Manual
Medicine Administration

During this module you will be asked some questions to simply provoke thought and test your current knowledge please have a note pad or supervision workbook to hand to make notes. Your performance will only be measured on the answers you select when completing the knowledge test at the end of the module.

Contents

Learning Outcomes

- Understand how to properly administer medicines
- Know how to support self-administration
- Know about recording of information and confidentiality
- Know the necessity and process for safe disposal of medicines
- Know the use of different types of medication
- Understand the medicines classification process
- Understand legislation and guidelines relating to medication
- Know how to receive and store medicines
- Understand the preparations to be taken prior to administering medication

Complementary Manuals

- Maintaining records and documentations
- Promoting Dignity and Compassion in Care
- Person-centered Approaches

Note: Although every care has been taken in the research and creation of this training manual e-cert Healthcare Training cannot be held responsible for the actions and omissions of students who have completed this course.

We believe that the manual reflects current law and good practice but knowledge and procedures continue to progress and you are advised to keep your knowledge and skills up to date.

In the event of any uncertainty contact the Care Quality Commission (CQC) to ensure that you are complying with current standards and requirements.

Chapter One

Medication Administration Legal Provision

In 2007/08 the Care and Social Services Inspectorate Wales annual report showed that inspectors had placed 'requirements for action' relating to medication handling at 32% of care homes. Almost a third of homes were failing in their duty to manage their resident's medication needs safely.

It is vital that care providers manage medicines safely to protect the health and wellbeing of those they support. Whether you are caring for people in the community or supporting people in a residential setting you have a duty to understand the risks involved with the administration of medicines and how to follow safe procedures.

People who rely on care workers to support them in managing their medication should be confident that this will be done safely and effectively. Many people who receive care are already at increased risk of harm due to the number of medicines they take making side effects and unwanted interactions more likely.

The Care Quality Commission (CQC) will expect to see that care providers have in place robust policies for the storage and handling of medications, that they ensure that staff are competent in their roles and that they have procedures in place for correcting and dealing with errors.

It is important to be aware that errors are not just made by care staff; doctors, pharmacists and other health professionals can also get things wrong.

Have a think about some of the different ways in which mistakes can be made before you move on to the next page.

Possible ways in which medication errors might occur:

Physician/ Doctor/ prescriber

- Prescribing wrong medicine or dose
- Other medicines are not checked to identify potential interactions
- Reviews are not carried out – short term treatments remain on repeat prescriptions

Medicine Supplier

- Misreading prescription
- Supplying wrong medicine/doses

Care Giver

- Medicines are administered at the wrong time or the wrong dose is given
- Medicines are given to the wrong person
- Medicines aren't administered at all
- A dose is given but not recorded
- Medication is left lying around where it might be picked up by e.g. children
- Medicines are stored wrongly and become ineffective
- People steal medicines to take or sell
- Medicines are used to control people e.g. because they have a sedative effect

The majority of mistakes with medication are the result of human error; all health professionals are human. Never assume that something 'must' be right because a doctor says so and never trust your memory, check original records every time you receive or administer medication.

Your employer must have policies and procedures in place to reduce the likelihood of administration errors. The National Institute for Health and Care Excellence (NICE) has published guidance for both care homes and domiciliary care providers regarding safe handling of medication. These documents are available on line and are titled:

- Medicines management in care homes
- Managing medicines for people receiving social care in the community.

Both guides require that policies are based on current legislation and best available evidence. Policies should include information sharing, safeguarding, and record keeping, dealing with errors and ordering.

Staff who are going to administer medication must have received adequate information, training and supervision in order to carry out tasks safely. If you are going to have responsibilities for administering medicines, you must:

- Know about safe handling of medicines and problems associated with storage and administration
- Understand your employer's policies and procedures and the reasoning behind them

- Be able to complete records legibly and accurately
- Be competent

The Medicines Act 1968

This Act concerns the management of medication and allows individuals to administer medicines to others as long as they follow the prescriber's instructions.

You do not need to know the details of all legislation, but you should be aware that there are various Acts, regulations and codes of practice which affect the administration of medication in care settings, they include all those mentioned elsewhere in this manual and:

- The Misuse of Drugs Act 1971
- The Data Protection Act 1998
- The Access to Health Records Act 1990
- The Health and Safety at Work (etc.) Act 1974
- Control of Substances Hazardous to Health Regulations (COSHH) 2002
- Personal Protective Equipment (PPE) Regulations 2002

Care providers of all types have legal duties to protect employees and anyone who might be affected by work practices; this may include residents and visitors. If not properly controlled medicines can cause harm to:

- People receiving support – the most 'at risk' group
- Staff – contact with medicines may cause harm
- Visiting children – medicines may be picked up and eaten

Employers must take a risk assessment -based approach to protect their employees and others from hazardous substances they may come into contact with at work; medicines are often hazardous substances. Employers should:

- Make suitable and sufficient assessments of the risk posed by medications on the premises
- Have appropriate information about hazards and handling
- Take into account the type of exposure which may occur e.g. contact with creams when applying them

You must follow your employers' safe policies and procedures for handling and controlling medicines and must report any problems or concerns.

Personal protective equipment is one way of reducing risk when a hazard cannot be adequately controlled by other means. If a risk assessment identifies a need for PPE the employer must provide it to employees free of charge; ensure it is available whenever and wherever it is needed and make sure it complies with appropriate British and European standards (it should be CE marked).
You must wear PPE when indicated by risk assessments and use it according to the information or training you receive. When handling medication you are likely to require aprons and gloves for infection control, and to reduce the possibility of absorbing active ingredients through skin.

Medicine Preservation

The safe preservation of medication is always important but there are different requirements for different settings.

Residential or Nursing Care Home

Where medicines are managed by the residents (self -administration) they should have in their room a lockable drawer or cupboard for their medicines but they are under no obligation to use it. Assessments may need to be carried out if a resident is particularly careless with medication in a way which puts themselves or others at risk.

Where the medication is managed by the care home all prescribed items including such things as nutritional supplements or surgical stockings must be stored in locked cupboards or rooms which are a suitable temperature, clean and free from damp. The storage area must not be used for other purposes and care must be taken to keep the shelves tidy and well ordered. If trolleys are used to store medicine they should be lockable and they must be made secure when not in use so that they cannot be removed from the premises.

Medicines such as insulin which must be stored in a refrigerator should, ideally, be kept in a lockable fridge used solely for this purpose. However, if there is only an occasional need for medicines to be stored in a fridge they may be kept in a suitable locked container in a general purpose fridge.

Keys to medication cupboards should be kept to a minimum and signed out so that access can be controlled and monitored. A robust system will make it much easier to carry out investigations when errors occur.

Controlled drugs must be stored in a locked, metal cupboard which is not to be used for storing anything else. The keys for this cupboard must only be given to employees who are permitted to access controlled drugs; a book must be kept for staff to sign keys out at the start of their shift.

Community/Locality

In their own communities or homes people will generally take responsibility for the storage of their own medication, however, if the responsibility becomes the care providers they must ensure that appropriate storage is used. The following may need to be considered:

- Suitable cupboard or drawer
- Who needs to access the medicines
- Whether the storage needs to be secure
- Whether fridge storage will be required

Extra care will need to be taken to put robust security measures in place if the individual's medications include controlled drugs.

Note: It is good practice to store medicines for oral administration separately from those which are administered by other routes to reduce the likelihood of errors.

Chapter Two

Having Knowledge on Medication

As a care worker you should get to know the medications that are taken by the people you support and, even if you don't administer them, you can be vigilant for any problems associated with their use. There will be many medicines which you encounter frequently but others may be less common; never make assumptions even where dealing with 'everyday' items such as paracetamol as dosage and frequency of use could be different for each person you support.

Thousands of substances are used for medicinal purposes with varying degrees of effectiveness and risk. Medicines may be used to treat illness, prevent ill health or improve bodily functions, physical performance or mental health and ability. For example:

- Antibiotics and painkillers are taken to remedy health problems
- Insulin injections and statins are intended to prevent a decline in health
- Vitamin supplements or fish oils may be taken in the belief that they improve wellbeing

Medicines often have different names; a trade name that they are marketed as, and a generic name, often their active ingredient. So, for example, Nurofen are a form of ibuprofen. Sometimes doctors will change the brand of medication they prescribe; the dose and active ingredients remain the same but the medicine itself may look very different. In these circumstances it would be good practice to check that the prescription had been filled correctly.

If you are ever unsure about medicines which have been prescribed to the people you support the dispensing pharmacy is the best source of advice.

Have a look at the information which comes with some of the medicines you or the people you support use and think about the notes you would see in the chart below or a similar chart/record.

Name of medicine	Purpose of medicine	Form of medicine	Possible side effects

The Medicines Act 1968 defines 3 main groups of medication:

- General sales list (GSL) – items such as painkillers, cough remedies and indigestion treatments that can be purchased in many shops. These are relatively freely available but there may be limits to the amount you can buy at any one time
- Pharmacy only (PO) – these have to be purchased from a pharmacy while a pharmacist is present so that basic checks can be carried out to ensure suitability.
- Prescription only medicine (POM) – these can only be obtained if you have a prescription written by a doctor, dentist or other suitably qualified health professional

When medicines are approved for use they are 'licensed' as being safe and effective; the license may indicate recommended doses, specify particular conditions or include special warnings or precautions. If a doctor wishes to prescribe a medicine in a way that is not described in its license the medicine is used 'off label' or unlicensed. This is not necessarily a bad thing; however, it may mean that closer monitoring is needed to ensure the user's safety.

Note: Find out if any of the people you support are taking 'off label' medicines. What safety measures are in place? Are they being monitored? Does their doctor carry out reviews?

Different Administrative Methods

The form a medicine takes and its route of administration will affect the way in which it acts. For example a tablet designed to slowly break down in the stomach will have a faster than intended action if it is chewed or crushed. In fact, the whole dose may be released in 5-10 minutes instead of the 12-24 hours intended. This kind of misuse of medicines can cause complications including overdose or a reduction in length of time that beneficial effect is felt.

There are 4 main routes of administration:

- Enteral – any drug given orally (via the mouth)
- Parenteral – any route other than oral e.g. injections, vaginal pessaries or rectal suppositories
- Topical – applied to skin or instilled into eyes or ears
- Inhalation – taken into the lungs

As you may have noticed when you completed the table on the previous page medicines come in all sorts of forms. Some medicines may be administered by care staff; others may need to be administered by a doctor or a nurse or a care worker with specialist training.
A competent care worker would be able to administer oral medicines such as tablets, capsules and liquids; they could apply creams and lotions and give ear, nose and eye.

Drops. Medicines that would require further training or the assistance of a qualified health professional include suppositories, injections, gases and inhalers.

Forms of medication you may encounter:

- Tablets that are designed to melt in the mouth, possibly under the tongue (sub lingual) or between the gums and cheek (buccal). These may be given this way in order to have a speedy effect as they are quickly absorbed into the bloodstream. This method is sometimes used when there would be a risk of choking if a more traditional tablet was given e.g. when emergency medication is needed for a person experiencing a seizure

- Tablets, capsules and liquids designed to be swallowed, either for an effect on the digestive system or to be absorbed for a systemic effect (see below). The form of the medicine and whether it is taken before, during or after food will determine how quickly it is absorbed and where in the body this occurs

- Suppositories / pessaries are inserted into the rectum or vagina where they dissolve and either treat local issues (e.g. thrush or hemorrhoids) or are absorbed into the bloodstream for a systemic effect (e.g. painkillers). Suppositories may be used when the patient has difficulty swallowing or would be likely to vomit after taking the medicine orally

- Injections are either intravenous (into a vein), intramuscular (into muscle) or subcutaneous (under the skin) depending on the type of medicine and where in the body it is needed

- Creams, gels, ointments and lotions are applied directly to the location of pain, swelling or infection

- Patches deliver a measured dose of medicine that is absorbed through the skin over a period of hours or days

How Medicines Work

When doctors are prescribing medications, they need to make decisions about the effect they want the medicine to have; where in the body they want the medicine to work; how quickly they want the medicine to act; and how long they want the effects to last. These questions will help them to decide on the type and form of medication that will be appropriate.

Some medicines are used for local effect; that is they are only wanted to treat a specific part of the body. Examples include:

- Suppositories used to treat hemorrhoids
- Painkiller gels
- Anti-fungal creams

Other medicines are intended to have a systemic effect and need to be introduced to the respiratory, digestive or circulatory systems, for example:

- Nasal sprays used to treat angina

- Oral painkillers
- Antibiotics

Medicines work in 3 main ways but the way specific drugs act is not always fully understood; sometimes doctors know that a drug works but they don't know why.

The 3 main effects of drugs are to:

1. Attack invading organisms and abnormal cells – antibiotics kill bacteria, cancer treatments target tumors
2. Alter the way cells work – antidepressants are thought to affect chemicals in the brain, painkillers alter the way the nervous system transmits messages
3. Replace chemical deficiencies- vitamin supplements may be necessary if dietary sources are not sufficient, people with type 1 diabetes have to inject insulin as their bodies no longer produce it

When medicines were first developed they were taken from plant, animal and mineral sources; todays medicines are often manufactured in laboratories but nature still offers new discoveries as well as providing the blueprint for many common and effective drugs. For example, penicillin is a mound; digitalis (a very toxic medicine used to treat heart disease) is found in foxgloves; and morphine is made from the seed pods of poppies.

'Homely' Remedies

'Homely' remedies are medicines that you would expect to find in most people's homes. They include cough syrups, paracetamol, indigestion tablets and other items which can be purchased over the counter. In residential care settings it is acceptable to keep a stock of such items which can be for general use. If you work in people's own homes then they may have their own stock of medicines which have not been prescribed for them.

It is good practice when supporting people to take these medicines that you get advice from your pharmacy and always check active ingredients to prevent overdose. Before giving these medicines check that they are within their use by date and follow any instructions for safe use. Do not give the medication if you are at all unsure of its safety for the person taking it, for example if you cannot be sure whether they have already taken a dose or if you have concerns about a likelihood of interactions with other medications.

Homely remedies must be recorded on medicine administration records (MAR charts) when they are given, care homes should have policies identifying when their use is appropriate and should maintain records of stocks held. If these remedies need to be used regularly the person should be referred to their GP and it may be appropriate for them to obtain a prescription.

Alternative Therapies

Many people use alternative or complementary therapies to treat illness and promote wellbeing; such treatments may even be available on prescription. You should support people to use any therapies they would like, but you must not recommend any. Anyone considering alternative therapies should be encouraged to discuss this with their GP and check that any medicines they buy over the counter do not have adverse side effects when combined with their prescribed medicines.

Complementary therapies may include acupuncture, herbal remedies, homeopathy and aromatherapy. Do not assume that just because certain products are marketed as natural or can be brought without prescription they are safe; they can still cause a range of side effects, some of which can be serious.

Sensitive Drugs

Sensitive drugs are medicines which need to be more strictly monitored than others; often because they are addictive. They must be stored separately (see unit one) and specific records must be kept (unit four).

Chapter Three

Encouraging Trust and Obedience

As we have seen it is essential that care providers ensure proper administration of medicines to meet their:

- Legal obligations
- Duty of care to protect people they support from harm
- Requirement to provide a person-centered service

Care staff may either assist people or administer medications. Where they assist the person they are supporting is in control of when, where and how they take their medication; when the person is unable to manage their own medicines care staff will take this responsibility and will administer medicines according to the prescriber's instructions.

Self-Administration

To promote independence people should be supported to self-administer medicines whenever possible; in order to balance duty of care with the rights of the person care providers should carry out risk assessments to determine whether self-administration is achievable.

Self-administration risk assessments should address the following issues:

- Can people take medicines without supervision? Are they physically able to and are they motivated to do so?
- Is the person following GP's advice and taking their medicines as prescribed?
- Is there a risk to other people e.g. is the person leaving medicines lying around
- Does the person understand and recognize the need to manage their medicines safely; do they know what the dangers might be if they don't take them?
- Does the person have the capacity to make informed choices?

If you have concerns that a person is not managing their medication properly you should report this to your manager who may discuss concerns with the person and their GP.

If people cannot fully manage their own medication they should be supported in ways which allow them to retain as much control as possible. For example, if people find packaging difficult the pharmacist may be able to supply something they can cope with; if there is no alternative packaging they may need a care worker to take tablets out for them but they would still have overall responsibility.

Whether the person self-administers or relies on care staff the medicines remain their personal property. Under the terms of The Medicines Act 1968 items prescribed for one individual cannot be used for another. Even if the prescribed item is a paracetamol or a dressing it can only be given to, or used for, the named person.

Person Centered Medication

To ensure that people are being prescribed medication that will work for them, and to support them to understand and follow their treatment regimes, prescribers and those administering should take into account the following factors:

- Age
- Choices
- Lifestyle
- Cultural and religious beliefs
- Allergies and intolerances
- Existing medical conditions and prescriptions
- Adverse drug reactions
- Recommended prescribing regimes

It is important that people have a medication regime that is right for them; this will improve the likelihood that they will take it as prescribed. It is also necessary for people to be given full information about their medicines and to be involved in decisions about the aims of treatment and the benefits and side effects of anything they are prescribed.

Here are some examples of person centered prescribing in practice:

- Older people may be prescribed lower doses as their bodies process medicines less effectively and there is a risk of harm caused by a buildup of the active ingredient
- People who are vegetarian / vegan are not prescribed medicines which contain animal products
- Medication regimes are designed to suit individuals' lifestyles; so people who have a regular routine may be able to take set doses at the same time each day while someone with a more chaotic lifestyle might want to be able to take a daily dose that was not time critical

Peron centered approaches to care are based on several core values which include:

- Independence
- Dignity
- Privacy
- Rights
- Choice
- Respect
- Partnership
- Individuality

These are all values which should be applied when administering medication, for example people have the right to make choices about the medications they take, medicines must be administered in a way that maintains privacy and dignity, and people work in partnership with their health care team to plan treatment.

All the people you support must be fully educated about medication they are taking; this helps to ensure they are making informed choices when they take their medicines and improves the likelihood of adherence. They need to know why they are taking the medicine; what it is

expected to do; how quickly they should expect it to work; the side effects it might cause and the length of time they will be taking it for.

Secret Medication

People have the right to refuse medication and all care workers have a duty of care to protect people from harm; this can lead to conflict and disagreement about what is in a person's best interests. If a person's refusal to take medication puts them at risk of harm their care providers may want to find a way of giving them their medicines covertly.

Secret Medication means that a person is being given medication without their knowledge or consent. It is crushed or dissolved and hidden in food or drink. This can only be done legally if strict guidelines are followed.

People's rights to make their own decisions are protected by the Mental Capacity Act 2005 which begins with the principle that everyone must be assumed to have capacity to make decisions until it is proved otherwise. The Act makes it a legal requirement for care and medical professionals to base decision making on the best interests of the people they are supporting.

Anyone who has the capacity to make decisions can choose to refuse medication; refusal may be non-verbal e.g. spitting out tablets. Care staff must record all refusals on MAR charts and should look at ways of encouraging adherence through improved communication and education.

Note: You must respect the rights of the people you support. You cannot make a decision to covertly administer medication without following correct processes and you must never force anyone to take medicines even if not doing so would put them at risk of harm.

If, having applied the principles of the Act, it is decided that a person lacks capacity to make decisions about medication there must be a meeting between the person, their care team, GP and family to discuss whether covert administration would be appropriate and to plan the method and circumstances for administering the medication.

Covert administration must only be carried out with the agreement of the GP and following formal procedures. Written policies and procedures should be created and there must be regular reviews. The GP must also be consulted about the best way to administer the medicines to maintain effectiveness while allowing them to be hidden in food or drink.

(For further information refer to Approved Care Training Healthcare Training's manual 'Mental Capacity Act 2005'.)

Protecting

It is important that the use of all medication is based on the best interests of the person taking it; medicines are not to be used for the convenience of staff. A person cannot be given medication simply to control their behavior or to sedate them so that they are easier for staff to deal with.

Both under and over medication can be forms of abuse or neglect. Signs of abuse include:

- Medicines prescribed for one person are given to another
- Medicines being given covertly without appropriate discussions or policies and procedures
- Records being altered and falsified
- People's medicines going missing or not being administered

If you have any concerns about the handling of medicines in your workplace report them to your manager or refer to your employer's safeguarding policy for advice.

PRN

Sometimes prescribed medicines are not needed on a daily basis but are to be taken 'prn' or as required; this means that there is no set regime to be followed and the medication will only be needed when certain circumstances occur. If the person has capacity they will decide when they require these medicines; if they lack capacity their care staff may need to make this decision and they must have written guidelines in place for identifying when the medication is necessary.

The prescribing doctor should give some idea of what 'as required' might mean with an indication of dose, and amount to be taken in a day. It might also be necessary to identify action to be taken if these medicines were needed over a period of time. For example, if a person needed paracetamol on 3 consecutive days they might then be referred to their GP for investigation.

When 'prn' medication is given there must be clear policies in place for recording and communication of the fact that this has been done. The MAR chart should be completed immediately and at handover there should be full information given about what was administered, why, when and the requirements for any monitoring or follow up. So if, for example, a resident received paracetamol for pain relief at 6am, day staff would need to know what dose had been given, whether the medication had worked and when they could administer another dose if it was needed.

Monitoring

An important part of the safe administration of medicines is the effective monitoring of people taking medicines. Monitoring should be an ongoing process, but it is particularly important to pay attention to clients who have been prescribed new medicines, or whose dose has been altered. In some circumstances doctors will rely on patient and care staff feedback in order to adjust dosage to improve benefits and minimize side effects.

When monitoring people you are looking for the following:

- Signs that the medicine is working – you need to know what to expect and the timescale; painkillers may work within minutes, anti-depressants can take weeks and anti-fungal treatments may take months.
- Side effects – including vomiting and diarrhea, changes in behavior, rashes, loss of concentration, headaches. Any side effects should be reported back to the GP, do not discontinue a medication without seeking advice.

- Adherence- is the person happy to take the medication? If they are experiencing difficulty swallowing tablets is the medicine available in liquid form? If they are reluctant to take medications what are their reasons?

  Note: Side effects and other problems with medications are monitored by the MHRA (Medicines and Healthcare Products Regulatory Authority). Any issues should be reported using the yellow card system details of which can be found at www.yellowcard.mhra.gov.uk

All medicines can cause adverse side effects; when people are taking several different medicines (polypharmacy) the risks increase. Sometimes doctors will try alternatives, sometimes they will prescribe new medicines to treat the problems caused by the existing medicines (e.g. to relieve constipation or prevent ulcers. Sometimes doctors will ask people to tolerate side effects because they cannot treat the person as effectively with anything else.

When treatment is for life threatening conditions it may be necessary for people to tolerate quite significant adverse effects; for example cancer therapies can have a major impact on the general health and wellbeing of the individual. It is important to ensure that people are kept fully informed about what to expect and that they are supported to make their own decisions where possible.

The people you support should be having regular medication reviews; ideally these should take place every three months. If reviews don't happen the person may not be receiving the best most effective treatment for their current condition. The person's GP should carry out the review to ensure that they are only taking appropriate medication which is of benefit to them.

Chapter Four

Proper and Safe Administration

In care settings medicines are ordered by the responsible person; many orders will be repeat prescriptions and the following will need to be checked:

- Name of person
- Name and strength of medication
- That the ordered amount is enough to last a specified time period

Where people are supported in the community they will usually maintain responsibility for ordering their own medications; where care providers take over this responsibility they must ensure that appropriate policies and procedures are in place to maintain a regular supply.

The person ordering medication should maintain stocks at a reasonable level to avoid waste (if medicines are discontinued or go out of date) while making sure that they have adequate supplies to last until the next order is due. It is best practice to use the same pharmacist for all the people you support in order to have continuity of care and to promote good communication. Where people manage their own medicines they can, of course, use any pharmacy they like.

By developing a relationship with a local pharmacy you improve the likelihood that they will notice if mistakes are made with regular prescriptions, and you have a good source of advice when there are concerns about medicines and their use.

To manage medications safely care providers must have in place a robust framework of policies and procedures complying with legislation, industry guidelines and best practice.

Policies and procedures must cover:

- Ordering of medicines
- Receipt of medicines
- Administration
- MAR charts
- Disposal / destruction of medicines
- Errors
- Monitoring

In home care settings there should be a complete audit trail for all medicines used with full, legible and accurate documentation of all items received; their use or reasons why they were unused; and their disposal. Care staff completing records should follow basic principles of good record keeping.

Important points to remember Include:

- All entries should be clear, legible and signed
- Date and time entries
- Always use black ink

- Don’t use correcting fluid; cross through errors, sign and date

Any records held about medication contain personal information which may be of a sensitive nature; this must be treated as confidential and only shared with appropriate individuals.

Note: The General Data Protection Regulation (GDPR)

The regulation applies to any written or computerized personal information. Your employers, and you, have a duty to handle all recorded information in a way that protects the rights and privacy of the individual it refers to.

You must:

- **Prevent access by unauthorized people – keep filing cabinets locked, protect computers with passwords, do not leave personal information on your desk or screen**
- **Only pass on information to people who have a right to know it in a way which keeps it safe – take extra care when sending information by fax or email**
- **Make sure information recorded is accurate, relevant and adequate, not excessive; do not record unnecessary information.**
- **Destroy records when they are no longer needed in a way that prevents them being accessed by unauthorized individuals**

The responsible person should put in place policies and procedures for safe administration that cover the following issues:

- Applying person centered values – medicines must be administered in a way which maintains privacy and dignity. Special care must be taken when administering suppositories/ pessaries and when applying creams or ointments
- Ensuring that medicines are taken at the correct time and with, before or after food as necessary. Medicine administration times usually correspond with meal times; your employer must have a way of flagging up ‘out of the ordinary’ times
- Checking the ‘6 rights’ (see below) – care staff must know how to carry out checks. For example, when checking a person’s name simply asking ‘are you Mrs. Smith’ could lead to mistakes if there were more than one Mrs. Smith, if the person being asked had a hearing problem or even if they were someone who answers yes to everything.

Transparency and Accountability

Care staff are responsible for their own actions when administering medicines and recording information. Where nurses are employed they must work within the Nursing and Midwifery Council (NMC) guidelines; if they delegate responsibilities to care staff they must be satisfied that they are competent.

Medicine Receipts

When medicines are received into the home they should be checked against original prescriptions and then stored appropriately. If there is to be a delay between the delivery and checking the medicines must be kept secure until staff have time to deal with them.

All medicines should be fully documented; records should show:

- Date of receipt
- Name, strength and dosage
- Quantity
- Individual it's prescribed for

All records should be signed by the person completing them. If there are any problems with the medicines received the pharmacy should be contacted.

All medicines should be labelled with the following information:

- Name of person
- Date of dispensing
- Name and strength of medicine
- Dose and frequency (how much/ how often)

If labels are incorrect, incomplete or missing the medicine should be returned to the pharmacy unused to be correctly labelled.

Documenting Sensitive Drugs

Sensitive drugs must be recorded separately to other medicines in a bound book kept solely for this purpose. It is essential that this book represents an accurate record of controlled drug stocks at all times.

MAR charts

Every person who has medicines administered by care staff should have their own medication administration record or MAR chart. MAR charts must show everything that is administered including any prn medication and any homely remedies.

Agreed code letters should be used to record refusals and reasons why doses were not given or not taken. The chart should be completed as soon as the person administering the medicines has witnessed them being taken and it should be possible to identify the individual administering.

Records must be checked for accuracy against current prescriptions, not previous Mar charts.

Administration

To safely administer medicines you need to be fully prepared before you start; concentrate on what you are doing and try to avoid distractions; complete records as you go and never leave medicines unattended.

To prepare gather the following:

- All the medicines you will need
- Jug of water and glasses
- MAR charts and a black pen
- Dispensing pots

To reduce the chance of mistakes two care staff should administer medicines, one will take the lead and do the physical administration while the other will double check what is being given and the way it is being done.

Procedure:

- Wash your hands and put on gloves/ apron if needed
- Only remove medicines from their packet immediately before you hand them to the person
- Check the six 'rights:
  1. Right person
  2. Right medicine
  3. Right dose
  4. Right time
  5. Right route
  6. Right documentation
- If you have any concerns report them immediately, do not administer medicines if you are unsure
- Pop tablets straight from packaging into a dispensing pot and hand to the person taking hem – try to avoid handling them at all
- As soon as you see that the medicine has been taken complete and sign the MAR chart
- If medicine is refused or not given use agreed codes to show this

Other Medication Forms

- Dispersible tablets should be fully dissolved in water

- In mouth medicines should be handed to the person with clear instructions e.g.do not chew.
- Liquids- shake bottle, pour measured dose, wipe bottle clean
- Creams/ ointments – wear gloves, make sure that the area you are treating is clean and dry. Squeeze a suitable amount into your hand and apply as prescribed; check whether you need to rub the cream in or apply a thin layer. If instructions are unclear seek advice.

Disposal

The way in which medicines are disposed of will depend on the type of care you provide and the type of medicine being handled. Medication may need to be disposed of because it has gone out of date; the treatment has been discontinued; or the person it has been prescribed for has died. In the latter instance the medication must be kept for 7 days after death in case there is an inquest.

Residential care providers will return medicines to their pharmacy; this should be fully recorded and, in the case of controlled drugs, it is best practice for the pharmacy to sign on receipt.

Nursing care providers must arrange for a suitably licensed waste disposal company to dispose of their unused medicines; controlled drugs should be denatured prior to disposal.

In domiciliary care it is generally expected that people being supported will dispose of their own medication by returning it to a local pharmacy, with the help of family members if necessary. If this is not possible it may be necessary for care providers to take this responsibility; if they do they should ensure that this is agreed with the person and their family and that full records are kept.

Medicines leaving care premises for other reasons, e.g. because a person is moving out, must be recorded to provide a full audit trail. It should be possible at all times to match up medicines held on the premises with records of receipt, use and disposal.

This is particularly true of controlled drugs where every dose should be accounted for. It is important to keep full and accurate records and to include incidents such as spillage and lost tablets.

Taking Medicines Away from the Care Setting

At times it may be necessary for people to take medicines away from their care setting e.g. if they attend a day center or go to stay with family. If this is a regular arrangement it may be possible to obtain separate supplies or to adjust times to avoid the need to take medicines while out.
If clients do have to take medicines with them they should remain in their original packaging and appropriate records should be completed to maintain the audit trail. MAR charts must only be signed after the dose has been seen to be taken.

Secondary Dispensing

Secondary dispensing is the action of taking tablets out of their original packaging and putting them into another container and then leaving them for someone to take later or giving them to another member of staff to administer. Secondary dispensing is never acceptable in care homes as the risks of errors occurring are significantly increased.

In domiciliary care secondary dispensing is sometimes unavoidable as call times may not fit with times when medicines are needed. NICE guidelines for care at home have the following recommendations:

'Care workers should give medicines directly from the container they are supplied in. They should not leave doses out for a person to take later unless this has been agreed with the person after a risk assessment and it is recorded in the provider's care plan.'

Monitored Dosage Systems

Monitored dosage systems can help compliance as they make it easier for people to identify when they need to take medication and missed doses are immediately obvious. These systems are limited in use to certain oral tablets and extra care will have to be taken to ensure that these systems are refilled immediately when medicines are altered or discontinued.

Mistakes and Errors

Mistakes must be dealt with promptly, effectively and in a way which reduces the likelihood of them happening again. Managers should be non-judgmental and encourage staff to be open about errors without fear of reprisals.

If you make a mistake:

- Tell your manager immediately and follow their instructions
- Report to the GP or pharmacist and follow their advice
- Get medical help (111 or 999) if necessary
- Record what happened and the action taken to correct it
- Report to local safeguarding team and CQC if necessary

Conclusion

Medicines represent a significant risk to people who use care services. There must be appropriate regulation to protect people and reduce the likelihood of mistakes. All care staff should be aware of safe procedures for the storage and administration of medicines and should know what to do if problems occur.

Employers have a duty to introduce policies and procedures for safe practice and to ensure that staff administering medications are competent to do so.

Bibliography

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