

# The Administration and Control of Medicines in Care Homes and Children's Services

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## **Appendix 1**

# THE ADMINISTRATION AND CONTROL OF MEDICINES IN CARE HOMES AND CHILDREN'S SERVICES

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## 1. Introduction

The basic principles that underpin the safe handling of medicines in any establishment do not vary according to the nature of care that is offered. Whether the establishment is large or small; whether the staff have a nursing qualification or not, there is a duty of care that requires medication to be safely handled so that the people who are cared for in homes and children's services are supported to take their medicines safely.

This document is designed to assist owners and managers of care homes to safely handle medicines; and to meet the medication standards that now form an integral part of the process to regulate private care. The term 'care home' is intended to incorporate establishments formally known as residential and nursing homes and also children's homes.

The guidance in this booklet applies irrespective of how the medicines are obtained; including those dispensed at a pharmacy, supplied by a dispensing doctor or purchased over the counter.

The scope of this guidance is all care establishments, including those providing social and nursing care, including children's homes. This booklet supersedes the following documents previously issued by the Royal Pharmaceutical Society of Great Britain:

- *Pharmaceutical Services to Nursing Homes (1990).*
- *The Administration and Control of Medicines in Residential and Children's Homes (1994).*
- *The Administration and Control of Medicines in Care Homes (2001).*

This guidance is referenced in the National Minimum Standards relating to Care Homes for Older People and Care Homes for Younger Adults in England and Wales, and Adult Placements (in England only). In Scotland the guidance is referenced in some of the National Care Standards.

A number of references are included in this publication to *Medicines, Ethics and Practice: A Guide for Pharmacists (MEP)* to assist pharmacists who may wish to expand further upon the guidance contained in this booklet.

### 1.1. Current Legislation.

The Care Standards Act 2000 and the Regulation of Care (Scotland) Act 2001 provided for the setting up of the following bodies:

- *The National Care Standards Commission for England (NCSC).*
- *The Care Standards Inspectorate for Wales (CSIW).*
- *The Scottish Commission for the Regulation of Care (SCRC) - Care Commission.*

The regulatory body is accountable to the Secretary of State for Health in England, the Minister for Health and Social Care in Wales or the Minister for Health and Community Care in Scotland; and has been charged with the registration, inspection, complaints investigation and enforcement of legislation in those establishments that

the Acts require to register. The NCSC became a legal entity on 1<sup>st</sup> April 2001 and fully operational on 1<sup>st</sup> April 2002. The CSIW and SCRC became operational on 1<sup>st</sup> April 2002. At this point in time, the Registered Homes Act 1984, the Registered Establishments (Scotland) Act 1998 and associated Regulations were repealed. New Regulations apply that have given rise to the National Minimum Standards (NMS) (England and Wales), and, in Scotland, to the National Care Standards (NCS).

The Department of Health (DH) in England has published the NMS, in Wales they were published by the Welsh Assembly and in Scotland the NCS were published by the Scottish Executive. All standards are accessible from the websites listed in Appendix 1. One of the stated aims of these documents is to establish a basis for the regulator(s) to determine whether care homes meet 'the needs, and secure the welfare...of the people who live there'. The standards relating to medication handling promote the safety and well being of the service user; and should also provide a framework of safe practice for the care worker, irrespective of whether the care worker is a registered nurse. It is recognised that registered nurses work to a code of practice laid down by the Nursing and Midwifery Council (NMC). This publication recommends that all care staff should work to these standards.

It is useful to note that the following bodies have additionally been set up to cover the qualifications of staff workers in this field:

- *The General Social Care Council for England.*
- *The General Social Care Council for Wales.*
- *The Scottish Social Services Council.*

The following is a list of legislation that has a direct impact upon the handling of medication within a registered care home.

- *The Medicines Act 1968.*
- *The Misuse of Drugs Act 1971.*
- *The Misuse of Drugs (Safe Custody) Regulations 1973 SI 1973 No 798 as amended by Misuse of Drugs Regulations 2001.*
- *The NHS Scotland Pharmaceutical Service (Regulations) 1995.*
- *The Social Work (Scotland) Act 1968 as amended by The Regulation of Care Act 2001.*
- *The Children's Act 1995 and 2001.*
- *The Data Protection Act 1998.*
- *The Care Standards Act 2000.*
- *The Regulation of Care (Scotland) Act 2001.*
- *The Health and Social Care Act 2001.*

## **1.2. Children's Residential Settings.**

The Care Standards Act 2000 has affected some of the elements of The Children's Act 1998. From April 2002, all homes offering care for children have been required to register with a care commission, regardless of the number of children accommodated or the service provider. It would be unreasonable to expect that a care setting caring for relatively few children in normal health should be expected to meet all of the guidance set out in this publication. However, there are establishments for children where large numbers have extensive healthcare needs and these would arguably benefit from most aspects of this guidance.

Where the guidance is universally applicable to children's services, this has been signified by \*\*. Other guidance is provided throughout the publication concerning specialised children's services such as residential special schools or secure children's accommodation.

## **2. Policies and Procedures \*\***

A requirement for care homes to provide written policies and procedures is included in each of the NMS and NCS. These policies are to promote the safety and well being of the service user and also the safe practices of all care home staff. The ethos of the care home, which should be reflected in the policies, is how best to support service users in the safe self-administration of medicines. The staff working in the home should be aware of the policies and they should be working to them at all times. Medicines must never be used for social control or punishment.

The care home owner or manager might appoint another member of staff to be the 'designated person' to look after the medicines when service users are unable to manage their own medicines. Designated persons and members of staff involved with medicines should be appropriately trained and assessed as competent to undertake this role. The supplying pharmacist or dispensing doctor should know, and be known by, the manager or the appointed 'designated person' in a care home.

The areas that need to be covered in the written policies are all aspects of how medicines are managed in the care home. In addition to covering procedures such as obtaining, storing and recording medicines, the policy should incorporate any specialist procedures involving medicines relevant to that home, e.g. administration of PEG feeds/nutritional supplements. The home must have a policy in place so that they can identify which members of staff have signed the MAR (Medication Administration Record) Chart following the administration of a medicine.

The home must also have a written policy for the action to be taken if a medicine administration error is identified.

## **3. Record Keeping \*\***

The care home owner and / or care home manager will have the overall responsibility for the home. There is a statutory requirement for recording all medicines in care homes, as detailed in the respective Care Homes Regulations, Children's Home Regulations and the Independent Healthcare Regulations or the Regulation of Care (Scotland) Act 2001. The registered person must be responsible for ensuring the appropriate maintenance of records and the manner in which records will be kept. The standard of record keeping should ensure that records are properly completed, legible and current, providing a complete audit trail of medication. The style or manner of record is for the home to determine, although the supplying pharmacist or dispensing doctor may be able to advise. All charts should be referenced back to the original prescription and not the previous chart. The care home must retain an up to date reference of current medication prescribed for each service user.

Care homes, which elect to store patient records on a computer, should take advice concerning the Data Protection Act 1998.

### **3.1. Receipt of Medicines \*\***

All medicines brought into the home from whatever source, including discharge medicines from hospital, medicines prescribed in an acute situation as well as medicines prescribed on a regular on going basis or those brought from another home should be recorded. Care should be taken to include medicines brought from the service users own home or those brought in by friends/relatives. The record should show:

- Date of receipt.
- Name, strength and dosage of medicine.
- Quantity received.
- Service user for whom medication is prescribed or purchased.
- Signature of the member of staff receiving the medicines.

At any given time the home should be able to identify the medicines prescribed for each individual service user. On admission, written confirmation of the medicine a service user is taking should be obtained from an authoritative source.

The home may find it useful to record requests for prescriptions on behalf of a service user. This will allow the home to ensure that all items ordered have been received and that no inadvertent changes to the medication have been made.

### **3.2. Administration of Medicines \*\***

#### **3.2.1. Administration by Service User (Self-Administration)**

A record should be maintained of the medicines given to a self-administering service user, including the date and signature of the responsible care worker. This information will assist staff to monitor compliance with therapy. A self-administering service user does not need to complete a medicine administration record chart (MAR chart).

#### **3.2.2. Administration by Staff**

The medicine administration record chart (MAR chart) is the working document, which is signed to record administration of medicines. The MAR chart should include all prescribed medicines. This may also be used to record other medicines administered e.g. non-prescription medicines. The chart must be dated when the medicines are administered.

The signature of the person administering the medicine must be linked to a specific medicine. This is to facilitate audits at a later date and to ensure that the records are clear. It is essential that the person who administers the medicine refers to the record chart at the time of administration.

Although it is not part of a GP contract to sign the MAR chart, it would be considered an element of good practice, particularly for changes to doses or discontinuation of medicines. In the case of hand-written charts not checked by the GP, it is strongly

recommended that these be checked by a second person and referenced back to the original prescription. There is no legal impediment to a care home constructing a hand-written MAR chart but there is the potential for error when charts are regularly re-written by care staff.

The GP should ideally have the medical notes (hand-written or electronic) accessible at the time of a visit, to enable changes to be made directly, to ease communication links and smooth the processes of generating the future prescription. The record of medicines taken, including common or homely remedies, should be made available to the general medical practitioner whenever s/he sees the service user. The GP should also be informed when the service user does not take the medicines that are prescribed.

It is a legal requirement for care home records (except in a children's home) to be retained within the home even when a service user has left the home. It is recommended that these records be retained for a minimum of three years from the date of last entry, and should be retrievable if needed.

In the case of children's homes, medicine records must normally be kept for at least fifteen years from the date of the last entry.

### **3.2.3. Printed Medicine Administration Record (MAR) Charts**

The community pharmacist may supply printed MAR charts. This is an additional service, which is not remunerated by the NHS. The chart will usually be constructed from the same software as the product label; but is subject to the limitations of communication and can only be accurate when there is adequate communication between the prescriber, care home and pharmacist. Pharmacists have a duty to ensure that the information printed on the MAR that they produce is correct.

If a community pharmacist agrees to produce printed MAR charts via their computer system, the charts may only be able to include the items that the pharmacy has dispensed for that individual service user in the home. The choice of whether the home wishes to use these MAR charts or whether they wish to produce their own should be decided by the care home manager after the consideration of all the relevant issues.

Residential special schools and large children's homes where the service users are prescribed medicines on a regular basis may find printed MAR charts beneficial. However, in the majority of children's homes, prescribed medicines will be obtained on an irregular basis when the child is ill. In these circumstances, printed MAR charts may not be the most suitable form of record keeping.

### **3.3. Disposal of Medicines \*\***

To provide a full audit trail of medicines through a care home, a record is required to identify the removal from the home of a service user's medicines. This record should detail the following:

- Date of disposal/return to pharmacy.
- Name and strength of medicine.
- Quantity removed.

- Service user for whom medication was prescribed or purchased.
- Signature of the member of staff who arranges disposal of the medicines.

This record is also necessary when medication is transferred to another care provider, including an NHS hospital.

### **3.4. Pharmacy Record**

The community pharmacist may retain Patient Medication Records (PMRs) in the pharmacy for service users on long term medication or who are over 60 years of age. The records are not a duplication of the service user's medical records but contain items dispensed from that pharmacy and, in some instances, medicines purchased by the service user.

## **4. Medicines Supply \*\***

The supply of medicines to all care homes in the UK come under the remit of the Medicines Act 1968. This legislation identifies medicines into three categories:

- General Sales List (GSL): may be purchased from any retail outlet.
- Pharmacy Only (P): may be purchased within a community pharmacy when a pharmacist supervises the sale.
- Prescription Only Medicines (POM): may only be obtained upon presentation of a written prescription, signed by an authorised prescriber.

Written prescriptions, both NHS (with the exception of Black Listed items) and private, may be provided for medicines in each of these categories.

Medicines supplied for individual service users are the property of the named service user. The Medicines Act clearly defines that medicines must only be administered to the person for whom they have been prescribed, labelled and supplied. It therefore follows that prescribed medicines obtained in this manner may not at any time be used for other service users as though they were 'stock' held by the care home. The principals of named patient dispensed medicines being the property of the named service user should be applied to dressings, surgical sundries, nutritional supplements etc. in that they should only be used for the service user for whom they are supplied.

Any problems associated with the provision of advice or medicines should be discussed initially by the care home manager or owner with the supplying pharmacist or dispensing doctor involved.

Care staff must not tamper with prescribed packs of medicines for example by mixing batches of medicines, as this may lead to potential for claims under product liability law. Pharmaceutical preparations should not be decanted from one container to another for the purposes of storage. This applies to medications that remain from the current supply when the new supply is received; the original supply should be finished first. The care home must take precautions that the stock levels of medication for each service user are kept at an appropriate level dependent upon need.

The Royal Pharmaceutical Society of Great Britain (RPSGB) recognises that service users in homes may have to accept a certain restriction of freedom of choice as to where their prescriptions are dispensed. The Society recommends that the person in

charge of the care home should select one pharmacy where the home obtains medicines on behalf of its service users in order to ensure continuity of care. The supplier of medicines, which may be a registered pharmacy or dispensing doctor, should be able to provide a timely and responsive service. The care home owner or manager must make a decision as to which supplier is best able to meet the needs of the home and service users. Consideration of the services and accessibility should be made before using that pharmacy for the supply of medication and advice to the home. Some pharmacies may undertake services that are not included in the NHS contract such as delivery, supply of a Monitored Dosage System (MDS) device and staff training.

#### **4.1. Presentation of Medicines \*\***

Under the RPSGB's Code of Ethics, pharmacists must supply all oral solid dose medicines in child resistant packaging, with limited and specific exceptions. This also applies to all dispensed liquid medicines. Under this Code, all solid dose preparations must be dispensed in either a re-closable child resistant container or in unit packaging of strip or blister type, unless:

- The type of original pack is such as to make this inadvisable.
- The service user is likely to experience difficulty in opening a child resistant container.
- A specific request by the service user or the home staff is made for the product not to be dispensed in a child resistant container.

Medicines are generally dispensed in the manufacturers original pack. Original packs such as calendar packs can be of benefit in improving concordance in service users who self-administer their medicines. However elderly or arthritic service users can experience difficulty with some strip and blister packs and may find traditional containers easier to handle. The service user can request that their medicines are not dispensed in child resistant containers if they have difficulty opening these.

Where medicines for a service user differ unexpectedly from those received for the same service user in the past, the home should check with the pharmacist or dispensing doctor before administering the medicine.

#### **4.2. Labelling of Medicines \*\***

For a care home member of staff to administer a medicine it must have a printed label containing the following information:

- Service users name.
- Date of dispensing.
- Name and strength of medicine.
- Dose and frequency of medicine.

In the case of multiple containers, each container should be labelled. For medications which have an inner container and an outer box (e.g. eye drop bottles, cream and ointment tubes) the label should be applied to the item instead of, or as well as, the outer container. In the case of monitored dosage systems, a new label should be affixed to each supply.

If the label becomes detached from a container, or is illegible, the prompt advice of the person who made the supply must be sought. Until then, the original container should not be used.

Cautionary and advisory labels for dispensed medicines provide additional information to service users and staff, which can improve understanding and compliance. A guide to these labels is published in the British National Formulary (BNF). Pharmacists should include this information on labels for dispensed medicines, where appropriate.

Care home staff must never alter labels on dispensed medicines.

#### **4.3. European Law – Patient Information Leaflets \*\***

A patient information leaflet (PIL) must be supplied with each medicine (including those supplied in monitored dosage systems) and these should be made available to the service user.

#### **4.4. NHS Prescriptions \*\***

Medicines are individually prescribed for each service user and are the property of the service user. Staff should ask the prescriber to write full and precise instructions on the prescription. Prescribers should avoid the use of instructions such as 'as before' or 'as directed'. It is important that the written prescription includes the dose and frequency of administration to ensure that the correct treatment is administered and to reduce the risk of errors. When the administration route is other than oral, it is important for the route to be clearly stated. The indication for use of an 'as required' medication should be presented clearly and include the dose, frequency and dosage interval including the maximum daily dose.

The medication of each service user in a home should ideally be reviewed every six months. Service users needs are continually changing and these should be taken into account at the time of review. (Ref. National Service Framework (NSF) for older people, England). This does not apply to the majority of Children's Homes but will be a necessary feature in residential special schools where the service users may have physical and/or mental disability.

#### **4.5. Bulk Prescribing**

Bulk prescribing is only legal in England and Wales for medicines and dressings (including bandages) that are not Prescription Only Medicines (POMs). Doctors responsible for the NHS treatment of ten or more service users in a care home with 20 or more service users may, in certain circumstances, issue a bulk prescription for the treatment of two or more service users at the home. Doctors may only order medicines and dressings (including bandages) which are prescribable under the NHS. It is the responsibility of the home to know whom the doctor has prescribed the item for. Items that are bulk prescribed and dispensed are not appropriate for self-medication by service users. Bulk prescribing is not a way of obtaining stock items of non-prescribed medicines (homely remedies).

Bulk prescribing does not have the full support of all professionals. When it does occur it is a local agreement between the home and the GP. It is possible that bulk prescribing may occur in specialist children's services such as residential special schools. Bulk prescribing as described here is not legal in Scotland.

#### **4.6. Emergency Supplies \*\***

The law permits POMs to be supplied in an emergency at the doctors request in the absence of a prescription, provided the correct procedure is followed. The Medicines Act also allows for a supply to be made in an emergency at the request of the service user. There is no provision within NHS regulations for this, therefore the service user or home may be requested to pay for the supply. Further information is available from the prescriber or supplying pharmacist or is available in the MEP.

#### **4.7. Prevention of Fraud \*\***

The manager/designated person in the home should initiate the order for FP10s/GP10s or other NHS prescription forms rather than delegating this task to the supplying pharmacy. It is considered to be essential for the manager/designated person to see the prescription forms to check them against the items that were ordered before they are submitted to the pharmacy; and also to have sight of the only document that is signed by the prescriber. It is also the responsibility of the manager/designated person to sign the exemption declaration on the back of the prescription form on behalf of the service user, if the service user is unable to do this themselves, prior to the prescription being submitted to the pharmacy for dispensing.

#### **4.8. Monitored Dosage Systems (MDS) \*\***

There is an increasing use of monitored dosage systems (MDS) within care homes. The community pharmacist, in conjunction with the care home manager, should assess the overall needs of the care home and its service users when deciding how the medicines should be dispensed. This would include the possible waste of drugs and the implications associated with altering drug prescriptions and dosages (such as updating computer treatment records), before deciding whether or not to use a monitored dosage system. It should be explained to home managers that these systems are only suitable for some medicines. The expiry date of medicines repacked by the pharmacist into an MDS will be affected, therefore they should not be used for 'as required' medication as this could lead to increased wastage. The pharmacist should seek guidance from the medicine manufacturer about the suitability of including the medicine in an MDS. For medicines that are suitable for inclusion in an MDS, the pharmacist seals each dose of tablet(s) or capsule(s) into a separate compartment in the dosage system depending on the dosage regimen required for the individual service user. There are several types of these systems available and the pharmacist should assess the needs of the service user and the staff in the home before supplying medicines in such systems.

Tablets or capsules, which cannot be identified and readily distinguished from each other, should not be placed together in a monitored dosage system. Labelling should enable identification of individual medicines to be made.

#### **4.9. Compliance Devices \*\***

Compliance devices are designed to promote the safe self-administration of medicines by service users. The use of these devices can provide a more flexible approach in the Adult Placements settings. If these devices are used then the care home should have suitable written policy. Liaison between the home and the medicine supplier may allow for the devices to be filled by the supplier, thereby preventing secondary dispensing in the home. Where this is not possible then in exceptional circumstances a specifically trained member of the care staff should fill them. The service user has a right to expect that the same standard of skill and care will be applied by staff in dispensing into a concordance/compliance aid as would be applied if the service user were receiving the medication from a pharmacist. This includes the same standard of labelling and record keeping.

#### **4.10. Signed Orders**

Prior to the Care Standards Act 2000 and Regulation of Care Act (Scotland) 2001, the matron of a nursing home was able to purchase stock POMs using signed orders. Former residential care homes could not in law obtain a stock of POM medicines. Under the Care Standards Act 2000 and Regulation of Care Act (Scotland) 2001 the legal status of a care home offering nursing care has not been clarified in relation to the Medicines Act. Where stock POMs are legitimately held they may only be administered to an individual service user when there is a written instruction by an authorised prescriber.

Children's Homes were not permitted to obtain POM medicines in this manner unless they were previously registered to provide nursing care (e.g. hospices).

#### **4.11. Private Prescriptions \*\***

A private prescription is another way for medicines, especially prescription only medicines, to be prescribed to a service user. There will be a charge made by the pharmacist when dispensing the prescription. The service user or the home must pay this charge, which covers the cost of the medicine and a dispensing fee.

#### **4.12. Verbal Orders \*\***

Occasionally, verbal orders may need to be given to the home staff by a general medical practitioner to change medication. Due to legal restrictions, the care home cannot action a verbal instruction to initiate treatments with a Prescription Only Medicine. Written confirmation of the change should be requested by fax whenever possible. A written protocol should be set up in each home for the recording of messages by designated staff received from the general medical practitioner and for verification at a later date. This protocol should be kept under review.

#### **4.13. Facsimile Transmission of Prescriptions \*\***

A 'fax' of a prescription does not fall within the definition of a legally valid prescription because it is not written in indelible ink, and the fax does not have an original signature of an appropriate practitioner. A fax can however confirm that, at the time of receipt, a valid prescription exists.

It would be possible to fax a prescription many times therefore the pharmacist is advised to ensure that no dispensing against a fax takes place unless the system used for the sending or receipt of faxes is secure.

Medicines listed in Schedules 2 or 3 of the Misuse of Drugs Regulations 2001 must not be dispensed against a fax.

#### **4.14. Purchase of Non-Prescription Medicines \*\***

Non-prescription medicine is another name for homely or household remedies, which refer to medicines available over the counter in community pharmacies. If a service user is mentally able to choose and wishes to buy their own remedies for minor ailments they should be supported in this decision, and encouraged to speak to a pharmacist. If the service user regularly uses the same pharmacy, the PMR will allow the pharmacist to give appropriate advice about the selection of a medicine. The above statement also applies to the purchase and use of homeopathic and herbal remedies. The use of complementary / alternative treatment should only be undertaken with the express agreement of service user or person who is authorised to speak on the service users behalf. Advice should always be sought from the pharmacist about any potential interactions between the non-prescription medicine and the service users regular medication.

There is also a recognised duty of care by care staff to be able to make an appropriate response to symptoms of a minor nature, e.g. toothache. The service user may not be able to fully participate in the decision. This decision may be taken by the care worker for ailments, without the express consent of the service user, without necessarily consulting with a service user's general medical practitioner. This is akin to a person living privately within the community and being able to purchase medicines but in a care home the service user may not be able to seek advice from a pharmacist. Although the opportunity exists for a registered manager to purchase a wide range of medicines for use with in the care home as homely remedies, this must be subject to careful control. An agreed list should be compiled in conjunction with the service users general medical practitioner, the pharmacist and the home. Care should be taken to check whether the medicine would interact with the service users regular medication.

The locally agreed list of homely remedies should only include those that can be bought over the counter from a community pharmacy, preferably from the one contracted to provide pharmaceutical advice to the home. Remedies must not be labelled for individuals if they are to be administered to several service users.

A procedure for the administration and recording of non-prescription homely medicines must be developed by the care home.

### **5. Storage of Medicines \*\***

#### **5.1. Medicine Security \*\***

Service users responsible for their own medicines are required to be provided with a personal lockable drawer or cupboard. Should a problem arise the home must have a

fall back policy for care home staff to have access to such a drawer or cupboard, with the permission of the service user.

Where staff have the responsibility for handling medicines on behalf of service users, there must be a designated place for storing medicines that is secure. The designated place must be maintained at a temperature appropriate for medicine storage.

The decision of where to store the medicines should take account of the size of the home and nature of the medicines supplied to the home. Examples of places classed as not suitable include kitchen, bathroom, toilet, and sluice or next to heaters.

There must be sufficient room to store nutritional supplements, prescribed dressings and ostomy products if service users in the home need these types of products. Care must be taken to ensure that medicinal items are stored off the floor at all times.

If the choice is to use a medicine cupboard it should be of a suitable size and construction with a quality lock. The security of the medicines should not be compromised by the cupboard being used for non-clinical purposes, for example housing electrical equipment.

If the decision is to use a medicines trolley, its construction should be of a suitable material and of a size that is appropriate to the needs of the home and fit for purposes of keeping the medicines of each service user separate. The trolley must have sufficient capacity for all medicines to be locked away in an emergency during the medicines administration round. If a mobile trolley is used to store medicines, it must be locked and fixed to the wall when not used for medicines administration or secured in the locked designated place.

The home may elect to provide an individual locked cupboard or drawer in an individual service users bedroom for the storage of medicines. This would be a requirement if the service user were self-administering.

The keys for the medicine area or cupboard should not be part of the master system for the home. Key security is integral to security of the medicines therefore access should be restricted to authorised members of staff only.

MDS will need special consideration with regard to storage. Adequate lockable storage must be provided at all times for medicines supplied in MDS containers. Lockable storage must also be provided for medicines during the change over period when new supplies are received from the pharmacy.

Subject to Home Office direction, the storage of CDs where administration is undertaken by care staff should be in accordance with the Misuse of Drugs (Safe Custody) Regulations 1973 as amended. If CDs are incorporated into an MDS then the whole box is subject to Misuse of Drugs (Safe Custody) Regulations. Guidance should be sought from the supplier of the medicines.

In those care establishments where staff are required to administer medicines, a Control of Substances Hazardous to Health (COSHH) Regulations assessment should be undertaken of those medicines that must be 'handled'. Examples include external applications such as steroids, cytotoxic medicines such as methotrexate. The purpose

of such assessments is to provide staff with an understandable statement of personal risk; safe practice to be followed to minimise personal risk; and what to do should the care worker come into direct contact with the product.

## **5.2. Cold Storage**

A separate, secure and dedicated refrigerator should be available in the home to be used exclusively for the storage of medicines requiring cold storage. This may not be a requisite in small homes both for adults and children unless there is a constant need to refrigerate regularly prescribed medicines e.g. Insulin.

The temperature of the medicines refrigerator should be monitored daily when in use, using a maximum/minimum thermometer and recorded. Care staff should have a clear understanding of the action to be taken if the temperature is outside the normal range. The normal range is usually between 2 and 8 degrees centigrade but the PIL and product should be checked for confirmation.

The refrigerator should be cleaned and defrosted regularly.

## **6. Administration of Medicines**

The procedures and systems implemented by the care home for the administration of medicines must respect the dignity and privacy of the service user.

### **6.1. Service Users Taking Their Own Medicines**

The NMS for Older people and Adults 18-65 (England and Wales) and the NCS (Scotland) place great emphasis on the right of a service user to take responsibility for his/her own medication when possible. This will preserve independence and prepare those in short term care for their return to the community, where they will need to look after their own medicines. The NMS for Children's Homes also includes a standard for self-administration. It is important to emphasise that the prescribed medicines are the property of the service user for whom they are prescribed and care staff should not assume that these may automatically be removed from the service user. The responsibility of the manager is to make a risk assessment of the situation.

There may be limited situations when a service user is able to take complete control of his/her medicines. Self-administration of medicines is not an 'all or nothing' scenario. If the service user has the capacity to collect their own prescription and take it to a pharmacy for dispensing they have the right to choose where the prescription is dispensed. If a service user cannot present their own prescriptions at a pharmacy because of disability, or when the service user is a child, this does not mean that they will be incapable of exercising control over their medicines.

A service user can exercise control over his/her medicines provided that the home's staff can assist the service user in taking them for example:

- A service user who has suffered a stroke and is unable to manipulate containers may choose to retain custody of medicines and ask care staff to assist at the time he/she chooses to take the medication.

- A service user may be able to safely manage the application of external creams but may elect to have care staff administer tablets and other prescribed medicine.
- A service user who has limited understanding and awareness may be given prescribed medicines for 24 hours in a compliance aid.
- 

The responsibility of the carer for each service user should be defined.

The service users appropriateness to self-administer their medicines should be subject to a risk assessment. It is the part of the risk assessment for the home to ensure that the service user understands that medicines must be locked away and to ensure that this happens.

If homely remedies are to be used by a service user (see section 4.15) because of the risks of interactions between prescribed medicines and medicines purchased over the counter (including herbal and homeopathic remedies) a service user or relative who purchases a medicine for self-medication should be encouraged to inform the home's staff that the service user is taking a particular remedy.

The care home needs only keep a record when they have an involvement in obtaining the medicines on behalf of the service user.

There may be differing levels of monitoring that are required of the care staff in respect of the service user. This would be part of the on going risk assessment. However, it may be considered an invasion of privacy for care staff to check at each administration time that the medicine has been taken.

## **6.2. Medicine Administration by Care Staff \*\***

Medicines that have been prescribed and dispensed for one service user should not, under any circumstances, be given to another service user or used for a purpose that is different from that which they were prescribed for. The Medicines Act defines that medicines may be administered by a third party to the person that they were intended for when this is strictly in accordance with the directions that the prescriber has determined. Therefore, medicines should be administered strictly in accordance with the prescriber's instructions, they should not be given for any other purpose or to any other service user. Care homes need to have a clear procedure for the safe administration of medicines.

Medicine administration may be undertaken by care staff who are trained to do so. Traditionally, registered nurses have undertaken specialised and invasive techniques unless the task is specifically delegated (by a community nurse) to a non-nurse. Such techniques include:

- Sub-cutaneous injection of insulin.
- Medicines administered by the rectal or vaginal route.
- Giving oxygen.
- Giving medicines through a Percutaneous Endoscopic Gastrostomy (PEG) tube.

The majority of medicines are administered by mouth in liquid or solid dosage form (tablets and capsules).

### **6.2.1. Time of Administration \*\***

Most establishments will identify specific times of day when the medicine 'round' will be undertaken and this may follow the pattern of mealtimes. However, the time of administration must be carefully considered and respond to service user's needs. This should allow for special provisions such as when medicines are required in advance of food and medicines with specific dosage regimes. The administration of products such as eye drops, inhalers may not be suitable at mealtimes. It is essential that the service user's right to privacy be carefully considered.

### **6.2.2. Refusal and Covert Administration \*\***

It is an individual's right to refuse medicines. Carers should record the reason for refusal of the dose so that this can be appropriately discussed at the time of a medication review with the general medical practitioner and/or the pharmacist. This is included as a standard for Children's Homes.

When a service user is considered incapable of giving consent to treatment, or where the wishes of a mentally incapacitated service user appear contrary to the interests of that person, the general medical practitioner responsible for treatment should be consulted. He/she should consult relatives/carers and other members of the multi-disciplinary team on any action to be taken, and should respect any previous instructions given by the service user.

There may be certain circumstances in which covert administration may need to be considered to prevent a service user missing out on essential treatment. A multi-professional team that includes carers and relatives of the service user must undertake the decision. Any decision must be reached after assessing the care needs of the individual service user and the decision recorded in the care plan for the service user, with a date for reviewing the decision. A written policy must be developed which is service user specific. Under the Regulation of Care (Scotland) Act 2001 details of any instance in which medication is administered to a service user without the consent of the service user or a person duly authorised to consent on their behalf must be notified to the Care Commission.

To aid service user concordance, alternative formulations of the medicine, that may be more acceptable, should be considered e.g. liquid preparation. A medicine should only be crushed when it has been shown not to alter the pharmaceutical properties of the medicine.

### **6.2.3. Procedure for Medicine Administration \*\***

Medication should never be removed from the original container in which a pharmacist or dispensing doctor supplied it until the time of administration. The best way of administering medicines to a service user is directly from the dispensed container, medication can be placed in a small pot after removing it from the dispensed container as a way of hygienically handing it to the service user. Medication should never be secondary dispensed for someone else to administer to the service user at a later time or date.

Administration of medicines may occur by the service user coming to the clinic room, by accessing the medicines from a cabinet in the service users room or by the medicine being transported to the service user around the home. When medicines are transported around the home it must be done so in a secure manner, but whichever method of transporting the medicines in the care home setting is used care must be taken that they can be quickly and securely locked away in the event of an emergency.

The care home must formulate its own procedure for the administration of medicine and ensure that staff are trained in the procedure. The procedure, which must be in writing and available in the home, is recommended for the administration of both prescribed medicines and homely remedies. The following issues must be carefully considered when developing the procedure:

- How the identity of the service user will be checked.
- The way that the members of staff check the service user's name, the name of the medication and the dosage instructions, noting in particular any recent changes in therapy and ensuring that the dose has not already been administered.
- The way the members of staff check that the MAR chart and the pharmacy label match; checking the name of the service user, name of medicine, strength, and number of dose units and frequency match. If there is a discrepancy a check should be made with the pharmacy or person in charge before giving the medicine to the service user.
- The way the medicine is to be administered.
- That the person administering the medicine should sign the administration record immediately after the medicine has been given.
- Where medicines are administered from a MDS system containing more than one type of medicine, the person administering the medicines must be able to distinguish each individual medicine and be aware of any specific instructions eg. before food.
- How a record should be made if the medicine is refused or not administered, including the reason why.
- When there is a choice of dosage e.g. 1-2 tablets, the number of tablets administered is recorded. Variable dosage or 'prn' medicines should ideally have adequate details on the MAR chart about how the appropriate dose should be selected but these should also be referenced in the individual service users care plan.
- When reference should be made to the care plan, particularly if a medicine is not given to a service user on a regular basis or is supplied 'when required' or 'where necessary'.

The name (or initials) of the member of staff responsible for administering this dose of the medicines must be included on the service user's MAR chart. The home should retain a list of staff members authorised to give medicines, which includes a record of their approved initials. The recording of self-administration is not anticipated though it is recommended that the MAR contain information about the date that a supply of medicines was given to the service user.

The home must have a written policy for the action to be taken if a medicines administration error is identified. Any problems about the medicines given to a service user should be discussed with the prescriber.

#### **6.2.4. Use of Monitored Dosage Systems (MDS) \*\***

Medicines may be provided in original containers or one of the recognised monitored dosage systems. These systems can only be used for some solid oral dose medicines. It is important to remember that medicines provided in other dosage forms (e.g. liquids) must be supplied in traditional containers. Therefore, by necessity, any care home that utilises MDS will be using two differing systems of medicine administration: MDS and traditional containers.

#### **6.2.5. Administration of Medicines Away From the Care Home \*\***

Normally the service user will be given the dispensed containers of medicines when going on leave e.g. on holiday. However there may be circumstances when an additional supply of medicine is organised for that leave. Secondary dispensing of medicines or use of unsuitable containers, such as envelopes, is discouraged. Appropriate entries in the home records to indicate the absence of service users and the details of the medicines the service user has taken out of the home should be made.

#### **6.2.6. Day Care - Treatment Outside the Home**

Steps should be taken by the home 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 home in day care or with relatives, or in the case of children, attending school or college.

Where a service user goes out of a home regularly (e.g. every lunchtime) and requires medication whilst away from home, the pharmacist and/or general medical practitioner should be asked to assess whether an alternative preparation is available which would avoid the need for a lunchtime dose. It may be appropriate to consider whether the medicine can be administered at another time. If it is established that the medicine must be taken whilst the service user is absent from the home, a separate container of medicine should be requested by liaising with the pharmacist /general medical practitioner as appropriate.

### **7. Disposal of Medicines \*\***

The medicines that are held in a care home at any given time should be appropriate to the current therapy of the service users, any surplus or unwanted medicines should be disposed of in the appropriate manner.

When the service user chooses to leave the care home, the medicines should be returned to the service user, unless the service user has positively consented to their safe disposal.

When there is a change of therapy and a product has been discontinued the medicine should be returned to the supplier (with the service users consent). When a product has been discontinued and will not be required again for treatment of an episodic condition the medicine should be returned to the supplier, again with the service users consent.

All medicines have an expiry date. Some medicine expiry dates are shortened when the product is in use e.g. eye drops. If a medicine has a shorter expiry date when it is in use, this will be detailed in the product information leaflet.

Following the death of a service user, the medicines should be retained for seven days, in case the Coroner's Office, Procurator Fiscal (Scotland) or courts require them.

The normal method for disposing of medicines should be by returning the medicine to the supplier. The supplier can then ensure that these medicines are disposed of in the correct manner.

A complete record of medicines going out of the home should be recorded.

## **8. Medicinal Gases**

Although a care home can choose to purchase a supply of oxygen, it is most commonly obtained on a prescription from a general medical practitioner for an individual service user. Liaison is required with the supplying pharmacist regarding the equipment supplied. The pharmacist who supplies the oxygen equipment is responsible for its servicing and upkeep.

### **8.1. Storage of Oxygen \*\***

Where the home is storing a quantity of oxygen cylinders, details of appropriate storage can be found in the Medicines, Ethics and Practice: a Guide for Pharmacists or in the BOC booklet 'Gas safe – with medical gases'. Oxygen can be kept in the individual service user's room taking account of relevant safety advice and displaying the appropriate safety notices. Emergency service personnel should be told about the oxygen cylinder storage areas.

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

## **9. Controlled Drugs**

The NMS for Older People and Adults (18-65) incorporate additional standards for the storage, administration and recording of controlled drugs. The Misuse of Drugs Act 1971 is the legislation governing Controlled Drugs and the NMS recommend that these regulations be followed.

The Children's Home Regulations 2001 do not include any additional requirements for recording controlled drugs, it is however recommended in specialist residential schools and secure units as a matter of good practice.

### **9.1. Obtaining Controlled Drugs**

The majority of controlled drugs are prescribed on NHS prescription forms for individually named service users.

'Stock' controlled drugs can only be ordered if the organisation has obtained a Home Office Licence.

## **9.2. Storage of Controlled Drugs**

Controlled drugs for service users who are not self-medicating must be stored in cupboards meeting the requirements of the Misuse of Drugs (Safe Custody) Regulation 1973 as amended. This specifies the quality, construction, method of fixing and lock and key for the cupboard. The security of the location also needs careful consideration.

For safe practice the controlled drug cupboards should only be used for the storage of controlled drugs. Items of value such as jewellery or money should not be placed here. Only those with authorised access should hold keys to the controlled drug cupboard.

When a service user is self-medicating they can hold their own individually dispensed supply of controlled drugs in their personal lockable cupboard.

## **9.3. Administration of Controlled Drugs**

The administration of controlled drugs by authorised staff members should be witnessed by another designated appropriately trained member of staff.

## **9.4. Records for Controlled Drugs**

In addition to the records described earlier in this guidance, care homes with the exception of Children's Homes must keep a separate record of controlled drugs receipt, administration and disposal. These records must be kept in a bound book or register with numbered pages. The bound book will include the balance remaining for each product with a separate record page being maintained for each service user. It is recommended that the balance of controlled drugs be checked at each administration and also on a regular basis e.g. monthly.

## **9.5. Disposal of Controlled Drugs \*\***

Controlled drugs, which have been obtained on individual NHS prescriptions, may be disposed of by returning to the supplying pharmacy. It is recommended that a signature of receipt be obtained from the pharmacist (or delivery driver accepting the return and the pharmacist).

Controlled drugs, which are obtained as 'stock', may only be destroyed in the presence of an authorised person. In Scotland, the Health Board Chief Administrative Pharmaceutical Officer is authorised by the First Minister to destroy controlled drugs within the Health Board area in which he or she has jurisdiction.

In all such cases a record of the destruction must be made in the controlled drug register and signed by the authorised person.

Additional advice for individual products and formulations should be followed when indicated by the manufacturer.

## **9.6. Handling of Non-Prescribed Controlled Drugs and Their Disposal \*\***

Some care home members of staff may have to deal with substances that have been removed from a service user. As a licence is required to possess schedule 1 controlled drugs; care home staff can only take possession of them for the purposes of handing them over to the police for disposal. A local policy for dealing with such situations should be written, taking appropriate advice during its development.

## **10. Medicine Information and Pharmaceutical Advice in Care Homes**

The provision of advice is important if medicines, dressings, and appliances are to be supplied, administered, and stored appropriately. The National Minimum Standards for Care Homes for Older People, Care Homes for Adults (18-65) and Adult Placements in England, and the corresponding documents for Wales and Scotland, recommend that the home manager should seek the advice of a pharmacist.

Information that carers need and the information that service users need about medicines are different. Carers need access to information about the safe handling of medicines whereas the service user will need more detailed information about the properties and the expected actions and side effects of the medicine.

Carers should have access to appropriate information about medicines. Staff should also be encouraged to contact the community pharmacist when additional information is required. In addition, the staff should be encouraged to make use of other appropriate medicines information sources. Care should be taken over the quality of reference sources (especially the Internet). In case of doubt advice should be sought from a pharmacist. The BNF is a six monthly publication, which provides up to date information on medicines.

Where a contract exists that is paid for by the NHS, formal documentation may be required of the pharmacist by the NHS. Visits by an advisory pharmacist and any documents completed during the visit do not form part of the regulatory process but are designed to help the home promote the safe handling of medicines on behalf of service users.

### **10.1. Hazard Notification and Drug Alerts \*\***

In the event of a medicine being recalled, the supplier will be able to provide the home with further information.

### **10.2. Adverse Drug Reaction Reporting \*\***

Any adverse drug reaction (ADR) or suspected ADR should be reported to the general practitioner and / or supplying pharmacist for that individual service user and discussed before further administration of the drug in question. Adverse drug reactions would normally be reported to the Medicines and Healthcare Products Regulatory Agency through the yellow card scheme. General practitioners, pharmacists and nurses can submit yellow card reports. Yellow cards can be found in

a number of places including the back of the BNF. Care home staff should liaise with the prescriber about the submission of a report as appropriate.

## **11. Training of Care Staff \*\***

Particular care should be taken to ensure that the appropriate staff members are suitably trained in the use of the medication, and the home's policy should state how frequently training updates are accessed.

In England, the National Minimum Standards set out requirements for training of care staff in homes for Older People and Adults (18-65). The standards require that such training is accredited and must include basic knowledge of how medicines are used and how to recognise and deal with problems in use. It is the responsibility of the registered person to access training that meets these basic requirements.

Where care home staff are requested to administer medicines by an invasive route, for example administration of rectal diazepam, additional training will be necessary. This training should incorporate an assessment of competence on a service user specific basis.

All staff training should be documented. Review and evaluation of the training of care staff is essential.

## **12. Regulation of Care Homes \*\***

The appropriate regulatory body will incorporate medication handling within the registration and inspection process. The NMS or NCS for a particular type of service or service provider provide the basis for the inspection process.

It is important to ensure that when a service provider applies to register that the requirements of the regulator are met at that stage. Pharmacist inspectors or Pharmacy Advisers (Scotland) that are employed by the regulatory body may be willing to offer an opinion as to how the care home can meet the requirements of registration.

Generic inspectors or Care Commission Officers (Scotland) will undertake the majority of inspection visits and will seek the advice and support of a pharmacist inspector or Pharmacy Advisers (Scotland) when it is deemed necessary.

The regulatory body may elect to request a specialist pharmaceutical inspection by one of its pharmacists. A pharmacist inspector is authorised under the Care Standards Act 2000, and the Pharmacy Adviser under the Regulation of Care (Scotland) Act 2001, to have access to any registered service provider and to request records relating to medication handling within that care home.

Every place within the home where medicines are stored will normally be inspected regularly by the NCSC, CSIW or SCRC. It is recommended that changes in storage arrangements and procedures be discussed with the inspecting officer prior to a change being made.

All medicines and records relating to medicines should be readily available for inspection. A report will be sent to the home following inspection. Where possible, the home should share this report with the contracted community pharmacist.

### **13. Glossary**

Care Home – An establishment providing accommodation with nursing and/or personal care.

Care Home Manager – The registered manager (see registered person).

Care Home Owner – The registered provider (see registered person).

Care Home Staff – Person employed to work at the care home, but does not include a volunteer or a person employed under a contract for services.

Concordance - A state or condition of agreement and harmony. Often described as an agreement negotiated between the patient and doctor (or other healthcare professional).

Designated Person – Member of Care Home Staff appointed by the Owner or Manager to have a specific responsibility for example managing medicines.

Registered Person – A person who either: carries on the home and is registered with the appropriate Care Commission to do so (the registered provider); or manages the home and is registered with the Regulatory Body to do so (the registered manager)

Service User – Person living in and provided with services by a care home – a resident.

### **14. Bibliography**

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Gas Safe – with Medical Gases, BOC Gases, Manchester. Tel 0800 111 333.

Medicines Ethics and Practice: A Guide for Pharmacist, Pharmaceutical Press London Current Edition.

National Service Framework for older people, Department of Health, London.

Nursing and Midwifery Council (NMC) Publications.

Accessed at [www.nmc-uk.org](http://www.nmc-uk.org).

- Guidelines for the Administration of Medicines – April 2002.
- Guidelines for Records and Record Keeping – April 2002.
- Covert Administration of Medicines – September 2001.

## **Appendix I.**

List of websites and the National Minimum Standards/National Care Standards that may be accessed:

- The National Care Standards Commission for England (NCSC) at [www.carestandards.gov.uk](http://www.carestandards.gov.uk).  
Care Homes for Older People  
Care Homes for Younger Adults and Adult Placements  
Children's Homes  
Boarding Schools  
Residential Special Schools  
Accommodation of Students Under 18 by Further Education Colleges
- The Care Standards Inspectorate for Wales (CSIW) at [www.wales.gov.uk/subisocialpolicycarestandards](http://www.wales.gov.uk/subisocialpolicycarestandards).  
Care Homes for Older People  
Adult Placements  
Care Homes for Younger Adults  
Children's Homes
- The Scottish Commission for the Regulation of Care (SCRC) at [www.carecommission.com](http://www.carecommission.com).  
Care Homes for Older People  
Care Homes for Children and Young People  
Care Homes for People with Physical Impairments  
Care Homes for People with Learning Disabilities  
Care Homes for People with Mental Health Problems  
Care Homes for People with Drug and Alcohol Problems  
School Care Accommodation Services.