the medication prior to any of their medication being decanted. (Also refer to Fact Sheet 8: How to Use As Required 'PRN' Medication). It may be necessary to explain to the Service User what the medication is for.

### **6.5 Controlled Drugs**

#### **The following information is subject to change following recommendations from the Shipman Inquiry**

In all cases two members of staff should be involved in the administration of controlled drug medication. In some cases there may not be two designated people on the premises, possibly at night time when night medication is to be given.

All medication that is a controlled drug (more information can be obtained from the BNF or your local pharmacy) must be entered into the controlled drug register. The most common controlled drug is likely to be morphine for pain control or Methylphenidate (Ritalin) for ADHD.

One page should be used per service user per specific drug. All entries must be signed by the designated person making the entry and then checked and countersigned by another member of staff. A running stock balance must be kept at all times.

When medication is due to be given it will be signed, checked and countersigned out of the controlled drug book which will then be checked against the service user's MAR sheet before being administered and then recorded on the MAR sheet.

The entries in the controlled drug register are purely for stock control and are not for recording administration to a service user. Administration will be recorded using the MAR sheet.

## 7. DISPOSAL OF MEDICATION

Out of date and unwanted medicines should be returned to the pharmacy where arrangements will be made for them to be destroyed. The pharmacist can then ensure that these medicines are disposed of in the correct manner.

- All medicines must be reviewed for disposal on a monthly basis as part of the ordering regime. Particular care should be taken of medicines with a short shelf life, e.g. for eye preparations the date of opening should be noted on the label.
- Medicines should be disposed of:
  - (a) When the expiry date is reached; or
  - (b) when a course of treatment is completed or discontinued; or
  - (c) when the service user for whom they are prescribed dies. In such cases, the medicines should be retained for seven days following the death, in case they are required by the Coroner's Office.
  - (d) Where a dose of medication is taken from the dispensed container but not taken by the service user, the responsible person in charge in a separately labelled container should keep it.

**All medication must be returned to the pharmacy for safe disposal. All the unused medication being returned for disposal must be entered into the returns book and the medication placed into an envelope for return to the pharmacy. In Children's Units, medication must be returned to the pharmacist by two members of staff and both must sign to this effect (see below).**

This book and envelope will detail:

Name of Service User  
Date which items were refused/prepared for disposal  
Drug name  
Strength  
Form, e.g. tablet, capsule, etc  
The quantity being returned  
Date returned to pharmacy

**On no account should individually dispensed medicines be retained and used for service users other than those for whom they were prescribed or purchased.**

## 7.1 Disposal of Controlled Drugs

### The following information is subject to change following recommendations from the Shipman Inquiry

If the service user no longer requires prescribed controlled drugs, then they can be returned to the pharmacy in a number of ways. The actual method of return should be discussed and agreed with the pharmacy prior to a controlled drug being returned.

- The pharmacy is contacted and informed that there are controlled drugs to be returned to the pharmacy, and arrangements made for the safe removal from the establishment.
- The pharmacy will be contacted and informed that there are controlled drugs to collect for disposal. The pharmacy will then request that a confirmation letter be sent or faxed to the pharmacy. This will give the establishment details and the exact item, quantity, service user, and medication that needs to be collected.
- Controlled drugs should be signed out of the controlled drug book on the appropriate line with the:

Date

Time

“Sent back to xxxxx pharmacy”

Signed by 2 members of staff

Stock balance set to “zero” if appropriate.

## 8. DISCHARGING SERVICE USERS WITH MEDICATION

If the service user is transferred to another residential/nursing setting a copy of the appropriate records should go with them, e.g. MAR sheet, care plan, etc. Any and all of the service user’s medication should be sent with them when transferred. A record of the medication should be sent with them when transferred. A record of the medication that is sent with the service user must be completed and kept with the MAR sheet or care plan. This includes details such as:

Service User name

Date

Time

Drug name

Drug strength

Drug form, e.g. tablet, capsule, etc

Actual quantity sent/discharged with service user

Two members of staff must sign out any Controlled Drugs with an entry as to where the medication is going. Ideally the persons collecting the service user from the new

residential/nursing setting should sign the controlled drug register to state they have taken the medication.

When discharged to their own home the service user should be given a clear list of the medication they are on, with dispensing times/dosages clearly written. This information must also be recorded on the MAR sheet.

If a service user dies, all medication should be kept for seven days before being returned to the pharmacy for safe disposal. (This is a legal requirement in case of a coroner's inquest).

On no account should staff in the establishment dispose of unwanted medication by any other means.

## **9. MEDICATION WITHOUT PRESCRIPTION**

### **9.1 Homely Remedies**

It is recognised that it would be helpful to be able to treat minor ailments without necessarily consulting with a service user's medical practitioner. This is akin to a person (living privately within the community) being able to purchase medicines and seek advice from a pharmacist when it is felt necessary.

However, the authorisation of the GP should still be obtained first, and this should be done in writing for each service user. A sample form is attached (Appendix 2 – Service User's Medication Letter to GP), which can be faxed to the GP. (See paragraph 3.2 in relation to Children's Homes).

If homely remedies are given to a service user for particular authorised symptoms, this administration of medication will have to be recorded on the MAR sheet. Care should be taken to check whether the medication would interact with the service user's medication.

It is advisable to record the following on the MAR sheet:

- Name of the service user
- Date
- Time
- Medication given
- Amount of medication given as one dose

A range of conditions or symptoms considered appropriate for this type of medicine is set out below. Bearing in mind those symptoms, which may appear minor, could be indicative of a more serious underlying condition. **Treatment should not be extended beyond two days without medical advice being sought.**

Subject to approval by the Doctor with clinical responsibility for the service user, a **LIMITED** number of drugs may be administered at the discretion of the Senior Officer on duty. These drugs are:

Medication

Paracetamol Tablets 500mg

Symptoms/Dosage

For mild pain (e.g. headache). Maximum dose 2 tablets and not more than 2 doses in 24 hours without medical authority. **Check that the service user is not taking any other preparations containing Paracetamol.**

Conotrane Cream

Can be used as a barrier cream, ONLY to be used on areas of unbroken skin

Senna Tablets

For occasional relief of constipation. Maximum dose 2 tablets in 24 hour period

Simple Linctus

For occasional coughs. Maximum dose 2 x 5 ml spoonfuls, not more than three doses without medical authority. (Unsuitable for diabetics without medical consultation; sugar free could be prescribed).

Peptac Suspension  
(PCT recommendation)

For mild gastric upsets and indigestion. 10-20 mls after meals and at bedtime.

**NB All the above are in ADULT DOSES.**

All homely remedies purchased by the establishment must be recorded in a separate bound book and will include date purchased, type of medication and receipts. Each book will also have written at the front "Before administering any homely remedies, please refer to the Guidelines for the Administration and Control of Medication within Establishments Section 9.1".

## **9.2 Over the Counter Medication**

When in living at home in the community, service users sometimes purchase their own 'over the counter' medication and bring it with them on admission to establishments. The range of remedies can include mineral and vitamin supplements, pain relief and laxative type medicines.

It is important that their GP is contacted to ascertain whether these over the counter remedies are safe to use. Consent must be obtained in writing by letter or fax from the

GP (see Appendix 5 – Over the Counter Medication Letter to GP). If consent is given, then the details should be recorded on the MAR sheet in the usual way.

## **10. COVERT MEDICATION**

This is the practice of disguising medication in order to “dupe” a service user into taking their medication if they are refusing to take it.

There is a fine line between making medication more palatable, i.e. putting in jam etc, and disguising medication.

A competent adult has the right to refuse treatment, even if refusal will adversely affect the service user's health or shorten his or her life. Failure to respect the wishes of the service user may lead to a breach of human rights. The exception to this principle concerns treatment authorised under the relevant mental health legislation. If possible therefore, informed consent should be obtained before medication can be given.

Where a service user is unable at admission, or becomes unable, to give informed consent to accept medication, the Establishment Manager must liaise with carers/relatives, the GP and community pharmacist in order to agree the most appropriate way forward.

All conversations and discussions with the other interested parties, i.e. GP, pharmacist, service user or service user representative must be documented.

The agreement reached should be documented within the service user's care plan and on their MAR sheet and reviewed regularly in order to ascertain whether the service user's condition has changed sufficiently to revoke the need for covertly administering medication.

Children under the age of 16 are generally considered to lack the capacity to consent or refuse treatment, including medication. The right to do so remains with the parent, or those with parental responsibility, as in the case of local authorities, unless the child is considered to have significant understanding and intelligence to make up his or her own mind about it. Children of 16 or 17 are presumed to be able to consent for themselves, but the parents or those with parental responsibility may override the refusal of a child of any age.

## **11. CRUSHING MEDICATION**

Where possible if a service user has recurring swallow problems then the pharmacy must be consulted in order to find out if there are liquid or dispersible versions or alternatives available. In some cases the medication may be suitable for crushing, however, this should only be done after seeking further advice from the pharmacist who dispensed the medication, to verify that this is possible.

If a liquid or dispersible version or alternative is available then the GP should be contacted to explain the situation and request an appropriate prescription. In a few cases

there may not be a liquid version or alternative available. In this instance, the GP, pharmacist and the service user and the service user's representative must be consulted and agreed that crushing medication is the only method available. These discussions and conclusions should be recorded in the care plan, with the signature of the GP giving his/her permission.

Only when this process has been completed can the medication be crushed.

**This should be an exceptional occurrence and not a common practice.**

**Some medicines should never be crushed eg sustained release preparations. Alternatives would therefore need to be prescribed.**

(Refer to Fact Sheet 4: Crushing Medication).

## **12. SELF MEDICATION**

When appropriate service users should be encouraged to self-medicate. This can only be done when the service user has been assessed to do this safely by the manager via a risk assessment (see Appendix 6 – Assessment Procedure for Self-Medicating).

Essentially the risk assessment covers the physical and mental ability of the service user to self-administer medication. Advice from other professionals involved in the service user's care must be sought.

- Ask the service user to sign an agreement to be responsible for his/her own medication – this should be done in the box at the top of the MAR sheet and witnessed authorisation form (see Appendix 7 – Self-Medication Confirmation from the Service User).
- Ask the service user to sign for the medication when given to them. Record the date of the new prescription on the MAR sheet.
- Do not mix batches of medication.

The designated manager should check the medication weekly and a record kept on the MAR sheet. Regular discussion and observation should take place with the service user to check compliance and that they feel comfortable to continue self-medicating. This should be evidenced.

The medication must be kept in a locked drawer or cupboard in the service user's room. Staff should seek the advice of the service user's GP or community pharmacist if they suspect that a service user is self-administering medicines incorrectly.

### **12.1 Oral Contraception**

It is appropriate that any (young) woman taking oral contraception should be encouraged to be responsible for the taking of the pill. The aim is to promote the woman's

independence and to support her in her responsibility for taking care of herself and managing her sexual health.

The contraceptive pill should be stored away where the service user can have ready access. Each woman should have her own lockable storage (eg bedside cabinet). If a young woman chooses to have the pill prescribed without the knowledge of the staff, then it is entirely within her rights to do so and staff should respect confidentiality. However, if the young woman seeks assistance of staff, then staff should record that the medication is on the premises by recording this on the Medication or MAR sheet.

### **13. MEDICATING OUTSIDE THE ESTABLISHMENT**

Steps should be taken by the Establishment to ensure the continuity of supply of medicines to a service user where that person spends time in two or more places, e.g. outside the establishment attending day care, spending time with relatives or trips outside the establishment. Further advice can be obtained from your local pharmacy in terms of how this may be supplied.

Where a service user goes out of an establishment regularly (e.g. every lunchtime) and requires medication whilst away from establishment, the general medical practitioner should be consulted to determine whether alternative medication may be used that does not require this administration time or if possible omitting that dose. No action should be taken unless a GP has been consulted, the discussions of which should be documented in the service user's care plan.

If the service user must have the dose of medication whilst away from the establishment, then the local pharmacy must be consulted in terms of how this medication may be dispensed. It may require that the service user's medication be taken out of the blister system in order that is less bulky being transported with the service user.

For medication that is sent with the service user, e.g. blister pack or original container, the quantity of medication leaving the establishment must be recorded.

When the service user returns to the establishment the medication will have to be booked back into the establishment.

This ensures that an accurate audit trail is in place.

### **14. MEDICINAL GASES (Subject to Change)**

Oxygen may be supplied to a service user for a short term problem or long term for a chronic condition.

There are 2 types of oxygen in the community:

- Oxygen cylinders
- Oxygen concentrator

Either one would need to be prescribed by the GP. Not all pharmacies can supply oxygen.

#### **14.1 Oxygen Cylinders**

Oxygen cylinders come in a variety of sizes. The actual size of the cylinder may not reflect the amount of oxygen in the cylinder due to it being a gas under pressure.

In essence oxygen should be:

- Stored in a secure upright manner
- Under cover and not subject to extreme temperatures
- In dry, clean, well ventilated areas so that they do not become dirty or rusty
- Away from highly flammable liquids and other combustible materials and from sources of heat and ignition
- Stored separately from other gases
- Oil, grease or other such substances should not be used to lubricate any part of the flow regulator.

If there are any problems with an oxygen cylinder or flow regulator, the issuing pharmacy must be contacted immediately.

All rooms/areas where oxygen is in use or stored should display the statutory warning notices: Compressed Gas, Oxygen: No smoking, No Naked Lights.

#### **14.2 Oxygen Concentrators**

Oxygen concentrators are electrical machines that produce oxygen. These are also prescribed by GPs but only for service users who use a lot of oxygen a week. These are provided direct from oxygen contractor service providers. They will supply, install and provide full instructions to the service user/staff involved. They also provide ongoing maintenance and removal when no longer required as it belongs to them.

The oxygen need during a day will vary between Service Users.

The concentrator can produce oxygen via a tube and mask for up to 24 hours a day for a service user.

The use of Oxygen concentrators must be fully documented and any alternative method of administration must be recorded.

All rooms/areas where oxygen is in use or stored should display the statutory warning notices: Compressed Gas, Oxygen: No Smoking, No Naked Lights.

### **15. VERBAL INSTRUCTIONS ON CHANGES TO MEDICATION**

There may be instances where a GP may contact the establishment to instruct a change in medication. This may be for a number of different reasons e.g.:

- A new item of medication – a prescription will be left at the Doctor's surgery for collection
- Medication that is to be discontinued
- Medication that has the dose changed
- Medication that has the directions changed
- Other instruction.

Except for the first case where a new prescription must be done, the GP does not have to issue a prescription.

If possible, request that the GP amends and signs the MAR sheet if **they are at the Establishment**.

If the GP has contacted the establishment via telephone or may not want to amend the MAR sheet, then this will not be possible. If this is the case, ask the GP to confirm by fax or letter the verbal request. If this is not possible, then the verbal instruction form must be used.

By not following a verbal instruction from a GP, the service user may potentially be at risk of harm.

Any verbal instruction from a GP must be documented.

The MAR sheet will then have to be amended in accordance with the verbal instruction. It is preferable that a brief explanation is given on the MAR sheet, e.g. medication discontinued by Dr Smith by verbal instruction 9.45pm 1/9/2004.

This entry would be signed and dated by the member of staff and also checked and countersigned by another member of staff where possible.

## 16. **WHAT TO DO IF YOU RUN OUT OF MEDICATION**

Medicines should be checked regularly to avoid running out and repeat prescriptions ordered 5 days in advance.

However, if this does occur during the day when the GP surgery is open, then a prescription must be ordered immediately, requesting, if possible, that it is ready the same day. The prescription should then be issued from your local pharmacy.

If the situation occurs when the GP surgery is closed then the out of hours GP service should be contacted. They will ascertain if a prescription should be issued or whether the service user will be OK until the morning. If a prescription is issued then the late night pharmacy should be used. It is unlikely that the late night pharmacy will be able to deliver the medication, and carers/relatives should be contacted and requested to collect the medication, or alternatively a member of staff may collect where practicable.

If a GP cannot be contacted, the pharmacist can respond to an emergency supply request from the patient. The law states that the pharmacist **must personally interview the patient** and be satisfied that:

- There is an immediate need for the Prescription Only Medicine and that a prescription cannot be obtained.
- The medicine has been prescribed previously for the patient and the dose is appropriate.
- The medicine is not a Schedule 2 or 3 controlled drug (except for Phenobarbitone for epilepsy).

Only five days' treatment may be supplied, except in the following cases:

- Ointment, cream or an aerosol for the relief of asthma in which case the smallest pack should be supplied.
- An oral liquid antibiotic which should be supplied as one complete course (although antibiotics would NOT normally be issued as emergency supplies).
- An oral contraceptive which should be supplied as a full cycle.

The pharmacy would make and retain additional records.

The medicine container would be labelled with "Emergency Supply" as well as the other normal details.

Unlike the emergency supply procedure at a general medical practitioner's request, there is no provision within the NHS regulations for a free of charge emergency supply at a service user's request. It is the Medicines Act that allows for this method of supply. The patient or establishment must therefore **pay** for the medicine.

Under no circumstances should one service user's medication be given to another service user, under the principle of borrowing and then paying back when the new prescription arrives. There is a great risk of potentially giving the service user the wrong type of medication, wrong strength, dose, etc.

Within Children's Establishments or Short Break Care Units, it may be more appropriate to contact the parent/carers if you run out of medication.

## **17. REPORTING ERRORS**

The policy and procedures in place are there to ensure that errors are minimised in order that the service user is protected from harm and that members of staff do not jeopardise themselves or colleagues by using unsafe practices.

However, there are instances where errors do occur. These may be due to a variety of reasons.

Where an error occurs and is noted, it must be reported to the line manager, and the correct documentation forwarded to CSCI (The Care Homes Regulations 2001 Notifiable Incident Record Sheet: see Appendix 8 and Care Standards Act 2000 and the Children's Homes Regulations 2001 Notifications to CSCI: Appendix 9).

(Also refer to Fact Sheet 5: How to Deal with a Medication Error).

## **18. FURTHER GUIDANCE**

For further information and guidance please refer to the following Fact Sheets, which are also available on the Intranet.

- Fact Sheet 1: What is a Prescription?
- Fact Sheet 2: How to Apply Creams/Ointments to Service Users
- Fact Sheet 2b: How to Assess the Competency of Care Staff Administering External Products eg Cream/Ointments etc.
- Fact Sheet 3: What is a Medication (MAR) Sheet?
- Fact Sheet 4: Crushing Medication
- Fact Sheet 5: How to Deal with a Medication Error
- Fact Sheet 6: Effective Handwashing Techniques
- Fact Sheet 7: Care Plan Advice on Administering Medication
- Fact Sheet 8: How to Use As Required 'PRN' Medication
- Fact Sheet 9: How to Administer Medication Labelled 'As Directed/MDU Medication'
- Fact Sheet 10: How to Administer Eye Drops
- Fact Sheet 11: How to Administer Ear Drops




**Confirmation of Service User's Medication Letter to GP**

**Appendix 2**

**Name and Address of Establishment**

**Tel No and Fax No**

**Name of Service User** .....

**Services User's Establishment Address**

.....  
.....  
.....

**Social Worker** ..... **Team** .....

**Team Tel No.** .....

**Date of Request** .....

**To** ..... **(Name of GP)**

The above person is due for admission to ..... on  
..... This is for a \*temporary/permanent (delete as appropriate)  
stay, and their planned discharge date is .....

1. We would be grateful if you would provide us with written confirmation of their current medications for the purpose of our records.
2. Please note that we have a Homely Remedy Policy and we would like your permission to use this in the event of the above person needing treatment for minor ailments whilst in our care. The medication included in the policy is set out as follows:

**Medication**

**Symptoms/Doseage**

Paracetamol Tablets 500mg	For mild pain (e.g. headache). Maximum dose 2 tablets and not more than 2 doses in 24 hours without medical authority. <b>Check that the service user is not taking any other preparations containing Paracetamol.</b>
Conotrane Cream	Can be used as a barrier cream, ONLY to be used on areas of unbroken skin.
Senna Tablets	For occasional relief of constipation. Maximum dose 2 tablets in 24 hour period.
Simple Linctus	For occasional coughs. Maximum dose 2 x 5 ml spoonfuls, not more than 3 doses with medical authority. (Unsuitable for diabetics without medical consultation; sugar free could be prescribed).
Peptac Suspension (PCT recommendation)	For mild gastric upsets and indigestion. 10-20 mls after meals and at bedtime.

**NB These are ADULT DOSES.**

3. **Please let us have your confirmation/permission by either faxing to 0161 or email to**

Thank you for your help.

Yours sincerely

Name of Manager

.....

Service User: .....

Establishment: .....

GP's Signature: .....

Date: .....

Please fax your reply to .....





Name and Address of Establishment

Tel No:

Fax No:

e-mail:

Name of Service User .....

Establishment Address .....

.....

.....

.....

Name of Social Worker: ..... Team: .....

Team Tel No:.....

To: ..... (name of GP)

The above Service User was admitted to (Name of Establishment).....  
on (Admission Date) .....and is due to return home from the establishment on (Date of proposed discharge).....

They have brought with them non-prescribed “over the counter” remedies, and I would be grateful if you could confirm whether or not they can continue to take these during their stay here.

List of remedies: .....

.....

.....

.....

.....

Please fax your confirmation back to us. Until we receive this confirmation we shall be requesting that the Service User does not use these remedies.

Thank you for your help.

Name: .....

Signed: .....

Position: .....

---

**CONFIRMATION:**

I confirm that ..... can continue to take the “over the counter” medications listed above.

Name of GP: .....

Date: .....

**NAME** .....

		Yes			No		
		Date	Date of review	Date of review	Date	Date of review	Date of review
1.	Are you able to name each medication you are taking and why you take it? Comment						
2.	Do you know the prescribed dose of each medication? Comment						
3.	Do you know when to take your medication? Comment						

	without childproof caps if service user requests this). Comment						
5.	Are you able to remove tablets from the bottles? Comment						
6.	Are you able to open and remove tablets from boxes? Comment						
7.	Do you have any difficulty removing tablets from foil strips/blister packs? Comment						
8.	Are you able to open bottles and take medication in liquid form? Comment						
9.	Are you able to use eye drops and inhalers if required? Comment						
10.	Do these medicines help you control						

11.	<p>Are you able to see clearly the instructions on bottles and packets?</p> <p>Comments</p>						
12.	<p>Have you experienced any difficulty taking medication in the past?</p> <p>Comment</p>						
13.	<p>Is there any reason not covered in this assessment why you feel you may not be able to self-medicate, or take responsibility for your own medication?</p> <p>Comment</p>						
14.	<p>Would you be prepared to look at ways you could be assisted to become self-medicating whilst you are here, and to be able to continue this when you leave?</p> <p>Comment</p>						

Assessor's Comment including ability to self-medicate controlled drugs

I am prepared to work towards becoming self-medicating

Sign .....

Date

**Self Medication**

To \_\_\_\_\_ the \_\_\_\_\_ Manager \_\_\_\_\_ of  
Establishment

I agree to be responsible for my own medication. I will follow the agreed safety procedures for my medication as follows:

1. I agree to being monitored for the first few days of my self-medicating.
2. I will keep my medication in the locked drawer provided in my room. I understand that there may be some medication that I cannot hold myself because of the organisation's policy with regard to their storage.
3. I will ask the Manager for a key when my medicines are due and get them out and return the key to the office.
4. I will not give my medicines to anyone else.
5. I understand that my medicines may be harmful to others so will keep them safe at all times.
6. I will inform the Manager a few days in advance of when I require a new prescription.
7. I will inform the Manager if I appear to have an adverse reaction to any medication.
8. I will inform the Manager immediately if I take my tablets at the wrong time or in the wrong order.
9. I will allow a Manager to check my tablets weekly.

Signed: .....  
.....

Date:

Witness: .....

**Self Medication**

I agree to a risk assessment being carried out on my ability to take responsibility for my own medication.

I agree to take responsibility for taking my own medication.

I agree to Managers checking my medication weekly.

I will ask staff to assist me to order a new prescription when required.

I will make sure that my medication is kept in the locked drawer in my bedroom and if I need help to access the drawer I will ask a member of staff to open it for me.

Signed: .....  
.....

Date:  
Service User

Witness: .....

**THE CARE HOMES REGULATIONS 2001  
NOTIFIABLE INCIDENT RECORD SHEET**

**Notification of Death, Illness or Other Events (Adult)  
Regulation 37 (Regulations 38-42 also apply)**

**Return to:** CSCI, Manchester Local Office, Oakland House, 9<sup>th</sup> Floor,  
Talbot Road, Manchester, M16 OPQ

**Please fax if notification is urgent:** 0161 772 1676

<p><b><u>Name and Address of home:</u></b></p>	<p><b><u>Name of resident(s) involved:</u></b></p>	<p><b>Date(s) of birth:</b></p>
<p><b>Date and Time of incident:</b></p>		
<p><b>Location:</b></p>	<p><b>Staff involved and designation:</b></p>	
<p><b>Name(s) of witness(es) &amp; designation:</b></p>		
<p><b>Name and designation of person completing this report:</b></p> <p><b>Name:</b> _____ <b>Designation:</b> _____</p> <p><b>Date report completed:</b> _____</p>		

**Nature of Notification.** Please tick as appropriate:

- a) The death of any service user, including the circumstances of his death.
- b) The outbreak in the care home of any infectious disease which in the opinion of any registered medical practitioner attending persons in the care home is sufficiently serious to be so notified.
- c) Any serious injury to a service user.
- d) Serious illness of a service user at a care home at which nursing is not provided.
- e) Any event in the care home, which adversely affects the well-being or safety of any service users.   
Full details must be given in the Incident Report (description of event)  
**Examples include:**  
Allegation of abuse: suspected or actual, including other agencies notified  
Unexpected injury or Bruising  
Attempted or Actual Suicide  
Choking  
Deliberate Self Injury  
Errors of Medication  
Any potential risk situation
- f) Any theft, burglary or accident in the care home.
- g) Any allegation of misconduct by the registered person or any persons who work at the care home.   
  
(Any notification relating to the above shall be made without delay, if given orally, shall be confirmed in writing).
- h) The proposed absence of owner or manager for a continuous period of 28 days or more (written notice to be provided not later than one month before the proposed absence commences).
- i) Urgent absence of owner or manager (in the case of an emergency notice shall be given within one week)
- j) Return from absence of owner or manager (not later than 7 days after the date of return)
- k) Change in the management of the home.
- l) Termination of employment of manager in charge and details of interim arrangements.
- m) Any changes relating to the ownership of the home.
- n) Appointment of liquidators etc.
- o) Intention to terminate accommodation of service users.
- p) Notification of the death of the Registered Person (to be provided without delay) in writing and the intentions regarding the future running of the home within 28 days.

**Please refer to the regulation for the specific details which are required**

**Incident Report (brief description of event - continue on separate sheet if required):**

**ACTION TAKEN:**

GP called: Yes/No Time ..... Emergency services called: Yes/No Time .....  
(Specify which service (police, ambulance etc) .....

In the event of a death, please state cause, date/time, and if inquest or post mortem to be held:

.....

Injury sustained: Yes/No Detail:

Persons Notified ..... Time .....

..... Time .....

**Actions to be taken to prevent further occurrence:**

**FOR NCSC AREA OFFICE USE ONLY**

**Area Office Date Stamp**

**Inspector**

**Date received verbally**

**Date received in writing**

**Action Taken by Inspector**

Further response needed: Yes/No Reason .....

.....

.....

Telephone Response: Yes/No Date .....

Written Response: Yes No Date .....

Follow up visit: Yes/No Date .....

Issue for next inspection: Yes/No Date .....

Comments/Detail:

**Logged onto R+I System**

By .....

Date .....

**Commission for Social Care Inspection  
Local Office  
9th Floor, Oakland House  
Talbot Road, Manchester, M16 0PQ  
Tel: 0161 772 1620: Fax: 0161 772 1676**

**Care Standards Act 2000 and The Children's Homes Regulations 2001  
Notifications to CSCI under Regulation 30 Schedule 5**

**Name and Address of Home**


Please tick relevant box for notification being made, and use a separate form for each notification:-

- |  |                          |   |                          |
|--|--------------------------|---|--------------------------|
| a) Death of a child accommodated in the home   | <input type="checkbox"/> | b) Referral to the Secretary of State pursuant to section 2 (1) (a) of the Protection of Children Act 1999 (a) of an individual working at the home.                      | <input type="checkbox"/> |
| c) Serious illness or serious accident sustained by a child accommodated in the home.        | <input type="checkbox"/> | d) Outbreak of any infectious disease which in the opinion of a registered medical practitioner attending children at the home is sufficiently serious to be so notified. | <input type="checkbox"/> |
| e) Involvement or suspected involvement of a child accommodated at the home in prostitution. | <input type="checkbox"/> | f) Serious incident necessitating calling the police to the home.   | <input type="checkbox"/> |
| g) Any serious complaint about the home or persons working there.                            | <input type="checkbox"/> | h) Instigation and outcome of any child protection enquiry involving a child accommodated at the home.  | <input type="checkbox"/> |

**What other agency or person have you also notified of this incident?**


**Please note full name(s) of staff or child(ren) concerned**

<b><u>NAME OF STAFF</u></b>	<b>POSITION</b>
<b><u>NAME OF CHILD(REN)</u></b>	<b>D.O.B.</b>

Please give details of the incident on a separate sheet

**Other notifiable events**

(Written Notification is required in respect of any of these matters.  
Please follow requirements of the relevant regulation)

**Regulation 37** Notice of absence

**Regulation 38** Notice of changes

**Regulation 39** Appointment of liquidators

**Regulation 40** Death of a registered person

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

**NB** It should normally be sufficient to send this notification by first class post to the CSCI. A copy should be kept of all notifications sent. If you are in doubt, or if the notification seems more urgent, do not hesitate to telephone the CSCI (0161 772 1620).