The Medication Process

Ordering Prescriptions

The care service is responsible for ordering ALL prescriptions from the GP practice and should not delegate this to the supplying pharmacy. The care home should keep records of the medicines ordered for the monthly medication cycle.

- <u>If the care home orders medicines online via Patient Access:</u>
  Orders for repeat medicines must be submitted on Day 8 (Week 2) of the cycle. Any items not listed on Patient Access, such as acute medicines, should be ordered via the care home's agreed process e.g. by emailing the practice. Staff should log back in after at least 2 working days to check that orders have been signed by the GP. Any discrepancies should be chased at this point.

- <u>If the care home orders medicines via repeat slip/re-order MAR chart</u>
  Orders must be completed and sent to the GP practice on Day 8 (Week 2) of the cycle.
  If the GP practice sends prescriptions electronically to the pharmacy (EPS), the care home should arrange for either the GP practice or pharmacy to provide them with EPS tokens (copies of the prescription) during Week 3 of the cycle. These can be used to check the order against the home's copy. Any discrepancies should be chased at this point.
  If the GP practice prints green paper prescriptions (FP10s), the care home should arrange to collect these from the practice and check them against their copy of the order before sending to the pharmacy for dispensing. Any discrepancies should be chased at this point.

See Page 4 for flow chart of full process. The care home support team can assist with provision of a medication ordering schedule.

Receipt of medicines

All medication received into the home must be checked and recorded by a trained member of staff.
Records must include the following:

- ✓ date of receipt (and cycle start date if it's a handwritten MAR chart)
- ✓ name and strength of medication, form and dose, how often it is given and route of administration
- ✓ quantity received plus any carried over from the previous cycle
- ✓ resident for whom the medicine has been prescribed (full name and date of birth)
- ✓ Signature of the staff member who received the medication (and witness/counter signature if it's a handwritten MAR chart)
- ✓ Any known allergies and the type of reaction experienced
- ✓ When the medicine should be reviewed or monitored (as appropriate)
- ✓ Any special instructions about how the medicine should be taken (such as before, with or after food)

Medicines delivered to the care home should be checked against the order record/photocopy of prescription/prescription token to make sure that all medicines ordered have been supplied correctly. Any discrepancies should be reported to the pharmacy.

Storage of medicines

In care homes, medicines can be stored for individuals in their own rooms or centrally. Medicines should be stored in a way that means they are safe and will be effective when administered.

Refer to: Storing medicines in care homes | CQC Public Website for more information.

Keys	Only trained, authorised staff should have access to medicines. All keys to medicines should be held safely, with access restricted to authorised staff. This includes medicines rooms, trolleys, fridges and cupboards (including medicines stored in residents' rooms)
Temperature	<u>Room temperature medicines</u> Temperature should not exceed 25 C. Maximum and minimum temperatures should be recorded daily. Refer to best practice document: **Medicines Room Temperature Record**

	Sheet Refrigerated medicines Temperature should be kept in the range in 2 – 8 C. Maximum and minimum temperatures should be recorded daily. Refer to best practice document: **Refrigerated Medicines in Care Homes**
Controlled Drugs	All schedule 2 and some schedule 3 controlled drugs must be stored in a suitable locked cabinet which complies with the Misuse of Drugs Act 1971 and associated regulations for storing controlled drugs. Refer to best practice document: **Controlled Drug Guidelines in Care Homes**

Administration

The resident should be identifiable. All MAR charts should have a 'Resident Information Sheet - Medicines Administration Record (MAR)' containing a photograph with the resident's permission. Photographs should be dated and updated as per the care home's policy. The resident information sheet should also include: full name, preferred names, date of birth, allergy status (including nil known – NKDA), GP surgery and pharmacy information. It's good practice for the resident information sheet to also indicate any swallowing difficulties, resident preferences and choices about how the resident likes to take their medicines. New or temporary staff should always ask the resident's name and, if necessary, ask a permanent member of staff to help them with identification.

Before administering any medicines, staff should always check the label on the medicine and refer to the MAR chart. They should sign the chart immediately after administration of medication.

Key Points

Each care setting should have its own written procedure for giving medicines.

- ✓ Be prepared (fridge/ MDS, special precautions – e.g. taken with food)
- ✓ Check identity of resident
- ✓ Check the MAR chart
- ✓ Check the medication has not already been given
- ✓ Find the medicine
- ✓ Check the label
- ✓ Measure the dose
- ✓ Take the medicine to the resident, after ensuring that the medicines trolley/cupboard has been secured first
- ✓ Tell them that their medicine is ready for them
- ✓ Ensure they are in a upright position
- ✓ Administer the medicine according to the dosage form
- ✓ Offer a glass of water and encourage to swallow medicine
- ✓ Witness the resident taking the medication
- ✓ Record **IMMEDIATELY** what has been given or declined (if declined follow care home's policy for refused doses)
- ✓ Repeat this process for all medication being administered and required

Returning/Disposing of medicines

There should be an audit trail for waste medicines. Details should be recorded as soon as practically possible in a waste medicines disposal book. It is good practice to record the date, who the medicines

were prescribed for, medicine name, medicine strength, form (e.g. tablet/sachet), quantity, person making the record and the reason for disposal.

All care homes with nursing are required by law to obtain a clinical waste contract that will collect all unwanted medicines. A sharps bin will be provided for needles/ syringes.

All residential care homes are required to return waste medicines to the supplying pharmacy for appropriate disposal.

It is not acceptable to dispose of medication by flushing down the toilet, in the rubbish bins, or by placing them in the sharps containers.

After a resident passes away all medication remaining, should not be disposed of for 7 days in case a post-mortem is needed. All the medication and the current MAR sheet needs to be put into a sealed envelope, signed by the manager and witnessed by another member of staff, and stored in a lockable cupboard until it can be disposed of.

Care Home Medicines Support Line

If a care home has a non-urgent medicine related query, or would like some support with the ordering process, the care home medicines support line can be contacted Mon – Fri between 9am – 4.30pm (closed bank holidays).

Tel: 0300 303 0227
Email: cwicb.carehomessupport@nhs.net

Where GP practice agreements are in place, the care home medicine support line can:

- ✓ process interim (shortfall) prescriptions to synchronise residents
- ✓ check if a prescription has been issued (we request that Patient Access is checked first if the home orders online)
- ✓ maintain online medication ordering systems if the care home has this in place
- ✓ assist with medicines related queries e.g. missed doses, swallowing difficulties

Requesting Monthly Medication

To aid the monthly medication process, please refer to the *'Medication Ordering Schedule'*

Week 1 – Day 1 of medication cycle

- New medication should have already been checked and booked in as per care home's policy.
- All existing stock (carried forward medication) should be recorded on the MAR before any doses in the new cycle are given
- **Check –** Ensure any new liquids, eye drops or creams opened have the date of opening and any expiry date following the manufacturer's guidance written onto the label.

Week 2 – Day 8 of medication cycle

- Next cycle's medication needs to be ordered now. Ensure a copy is kept of all orders made.
- **Check** - how much stock do you have? Have you checked all medication cupboards? Is the medication required? Have there been any changes? Were there any hospital admissions? Always check 'PRN' medication, inhalers and creams. Do not assume you need a new supply.
- If medication is ordered online, submit orders and request any acutes or interims as per the agreed process in the risk assessment.
- If medication is ordered via repeat slip/re-order MAR, ensure these are completed accurately and sent to the GP practice for processing.

Week 2 – Days 12 - 15 of medication cycle

- Check what has been issued by the GP practice against home's copy of the order. Any discrepancies must be chased at this point
- If medicines are ordered online, staff should log in to check that medicines have been issued. This is when the 'date last issued' changes to a more recent date.
- If medicines are ordered via repeat slip/re-order MAR and the GP practice sends prescriptions electronically, the care home should arrange for collection or delivery of EPS tokens from either the practice or pharmacy. These tokens should be used to check that the order is correct.
- If medicines are ordered via repeat slip/re-order MAR and the GP practice prints paper prescriptions, the home should arrange collection of the prescriptions from the practice and check these against their copy. If any medication is not required at this point, the home should check how the pharmacy would like this endorsed on the prescription (Usually 'ND' (not dispensed) is written the left-hand side next to the medicine and the medication is neatly crossed through with a single line). Once checked, the home should either deliver the scripts to the pharmacy or arrange for collection.

Week 3 – Day 15 of medication cycle

- Inform the pharmacy of any unwanted items due to resident /medication changes or anything that's been inappropriately issued by the practice.
- Pharmacy starts dispensing next cycle's medication once any discrepancies are resolved.

Week 4 – Day 24 of medication cycle onwards

- Medication for the next cycle should be delivered by the pharmacy, at least 3 working days before the cycle starts.
- When medication is delivered, staff receiving the medication must be trained and competent.
- The medication received needs to be checked against the MAR chart and prescription copy or EPS token. Any discrepancies must be actioned immediately.
- **Check** - Dispensed medication, quantity, directions, patients' name, date of birth, form of medication (tablet, liquid etc...) and check the current MAR with new MAR chart to make sure medicines are administered correctly.
- **All** medication received needs to be accounted for. It is important to keep a record of this stock level on the MAR chart in the box provided, always record the date and the initial of the person responsible for this entry. This is important to ensure there is an audit trail.
- **Any** balance carried over from the previous month must be physically counted and recorded on the MAR chart in the box provided.
- Ensure you have received repeat slips/re-order MAR for ordering the following month if you don't order online.

Providers should use this guidance in conjunction with Medicine Patient Information Leaflets, NICE Guidance 'Managing Medicines in Care Homes' SC1 and should check the CQC website for recent updates. Prepared by Care Home Support, Medicines Optimisation Team, NHS Coventry & Warwickshire Reviewed: July 2022