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| **Review Sheet** | |
| Last Reviewed Last Amended Next Planned Review in 12 months, or  13 Jun '19 13 Jun '19 sooner as required. | |
| Business impact | Changes are important, but urgent implementation is not required, incorporate into your existing workflow.  **MEDIUM IMPACT** |
| Reason for this review | Scheduled review |
| Were changes made? | Yes |
| Summary: | Policy reviewed to ensure that it reflects any recommendations from the recently released Royal Pharmaceutical Society professional guidance on the safe and secure handling of medicines. Additionally, the section in the procedure in relation to training and competency has been removed as this is detailed within the Training and Competency on Medications Policy and Procedure. The reference number on this policy has changed as previously it was CM16. |
| Relevant legislation: | * The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 * Medical Act 1983 * Medicines Act 1968 * Misuse of Drugs Act 1971 |
| Underpinning knowledge - What have we used to ensure that the policy is current: | * Author: NICE, (2014), *Guidelines Managing medicines in care homes*. [Online] Available from: <https://www.nice.org.uk/guidance/SC1>[Accessed: 12/6/2019] * Author: royal pharmaceutical society, (2019), *Professional guidance on the safe and secure handling of medicines*. [Online] Available from: [https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure- handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of- medicines](https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines) [Accessed: 12/6/2019] |
| Suggested action: | * Read the policy |



**1. Purpose**

* 1. To ensure compliance with the medicine policies, legal requirements, best practice, and to ensure that, at all times, Nurses are meeting the needs of Service Users in relation to medication management.
  2. To support Holbeach Hospital & Nursing Home in meeting the following Key Lines of Enquiry:

## Key Question Key Lines of Enquiry

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| EFFECTIVE | E1: Are people’s needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence- based guidance to achieve effective outcomes? |
| SAFE | S4: How does the provider ensure the proper and safe use of medicines? |

* 1. To meet the legal requirements of the regulated activities that Holbeach Hospital & Nursing Home is registered to provide:
     + The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
     + Medical Act 1983
     + Medicines Act 1968
     + Misuse of Drugs Act 1971



**2. Scope**

* 1. The following roles may be affected by this policy:
     + Registered Manager
     + Other management
     + Nurse
     + Care staff
  2. The following Service Users may be affected by this policy:
     + Service Users
  3. The following stakeholders may be affected by this policy:
     + Commissioners
     + External health professionals
     + Local Authority
     + NHS



**3. Objectives**

**3.1** Holbeach Hospital & Nursing Home complies with the policies and procedures for medicines handling and can evidence through audit that the policies and procedures are adhered to by staff. There is evidence of continual improvement by analysis of themes and trends with medication practice that are addressed and acted upon in a timely manner.



**4. Policy**

* 1. Holbeach Hospital & Nursing Home understands that monitoring and auditing is an essential part of safe medication management and has the following benefits:
     + It provides a check for Holbeach Hospital & Nursing Home, i.e. "are we actually doing what we think we are doing?"
     + It helps Holbeach Hospital & Nursing Home to implement and sustain improvements in our services
     + It provides evidence of current practice against national guidelines, regulation and local policy
     + It provides evidence about the quality of care in a service to establish confidence among stakeholders
     + It helps reduce the risk of errors and create a learning culture
  2. Holbeach Hospital & Nursing Home understands the importance of ensuring that the 6 Rights of Medication plus the right to refuse. have been followed and that there is a documented audit trail from receipt through to administration and/or disposal of all medicines.



**5. Procedure**

* 1. The Registered Manager should ensure that there is a complete, documented audit trail from receipt through to administration and/or disposal of all medicines.
  2. Mrs Maxine Winch will ensure that policies and procedures for medicines handling are accessible to staff.
  3. The audit is designed to evidence that the correct medication is:
* Administered to the right person
* Via the right the route
* At the right dose
* At the right time
* On the right date
* Using the right documentation

There should also be evidence through audit of the Service User's informed consent and that the correct procedure has been followed if a Service User refuses their medication.

This system of auditing seeks to identify failures and eliminate medication errors and other medication related risks.

* 1. It is the duty of Mrs Maxine Winch or designated others to audit all areas in which they work on a monthly basis.



**6. Definitions**

## Audit

* + - A quality improvement process that seeks to improve care and outcomes through systematic review of care against specific criteria



**Key Facts - Professionals**

Professionals providing this service should be aware of the following:

* + - Medication auditing seeks to identify failures and eliminate medication errors and other medication risks
    - There should be a well-documented audit cycle that is adhered to



**Key Facts - People affected by the service**

People affected by this service should be aware of the following:

* + - You can be assured that Holbeach Hospital & Nursing Home audits and monitors its service in relation to medication management to ensure that it is safe and effective
    - Your feedback is valuable and helps us to learn. Any suggestions you have will be listened to and considered



**Further Reading**

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

## The suite of medication management policies and procedures at Holbeach Hospital & Nursing Home



**Outstanding Practice**

To be ‘ outstanding ’ in this policy area you could provide evidence that:

* + - Audits are carried out regularly, at least once every month, with written/electronic records available
    - Any issues identified are rectified immediately via a robust action plan with clear timelines and accountability
    - Outcomes from audits are shared and lessons learned applied



**Forms**

The following forms are included as part of this policy:

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| **Title of form** | **When would the form be used?** | **Created by** |
| Medication Audit Form - CN16 | To audit medication processes within the home. Frequency of completion is determined by the Registered Manager. | QCS |
| MAR Audit - CN16 | To audit MARs. | QCS |

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| **Ordering – How Medicines Are Ordered** | | | | | |
| **Circle either 'Yes', 'No', or 'N/A' for each of the questions below** | | | | **Action Needed and Comments** | **Date Action**  **Required** |
| Are repeat prescriptions obtained in a safe and efficient manner? | Yes | No | N/A |  |  |
| Is there an agreed method for requesting repeat prescription orders from the GP practice(s)? | Yes | No | N/A |  |  |
| Are there any ordering/stock problems? | Yes | No | N/A |  |  |
| Are medicines ordered in advance so that Service Users do not miss any dosages of their medicines? | Yes | No | N/A |  |  |
| Are there any problems with the pharmacy or GP surgery? | Yes | No | N/A |  |  |
| Are records kept of medicines ordered? | Yes | No | N/A |  |  |
| Are records kept of medicines received? | Yes | No | N/A |  |  |
| Are discrepancies in the above raised with the community pharmacists and/or GP? | Yes | No | N/A |  |  |
| Are all medicines checked in correctly? | Yes | No | N/A |  |  |
| Are medicines clearly labelled by the Pharmacist? | Yes | No | N/A |  |  |
| If medicines are out of stock, is there a process for notifying the GP so an alternative can be prescribed if necessary? | Yes | No | N/A |  |  |
| Is there a process for ordering prescriptions in the middle of the ordering cycle e.g. for acute medicines or new medicines? | Yes | No | N/A |  |  |

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| **Storage - How Are Medicines Stored?** | | | | | |
| **Circle either 'Yes', 'No', or 'N/A' for each of the questions below** | | | | **Action Needed and Comments** | **Date Action**  **Required** |
| Are medicines stored safely and securely in an appropriate designated area? | Yes | No | N/A |  |  |
| Are storage areas clean and organised? | Yes | No | N/A |  |  |
| Is the medicines cupboard kept locked when not in use? | Yes | No | N/A |  |  |
| Are keys kept as per policy? | Yes | No | N/A |  |  |
| Are excessive quantities of medication being stored? | Yes | No | N/A |  |  |
| Are expiry dates checked monthly – both prescribed and over the counter medicines? | Yes | No | N/A |  |  |
| Is there a record of expiry date checks? | Yes | No | N/A |  |  |
| Are external medications separated from internal medications where appropriate? | Yes | No | N/A |  |  |
| Are their arrangements in place for Service Users who self-medicate to safely store their own medication? | Yes | No | N/A |  |  |
| Is stock rotated appropriately? | Yes | No | N/A |  |  |
| Is there any evidence of borrowing/sharing of medication? | Yes | No | N/A |  |  |
| Are oxygen cylinders stored upright, in a well- ventilated area away from heat and flames? | Yes | No | N/A |  |  |
| Are 'No Smoking' signs displayed? | Yes | No | N/A |  |  |

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| **Fridge Storage – How Are Fridge Items Stored?** | | | | | |
| **Circle either 'Yes', 'No', or 'N/A' for each of the questions below** | | | | **Action Needed and Comments** | **Date Action**  **Required** |
| Are medicines requiring refrigeration stored appropriately in a secure area? | Yes | No | N/A |  |  |
| Are there any items stored in the fridge that shouldn’t be stored in it? | Yes | No | N/A |  |  |
| Are items requiring refrigeration put away as soon as they are received? | Yes | No | N/A |  |  |
| Is there a process for stock rotation where the Service User has more than one bottle/box of the same medicine? | Yes | No | N/A |  |  |
| Are there signs that state the fridge should not be switched off? | Yes | No | N/A |  |  |
| Do staff know not to overstock the fridge to make sure there is space for the air to circulate? | Yes | No | N/A |  |  |
| Do staff know to keep the fridge door open for as short a time as possible to keep a constant temperature? | Yes | No | N/A |  |  |
| Do staff check that products are not frozen before administering to a Service User? | Yes | No | N/A |  |  |
| Does the fridge have a maximum/minimum thermometer? | Yes | No | N/A |  |  |
| Are all maximum/minimum fridge temperatures checked daily and the records kept? | Yes | No | N/A |  |  |
| Is action taken if the fridge temperatures are outside the normal range of 2-8 °C? | Yes | No | N/A |  |  |
| Is this action documented and retained? | Yes | No | N/A |  |  |
| Is the fridge cleaned and defrosted at least quarterly? | Yes | No | N/A |  |  |
| Do staff know what to do if the fridge breaks down? | Yes | No | N/A |  |  |

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| **Controlled Drugs- How Are Controlled Drugs Managed?** | | | | | |
| **Circle either 'Yes', 'No', or 'N/A' for each of the questions below** | | | | **Action Needed and Comments** | **Date Action**  **Required** |
| Are stock levels of Controlled Drugs appropriate? | Yes | No | N/A |  |  |
| Does the quantity in the CD register reflect the actual stock? | Yes | No | N/A |  |  |
| Is the administration of Controlled Drugs in line with current policy? | Yes | No | N/A |  |  |
| Are Controlled Drugs disposed of appropriately? | Yes | No | N/A |  |  |

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| **Disposal - How is Medication Disposed of?** | | | | | |
| **Circle either 'Yes', 'No', or 'N/A' for each of the questions below** | | | | **Action Needed and Comments** | **Date Action**  **Required** |
| Has medication been held for a sufficient time following a death? | Yes | No | N/A |  |  |
| Are any medicines destroyed in the home? | Yes | No | N/A |  |  |
| Is the returns record up to date? | Yes | No | N/A |  |  |
| Is medication for disposal separated from medicines in use? | Yes | No | N/A |  |  |

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| **Homely Remedies- How Are Homely remedies managed?** | | | | | |
| **Circle either 'Yes', 'No', or 'N/A' for each of the questions below** | | | | **Action Needed and Comments** | **Date Action**  **Required** |
| Does the audit trail of homely remedies tally? | Yes | No | N/A |  |  |
| Are all homely remedies in date? | Yes | No | N/A |  |  |
| Are homely remedies stored separately and securely? | Yes | No | N/A |  |  |
| Have any homely remedies been given for more than 2 days without contacting the GP? | Yes | No | N/A |  |  |

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| **Self-Managed Medication - How Are Self-Managing Service Users Supported?** | | | | | |
| **Circle either 'Yes', 'No', or 'N/A' for each of the questions below** | | | | **Action Needed and Comments** | **Date Action**  **Required** |
| Is there evidence that Service Users are encouraged and supported to self-manage their medication? | Yes | No | N/A |  |  |
| Do current Service Users who self-manage have safe, lockable storage facilities for their medication? | Yes | No | N/A |  |  |
| Are risk assessments completed for current Service Users who self-manage? | Yes | No | N/A |  |  |
| Are verbal reminders/supervision/monitoring given (and documented) for Service Users who require them? | Yes | No | N/A |  |  |
| Is discreet monitoring and reassessment being carried out? | Yes | No | N/A |  |  |

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| **Obtaining Consent for Medication Administration?** | | | | | |
| **Circle either 'Yes', 'No', or 'N/A' for each of the questions below** | | | | **Action Needed and Comments** | **Date Action**  **Required** |
| Is there a process for obtaining Service Users' consent if staff administer medication? | Yes | No | N/A |  |  |

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| **Records - How Are Records Managed?** | | | | | |
| **Circle either 'Yes', 'No', or 'N/A' for each of the questions below** | | | | **Action Needed and Comments** | **Date Action**  **Required** |
| Are all administrations of medicines recorded in the appropriate place, i.e. medicines chart, Service User’s notes, CD register? | Yes | No | N/A |  |  |
| Is the administration of medicines recorded as soon as possible after the Service User has taken the medicine? | Yes | No | N/A |  |  |
| Are all omissions of medicines recorded in the appropriate place, i.e. MARs, Service User's notes? | Yes | No | N/A |  |  |
| Is there a process for verbal orders from a GP? | Yes | No | N/A |  |  |

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| **Medication Administration – How Are Medicines Administered?** | | | | | |
| **Circle either 'Yes', 'No', or 'N/A' for each of the questions below** | | | | **Action Needed and Comments** | **Date Action**  **Required** |
| Are medicines administered from original containers as received from the pharmacy, one Service User at a time? | Yes | No | N/A |  |  |
| Are labels printed clearly? | Yes | No | N/A |  |  |
| Are dosage instructions clear? | Yes | No | N/A |  |  |
| Have any labels been defaced or changed? | Yes | No | N/A |  |  |
| Are appropriate cautions and warnings clear? | Yes | No | N/A |  |  |
| Are all medicines labelled for individual Service Users (including medications for external use)? | Yes | No | N/A |  |  |
| If a monitored dosage system (MDS) is in use, are appropriate cautions and warnings clear and is there an appropriate dispensing date on the pack currently being used? | Yes | No | N/A |  |  |
| Is there a risk assessment for each Service User who self-medicates any of his or her medicines? | Yes | No | N/A |  |  |
| Are measures in place to identify Service Users to ensure that they receive the correct medicine? | Yes | No | N/A |  |  |
| Have all staff who are involved with prescribing and/or administering medicines read the suite of medication management policies at Holbeach Hospital & Nursing Home? | Yes | No | N/A |  |  |
| Is there a signatory list to demonstrate staff have read and understood the policy? | Yes | No | N/A |  |  |
| Are allergies checked before a medicine is administered to a Service User? | Yes | No | N/A |  |  |

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| **Medication Administration – How Are Medicines Administered? (continued)** | | | | | |
| **Circle either 'Yes', 'No', or 'N/A' for each of the questions below** | | | | **Action Needed and Comments** | **Date Action**  **Required** |
| Are medicines administered to Service Users from their original containers? | Yes | No | N/A |  |  |
| Is a drink offered when administering a Service User’s medicine? | Yes | No | N/A |  |  |
| Are medicines with short expiry dates, e.g. drops, some liquids etc. dated when they are opened? | Yes | No | N/A |  |  |
| Are special instructions observed when administering medicines, e.g. before or after food, Service User needs to remain seated after medication? | Yes | No | N/A |  |  |
| Do Service Users have access to counselling on their medicines, e.g. inhaler technique? | Yes | No | N/A |  |  |
| Is advice sought from a pharmacist or GP if staff need clarification on a Service User's medicine? | Yes | No | N/A |  |  |
| Do Service Users on repeat medicines receive an annual medication review from their GP? | Yes | No | N/A |  |  |
| Where a Service User has difficulties swallowing and there is no liquid preparation available, is the advice of a GP or pharmacist sought before crushing tablets or opening capsules? | Yes | No | N/A |  |  |
| If a Service User regularly refuses a medicine, is this raised with their GP? | Yes | No | N/A |  |  |
| If Monitored Dosage Systems (MDS) are used, is there a process within the home for highlighting medicines that cannot be put in these systems i.e. medicines susceptible to moisture, e.g. effervescent tablets, liquid medicines, creams, drops etc? | Yes | No | N/A |  |  |

# Date of Audit

**Audit Completed by (Full Name)**

**Briefly Describe Any Action Required:**

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| **Instructions:**   1. Conduct an audit in the last week of the medication cycle to give at least three weeks of administration records. 2. Collect five MARs and complete the audit. 3. If the MARs collected do not cover all aspects (e.g. a "when required" medicine), please select another MAR to audit this area. 4. If there are no Service Users that cover all aspects (e.g. no one taking warfarin), consider re-auditing when possible. 5. Complete the "Action Needed" column including realistic target dates. 6. Re-audit as necessary. | | | | | |
| **How Are MARs Completed?** | | | | | |
| **Circle either Yes, No, or N/A for each of the questions below** | | | | **Action Needed and Comments** | **Date Action**  **Required** |
| Is the writing on the MAR legible? | Yes | No | N/A |  |  |
| Are all entries on the MAR in ink/printed? | Yes | No | N/A |  |  |
| If handwritten MARs are used, is there a robust system to check the MAR is correct before it is used? | Yes | No | N/A |  |  |
| Are handwritten entries on a MAR, cross referenced to the Service User’s notes? | Yes | No | N/A |  |  |
| Is there a six-monthly audit of use and accuracy of MARs for each Service User? | Yes | No | N/A |  |  |
| Does the MAR audit cover appropriate and accurate recording, missed/omitted dosages and the use of when required medicines? | Yes | No | N/A |  |  |
| Are all Service Users' details completed on the front of each MAR? | Yes | No | N/A |  |  |
| Is the number of MARs in use completed on the front of each MAR? | Yes | No | N/A |  |  |
| Are all boxes on the MAR signed for regular medicines? | Yes | No | N/A |  |  |
| Is it clear medication has been given to the Service User from the MAR? | Yes | No | N/A |  |  |

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| **How Are MARs Completed? (continued)** | | | | | |
| **Circle either Yes, No, or N/A for each of the questions below** | | | | **Action Needed and Comments** | **Date Action**  **Required** |
| Does the person who gives the medicine sign the MAR? | Yes | No | N/A |  |  |
| Is there a central list of signatures/initials for staff involved in medication administration? | Yes | No | N/A |  |  |
| Are the directions for the administration of a medicine clear on the MAR? | Yes | No | N/A |  |  |
| Do the types of administration support required in the Care Plans tally with the MARs? | Yes | No | N/A |  |  |
| Do directions on the MAR match the pharmacy label for that medicine? | Yes | No | N/A |  |  |
| Are all doses and times clearly stated on the MAR? | Yes | No | N/A |  |  |
| Is it clear from the directions on the MAR the number of medicines that should be given? | Yes | No | N/A |  |  |

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| **How Are MARs Completed? (continued)** | | | | | |
| **Circle either Yes, No, or N/A for each of the questions below** | | | | **Action Needed and Comments** | **Date Action**  **Required** |
| If the directions are, for example; ‘1 or 2 tablets…’ is it clear on the MAR if one tablet or 2 tablets have been given? | Yes | No | N/A |  |  |
| Is it clear when medicines have not been given/have been refused etc? | Yes | No | N/A |  |  |
| Are medicines given at the correct time? | Yes | No | N/A |  |  |
| Are the correct codes being used on the MARs? | Yes | No | N/A |  |  |
| If a prescriber stops a medicine, is this crossed off, dated and signed by an appropriate person? | Yes | No | N/A |  |  |
| Are charts correctly stored to maintain confidentiality? | Yes | No | N/A |  |  |

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| **Warfarin – How is Warfarin Managed?** | | | | | |
| **Circle either Yes, No, or N/A for each of the questions below** | | | | **Action Needed and Comments** | **Date Action**  **Required** |
| Is the International Normalised Ratio (INR) result sheet and yellow book stored with the MAR? | Yes | No | N/A |  |  |
| Are all the details in the general information section of the yellow book? | Yes | No | N/A |  |  |
| Do all the doses on the MAR match the doses specified in the yellow book, or the INR results sheet, for the audit period? | Yes | No | N/A |  |  |
| Is the current dose marked clearly in milligrams on the MAR (not the number of tablets)? | Yes | No | N/A |  |  |
| Warfarin tablets should not be broken in half. Has it been necessary to break any tablets in half in order to administer the prescribed dose? | Yes | No | N/A |  |  |
| Is the date of the next INR blood test noted on the MAR and/or in a diary? | Yes | No | N/A |  |  |

**Date of Audit**

**Audit Completed by (Full Name) Briefly Describe Any Action Required:**