NHS
Aylesbury Vale
Clinical Commissioning Group

NHS
Chiltern
Clinical Commissioning Group

Buckinghamshire County Council

Medicines Policy Standards for Care Providers

January 2015

Contents

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1. Introduction

The standards have been developed to support high quality use of medicines in care homes. They are based on NICE guidelines on managing medicines in care homes and have been adapted for local use by a multi-agency working group.

Additional local guidance is available on the Buckinghamshire County Council Quality in Care Team website.

The standards have been ratified by the Medicines Management Joint Executive Team (MMJET) for Aylesbury Vale and Chiltern Clinical Commissioning Group and the Adults and Family Wellbeing (AFW) Leadership Team for Buckinghamshire County Council.

2. Scope

The standards should be used to support providers to develop new and review current adult care medicines policies. They act as a guide to develop and sustain good practice in key areas. Not all of the standards may be relevant to all care providers; therefore consideration should be given to all standards that are applicable.

3. Working group

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4. Health and Social Care responsibilities related to medicines management

The health and social care economy in Buckinghamshire is committed to implementing guidance and legislation positively and proactively. The Care Act 2014 is clear that;

Local authorities and their relevant partners must cooperate generally in performing their functions related to care and support; with the aim of promoting greater integration with NHS and other health-related services where this is needed in the case of specific individuals who have care and support needs.

In order to support joint working, it is important that all partners involved are clear about their own responsibilities, and how they fit together. Section 22 of the Care Act sets out the limits on what a local authority may provide by way of healthcare and so, in effect, sets the boundary between the responsibilities of local authorities for the provision of care and support, and those of the NHS for the provision of health care.

Where the NHS has a clear legal responsibility to provide a particular service, then the local authority may not do so. This general rule is intended to provide clarity and avoid overlaps, and to maintain the existing legal boundary. However, there is an exception to this general rule, in that the local authority may provide some limited healthcare services as part of a package of care and support, but only where the services provided are "incidental or ancillary" (that is, relatively minor, and part of a broader package), and where the services are the type of support that an authority could be expected to provide.

For the purposes of this document and to promote clarity for care providers the following principles have been applied;

- In prescribing medications the prescriber should (where possible) always account for the needs and preferences of the individual
- Medications should be dispensed as per prescription and dispensed in a way that promotes independence, choice and safe administration as a priority
- Individuals will be encouraged to self-administer prescribed medications wherever possible and appropriate to their needs
- Medications administration must be appropriately documented according to organisational policy
- Where a health or social care worker undertakes medicines administration they must be trained and competent to undertake administration by that prescribed route

- Each provider is expected to identify a medicines training and competency process and programme that recognises the needs of their service users and carers
- Where specialist medication administration training is required (either due to the route of administration or risks associated with specific drug types) then it is the responsibility of the provider to access and provide this training for all staff required to undertake that role
- Delegation of tasks, including medication administration, remains the responsibility of the professional who delegated the task. However the individual undertaking the task has a responsibility to ensure that they are competent to undertake it. Further guidance is available from the Nursing and Midwifery Council http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-for-medicines-management.pdf

5. Person-centred care

Choices about medicines should take into account a person's individual needs and preferences. Care home residents should have the opportunity to make informed decisions about their care and treatment, in partnership with their health professionals and social care practitioners. Families and carers should have the opportunity to be involved in decisions about treatment and care.

If a resident has been assessed as lacking capacity to make a specific decision, health professionals should follow the code of practice that accompanies the Mental Capacity Act and the supplementary code of practice on Deprivation of Liberty Safeguards.

6. Standards

Standard 1

The medicines policy has defined processes for sharing information about a resident's medicines, including when they transfer between care settings.

This should include:

1.1 A process for managing personal and sensitive information covering the 5 rules set out in A guide to confidentiality in health and social care.
See NICE recommendation 1.3.1

1.2 The training needed by care home staff who are managing information, and how their skills will be assessed.
See NICE recommendation 1.3.1.

1.3 Details of the information about medicines that should be transferred when a resident moves from one care setting to another. This should include details of who is responsible for this during normal office and out-of-hours periods. Standard 5 specifies the minimum information that should be transferred.
See NICE recommendation 1.7.3

1.4 Details of the information about medicines that should be checked and the process to be followed when a resident moves into a care home. This should include details of who is responsible for this during normal office and out-of-hours periods.
See NICE recommendation 1.3.3.

1.5 Details of how changes to a resident's medicines should be communicated between care home staff at shift changes.
See NICE recommendation 1.3.7.

1.6 Details of the information about a resident's medicines that should be available when a resident attends appointments outside the care home.
See NICE recommendation 1.3.4.

1.7 Details of agreed processes for the secure sharing of data.

1.8 Details of how processes for sharing and transferring information about a resident's medicines will be monitored and audited.

1.9 A process for ensuring that everyone involved in a resident's care knows when medicines have been started, stopped or changed.
See NICE recommendation 1.9.3.

Standard 2

The medicines policy includes processes for ensuring that records about medicines are accurate and up to date.

2.1 The process should cover:

- recording information in the resident's care plan
- recording information in the resident's medicines administration record
- recording information from correspondence and messages about medicines

- recording information in transfer of care letters and summaries about medicines when the resident is away from the home for a short time
- what to do with copies of prescriptions and any records of medicines ordered for residents. See NICE recommendation 1.4.1.

2.2 The process should give details of:

- how to store records about medicines securely
- how long to store the records
- how to destroy records securely

See NICE recommendation 1.4.2.

2.3 The policy should give details of how processes for record-keeping will be monitored and audited.

Standard 3

The medicines policy includes a process for identifying, reporting, reviewing and learning from medicines errors involving residents.

3.1 Includes a process for reporting all suspected adverse effects from medicines. The process includes:

- how to report
- who to report to during normal working hours (for example, the GP)
- who to report to out-of-hours (for example, the out-of-hours service)
- what to record in the resident's care plan
- who to feedback to (for example, the resident and/or their family or carers, and the supplying pharmacy).

3.2 Includes a process for recording all medicines-related safety incidents, including all 'near misses' and incidents that do not cause any harm.

The process requires that any notifiable safeguarding concerns are reported to the Care Quality Commission (CQC) and Buckinghamshire County Council Safeguarding Team.

See NICE recommendation 1.6.5.

3.3 Includes a process for managing medicines-related errors or incidents, which gives details of:

- how to identify them (include actual errors or incidents and 'near misses')
- how to report them

- who to report to (the process follows any local reporting processes).
- what to record
- how the incident will be investigated (including how to find the root cause)
- who will investigate
- the time scale for investigation
- how the results of the investigation and any lessons learnt will be shared, both with the staff of the care home and more widely (local shared learning)
- how the incident will be reported to the resident and/or their family or carers.

See NICE recommendation 1.5.1, recommendation 1.6.5 and recommendation 1.6.8.

Standard 4

The medicines policy includes a process for managing medicines-related safeguarding incidents.

4.1 The process should include details of:

- how to identify them (include actual incidents and concerns)
- which medicines- related safeguarding incidents should be reported under local safeguarding processes and when
- how to report them
- who to notify (for example, the CQC and or Buckinghamshire County Council, Safeguarding team) in normal office and out-of-hours
- what to record (as soon as possible)
- how to investigate incidents (including how to find the root cause)
- who will investigate
- the time scale for investigation
- how to share the results of the investigation and any lessons learnt with the staff of the care home and more widely (local shared learning)
- how to report incidents to residents and/or their families or carers.

The process follows local safeguarding processes.

See NICE recommendation 1.6.2 and recommendation 1.6.8.

4.2 Includes a process for providing information to residents and/or their families or carers about:

- how to report a medicines-related safety incident
- how to report a medicines-related safeguarding incident or concern
- how to discuss their concerns about medicines
- how to use the care home provider's complaints process, local authority (or local safeguarding) processes and/or a regulator's complaints process
- how to use advocacy and independent complaints services

See NICE recommendation 1.6.10 and recommendation 1.6.11.

4.3 Includes a process for identifying any training needed by care home staff who are responsible for managing and administering medicines. The process notes that if there is a medicines-related safety incident, review may need to be more frequent to identify support; learning and development needs.
See NICE recommendation 1.17.4

Standard 5

The medicines policy includes a process for accurately listing a resident's medicines (medicines reconciliation).

5.1 The process should cover:

- who is responsible for coordinating medicines reconciliation (the person who is responsible for the resident's transfer into the care home)
- who to involve (including the resident and/or their family or carers, a pharmacist, other health and social care staff)
- the information that should be available for medicines reconciliation on the day that a resident transfers into or from a care home:
  - resident's details, including full name, date of birth, NHS number, address and weight (for those under 16 or where appropriate, for example, frail older residents)
  - GP's details
  - details of other contacts defined by the resident and/or their family or carers (for example, consultant, regular pharmacist, specialist nurse)
  - known allergies and reactions to medicines or ingredients, and the type of reaction experienced

  - medicines the resident is currently taking, including name, strength, form, dose, timing and frequency, how the medicine is taken (route of administration) and what for (indication), if known
  - changes to medicines, including medicines started, stopped or dosage changed, and reason for change
  - date and time of the last dose of any 'when required' medicine or any medicine given less often than once a day (weekly or monthly)
  - other information, including when the medicine should be reviewed or monitored, and any support the resident needs (adherence support)
  - what information has been given to the resident and/or family or carers.
- recording the details of the person completing the medicines reconciliation (name, job title) and date when done
- the training and skills needed for medicines reconciliation

See recommendation 1.7.1, recommendation 1.7.2, recommendation 1.7.3.

Standard 6

The medicines policy includes a process for medication review.

6.1 The process should cover:

- a GP documenting in each resident's care record which named health professional is responsible for that resident's planned multidisciplinary medication review
- who may be involved in the review and how to ensure that they have appropriate involvement; this may include:
  - the resident and/or their family or carers, and
  - a pharmacist, community matron or specialist nurse, GP, member of care home staff, practice nurse, social care practitioner
- documenting in each resident's care record the agreed frequency of planned multidisciplinary medication review based on:
  - the resident's safety (the most important factor when deciding how often to do the review)
  - the health and care needs of the resident
  - an interval between reviews of no more than 1 year
- how care home staff should identify residents who may need more frequent review of their medicines and highlighting this to the GP; for example, residents:

- entering the end-of-life phase
- with a recent diagnosis of a long-term condition
- needing frequent or complex monitoring
- who have been transferred to the care home (for example, after hospital discharge).

See NICE recommendation 1.8.2, recommendation 1.8.3 and recommendation 1.8.4.

Standard 7

The medicines policy includes a process for ordering medicines.

7.1 The process should ensure that medicines prescribed for a resident are not used by other residents.

See recommendation 1.10.1.

7.2 The process should ensure that care home providers retain responsibility for ordering medicines from the GP practice.

7.3 The process covers:

- protecting time for ordering and checking medicines delivered to the home
- the home having at least 2 members of staff who are competent to order medicines, although at any one time ordering can be carried out by 1 member of staff
- how to order repeat, acute and 'when required' medicines from the GP practice (and during out-of-hours)
- how to obtain medicines that are needed urgently (and during out-of-hours)
- which records to make when ordering medicines (for example, a copy of the prescription, stock order or requisition note)
- how to inform the supplying pharmacy (with the resident's consent) of any changes to medicines (including when medicines are stopped)

See NICE recommendation 1.10.2, recommendation 1.10.3, recommendation 1.10.4 and recommendation 1.10.5.

7.4 Includes a process for determining the best system for supplying medicines (original packs or monitored dosage systems) for each resident based on the resident's health and care needs and the aim of maintaining the resident's independence wherever possible. The process indicates that care home staff should seek the support of health and social care staff if needed.

See NICE recommendation 1.11.2.

7.5 Includes a process for anticipatory medicines (for example, those used in end-of-life care) when these are used by a care home.

See recommendation 1.9.5.

Standard 8

The medicines policy includes a process for the safe receiving, storage and disposal of medicines.

8.1 The process should give details of:

- how to store controlled drugs
- how and where to store medicines, including medicines supplied in monitored dosage systems, medicines to be taken and looked after by residents themselves, medicines to be stored in the refrigerator, skin creams, oral nutritional supplements and appliances
- how to ensure secure storage with only authorised care home staff having access
- the temperatures for storing medicines and how the storage conditions should be monitored
- how to assess each resident's needs for storing their medicines (taking into account the resident's choices, risk assessment and type of medicines system they are using)
- who care home staff should contact should a storage problem occur
- how to dispose of medicines, including:
  - controlled drugs, and
  - medicines classed as clinical waste
- how to carry forward medicines that are still being prescribed for a resident and are still within the expiry date and can be continued to be used
- how to store medicines awaiting disposal, including the use of tamper-proof sealed containers locked in storage cupboards until collection for disposal
- keeping records of medicines (including controlled drugs) that have been disposed of, or are awaiting disposal.

See NICE recommendation 1.12.1, recommendation 1.12.3, recommendation 1.12.4, recommendation 1.12.5, recommendation 1.12.6, recommendation 1.13.2 and recommendation 1.13.6.

Standard 9

The medicines policy should include a process for helping residents to look after and take their medicines themselves (self-administration).

9.1 The process should give details of:

- when and how to carry out an individual risk assessment to find out how much support a resident needs to carry on taking and looking after their medicines themselves
- the responsibilities of care home staff, which should be recorded in the care plan
- who may be involved in the risk assessment in addition to the resident and/or their family or carers
- how medicines for self-administration will be stored (for example, in a lockable cupboard or drawer in a resident's room), including controlled drugs
- how often the assessment needs to be repeated based upon individual resident need

In adult care homes, the process includes:

- recording any medicines supplied to the resident for self-administration
- recording when a resident has been reminded to take their medicine themselves.

See NICE recommendation 1.13.2, recommendation 1.13.3, recommendation 1.13.4, recommendation 1.13.5, recommendation 1.13.6, and recommendation 1.13.7.

Standard 10

The medicines policy includes a process for medicines administration by care staff.

10.1 The process should follow a person-centred approach and specify that only trained and competent staff should administer medicines.

10.2 The following should be considered for inclusion in a medicines administration process:

- the 6 R's of administration:
  - right resident
  - right medicine
  - right route
  - right dose

  - right time
  - resident's right to refuse
- that records should:
  - be legible
  - be signed by the care home staff
  - be clear and accurate
  - be factual
  - have the correct date and time
  - be completed as soon as possible after administration
  - avoid jargon and abbreviations
  - be easily understood by the resident, their family and carers.
- that the medicines administration record should include:
  - the full name, date of birth and weight (for those under 16 or where appropriate, for example, frail older residents) of the resident
  - details of any medicines the resident is taking, including the name of the medicine and its strength, form, dose, how often it is given and where it is given (route of administration)
  - known allergies and reactions to medicines or their ingredients, and the type of reaction experienced (this will require liaison between the care home and the resident's GP). Allergies should also be recorded on the residents 'front sheet' in a consistent way that is known to all staff
  - when the medicine should be reviewed or monitored (as appropriate)
  - any support the resident may need to carry on taking the medicine (adherence support)
  - any special instructions about how the medicine should be taken (such as before, with or after food, or whether the medicine could be crushed)
- who will produce the medicines administration records
- how to record medicines administration (including medicines administered by visiting health professionals)
- how to cross-reference administration records (for example, 'see warfarin administration record') when a medicine has a separate administration record
- what to do if the resident is having a meal
- what to do if the resident is asleep
- how to administer specific medicines such as patches, creams, inhalers, eye drops and liquids
- using the correct equipment depending on the formulation (for example, using oral syringes for small doses of liquid medicines)

- how to record and report administration errors and reactions to medicines
- how to record and report a resident's refusal to take a medicine(s)
- how to manage medicines that are prescribed 'when required'
- how to manage medicines when the resident is away from the care home for a short time (for example, visiting relatives)
- monitoring and evaluating the effects of medicines, including reactions to medicines
- agreeing with the resident, prescriber and pharmacist the timing for administration of medicines
- how to reduce interruptions during medicines administration rounds
- the training and skills needed by care home staff to use system(s) adopted in the care home for administering medicines
- how to ensure information on the medicines administration record is accurate and up-to-date
- how to access appropriate medicines information and resources.

See NICE recommendation 1.11.3, recommendation 1.14.1, recommendation 1.14.4, recommendation 1.14.5, recommendation 1.14.10, recommendation 1.14.13, recommendation 1.14.14, recommendation 1.14.15 and recommendation 1.14.19.

10.2 For 'when required' medicines, the process includes:

- the reasons for giving the 'when required' medicine and how this is documented
- how much to give if a variable dose has been prescribed
- what the medicine is expected to do
- the minimum time between doses if the first dose has not worked
- offering the medicine when needed and not just during 'medication rounds'
- when to check with the prescriber any confusion about which medicines or doses are to be given
- recording 'when required' medicines in the resident's care plan.

The process specifies that medicines prescribed as 'when required' are kept in their original packs and not monitored dosage systems.

See NICE recommendation 1.14.3.

10.3 For controlled drugs, the process includes:

- how to make appropriate records of controlled drugs that have been administered to residents
- the requirement for signing the controlled drugs register and the medicines administration record.

See NICE recommendation 1.14.16.

10.4 The process includes the following information about producing new, hand-written medicines administration records:

- the training, skills and designated responsibility required by the care home staff
- checking accuracy and signing by a second trained and skilled member of staff before first use.

See NICE recommendation 1.14.9.

10.5 Includes a process for when a resident is temporarily absent from the care home that details giving the following information to the resident and/or their family or carers:

- the medicines taken with the resident
- how the medicines should be supplied to the resident
- clear directions and advice on how, when and how much of the medicines the resident should take
- time of the last and next dose of each medicine
- a contact for queries about the resident's medicines, such as the care home, supplying pharmacy or GP.

See recommendation 1.14.17 and recommendation 1.14.18.

10.6 Includes a process for care home staff (registered nurses and social care practitioners working in care homes) updating records of medicines administration with accurate information about any changes to medicines.

See NICE recommendation 1.9.4.

10.7 Includes a process for recording prescribing instructions given remotely, which gives details of:

- how care home staff should record instructions given by telephone
- how care home staff should make sure that the health professional using remote prescribing changes the prescription
- the training and skills required by care home staff to assist with the assessment and discussion of a resident's clinical needs
- how the medicines administration record should be updated
- recording the information in the resident's care plan (usually within 24 hours)
- how staff should make sure that the resident's confidentiality is maintained.

For care homes with nursing, the process incorporates the Nursing and Midwifery Council Standards for medicines management (2010) for remote prescribing.

See NICE recommendation 1.9.7and recommendation 1.9.8.

10.8 Includes a process for care home staff to record medicines administered by visiting health professional on the medicines administration record

See NICE recommendation 1.14.13

10.9 Includes a process for how administration is recorded that ensures the record is only made when the resident has taken their prescribed medication

See NICE recommendation 1.14.11

10.10 Includes details of the training and skills required by care home staff, as follows:

- induction training relevant to the type of home care home staff are working in (adult care homes or children's homes)
- training and competency assessment for staff designated to administer medicines, including the learning and development requirements for this role
- internal or external learning and development program for the skills needed to manage and administer medicines
- annual review of the knowledge, skills and competencies relating to managing and administering medicines
- a requirement that staff who do not have the skills to administer medicines, despite completing the required training, are not allowed to administer medicines to residents
- a requirement for all health professionals employed by the care home to be professionally qualified and registered with the appropriate professional body, and continue to meet the professional registration requirements, if applicable (for example the post-registration education and practice (Prep) standards set by the Nursing and Midwifery Council).

See recommendation 1.17.1, recommendation 1.17.2 and recommendation 1.17.3.

Standard 11

The medicines policy includes a process for the covert administration of medicines.

11.1 For adult care homes, the process includes:

- when to consider covert administration of medicines
- how to undertake an assessment of the resident's mental capacity
- how and when to hold a best interest meeting
- recording the reasons for undertaking a mental capacity assessment and the proposed management plan and whether it will constitute a deprivation of liberty
- a plan of how medicines will be administered without the resident knowing
- how to regularly review whether covert administration is still needed.

See recommendation 1.15.1, recommendation 1.15.3 and recommendation 1.15.4.

11.2 The process specifies that covert administration should only take place in the context of existing legal and good practice frameworks to protect both the resident who is receiving the medicine(s) and the care home staff involved in administering the medicines.

See recommendation 1.15.2.

Standard 12

The medicines policy includes a process for managing and administering non-prescription medicines and other over-the-counter-products (homely remedies) for treating minor ailments when providers offer these to residents.

12.1 The process should include:

- naming care home staff who give homely remedies to residents
- ensuring that named staff sign the process to confirm they have the skills to administer the homely remedy and acknowledge that they will be accountable for their actions
- how and when care home staff should take advice on the use of homely remedies from a health professional, such as a GP or pharmacist
- regular stock checking of homely remedies to ensure that they are within their expiry date

- keeping homely medicines in their original packaging together with any information supplied with the medicine about its use.

See recommendation 1.16.1 and recommendation 1.16.2.

Standard 13

The medicines policy should be regularly reviewed.

13.1 The medicines policy should be continually reviewed to ensure that it is up-to-date and reflects current legislation and evidence.

13.2 The medicines policy needs to address local requirements and the needs of the care provider.

7. Training and skills of care home staff

7.1 Care home providers must ensure that designated staff administer medicines only when they have had the necessary training and are assessed as competent. Care home providers must ensure that staff who do not have the skills to administer medicines, despite completing the required training, are not allowed to administer medicines to residents.

7.2 Care home providers should set up an internal and/or external learning and development programme so that care home staff can gain the necessary skills for managing and administering medicines. The programme should meet the requirements of the regulators, the residents and the training needs of care home staff.

7.3 Care home providers should consider using an 'accredited learning' provider so that care home staff who are responsible for managing and administering medicines can be assessed by an external assessor.

7.4 Care home staff must have induction training that is relevant to the type of home they are working in (adult care homes or children's homes). All care home staff (including registered nurses as part of their continuing professional development) involved in managing and administering medicines should successfully complete any training needed to fulfil the learning and development requirements for their role.

7.5 Care home providers should ensure that all care home staff have an annual review of their knowledge, skills and competencies relating to managing and administering medicines. Care home

providers should identify any other training needed by care home staff responsible for managing and administering medicines. If there is a medicines-related safety incident, this review may need to be more frequent to identify support, learning and development needs.

7.6 Health professionals working in, or providing services to, care homes should work to standards set by their professional body and ensure that they have the appropriate skills, knowledge and expertise in the safe use of medicines for residents living in care homes.

8. References

- National Institute for Health and Care Excellence (NICE). Managing medicines in care homes. March 2014
- National Institute for Health and Care Excellence (NICE). Managing medicines in care homes. NICE quality standard. Draft for consultation. October 2014