

# Medication Policy

## Purpose

The Policy outlines the responsibilities and procedures for assisting service users with prescribed medication in Care settings. It provides standards to be adopted and adhered to when assisting with medication which forms part of service users Care Plan.

This policy is to be used in conjunction with the medication policy of the relevant Local Authority, and any contractual terms must be adhered to.

Service specific medication policies will be developed as necessary under the umbrella of the overarching medication policy statement and subjected to regular review. Any such policy will require the approval of the Care Governance Team.

The policy will be reviewed annually.

## Aims and Objectives

SOS Homecare's overarching philosophy is one of enabling services users to remain as independent as possible and to receive assistance with the administration of medication only where necessary, subject to a person specific medication risk assessment.

We aim to promote independence through encouraging service users to manage their own medicines as far as they are able, and to administer their medication in accordance with the advice from their own doctor.

The objectives of this policy are to:

- define who can provide assistance with medicines, what assistance they can provide and in what circumstances;
- provide a safe framework for the service user and our care staff.
- define the documentation which should be used, the records which should be kept and sets out the systems and arrangements that must be in place regarding access; storage; the control of medication and the disposal of surplus medication.
- influence the training and the competency framework for care staff.

However, SOS Homecare acknowledges that it is not possible to anticipate every eventuality, and in unusual circumstances the specific needs to a service user needing assistance with medicines may fall outside of these guidelines e.g. with pain control. In these cases, advice will always be sought from Health Care Professionals.

## Core Principles and Best Practice

**The core principles of this policy, detailed below, apply to all our staff:**

1. As part of arranging a package of care, each service user must have a care plan in place and have had an assessment of need that details the appropriate level of assistance they require with their medication
2. Staff must not offer any assistance with any medication unless a risk assessment has been carried out, the level of care is clearly documented, and a care plan is in place.

3. All staff that handle and/or administer medication must be suitably trained and competent for the tasks that they are asked to perform and must feel confident to carry out these tasks correctly and safely.
4. Services users have a right to expect that any assistance offered is carried out in a professional manner by trained and competent care staff.
5. All staff at all times, have a duty of care to the service user and take reasonable care to avoid acts or omissions which may cause harm to the service user.
6. All assistance must be provided safely and must ensure that the service user takes the correct levels of medication as prescribed. Care staff are only responsible for the medication administered by them.
7. Medicine should not be given to a service user without their knowledge e.g. hidden in their food.
8. Service users must not be forced to take medication against their wishes. Refusals should be recorded on the Medication Administration Record chart and service user notes.
9. The service users care plan and health action plan (if applicable), is kept current and any changes with regards to a person's medication and health is captured and updated in their care plan/health action plan.
10. Accurate information must be available and recorded on the appropriate documentation regarding the level of care required and the medication to be administered.
11. The arrangements for the assistance with administration of medication is reviewed as specified in the service user care plan or as the service user's needs change and in line with the Mental Capacity Act (England). This must include a review on discharge from hospital or any changes in service user's care.
12. Any rescue medication must be documented and recorded correctly.
14. All MAR charts and medication records undergo a monthly quality check, and any discrepancies are promptly investigated, and appropriate actions taken. Controlled drug stock checks will be audited weekly.
15. Any medication errors must be reported to the line manager who will take any appropriate action.
16. Where assistance is required, the risk assessment, service user care plan, MAR charts must be accessible in the persons home.
17. All medication must always be stored in a appropriate location dependant on the individual.
18. We must always work in partnership with the service user, family, carers and other professionals to improve people's independence with their medication management
19. The care plan and procedure when administering medication must be followed at all times
20. Staff must only administer medicines from the original pharmacy labelled container into a clean container for administration to the service user. The 'No Touch' technique should be followed.
21. Staff must not provide advice regarding medication and must seek clarification and guidance from their line manager if queries arise.
22. SOS Homecare staff cannot prescribe or give advice on medication. Only registered medical staff may prescribe drugs for administration.
23. Every incidence of physical assistance with the administration of medication must be recorded, signed and dated on the MAR charts and accurately recorded in the service

user's logbook or care notes.

24. The Registered Manager will ensure that the policy and procedure for managing the provision of medication is implemented and monitored throughout their area of control.
25. Any concerns about a service user and their medication must be reported to their line manager who will seek appropriate advice.
26. Staff must not carry out any invasive, clinical or nursing procedures (refer to specialist administration below) and are not expected to make judgments on medication where directions are not explicit.
27. Any failure on the part of the employee to comply with the provision of this policy and failure to work within local policy guidelines, will be investigated and may be construed as gross misconduct.

### **Training requirements**

In order for any of our staff to provide assistance at any level with medicines, staff should:

1. Be fully aware of this policy as part of their induction and ongoing training.
2. Have completed a suitable training course in the administration and safe handling and storage of medication.
3. Have undergone a formal standard competency assessment.
4. Undertake training and competency assessments provided by a suitable professional before providing assistance with "specialist tasks".
5. Undertake Medication training annually to ensure competency.

### **Assessing competencies**

New Care workers will have:-

- Training in the administration of Medication - class room based within the induction training
- A Practical Competency Assessment, assessed by a competent employee to observe key tasks, linked to the service user plan and our policy and procedure, during their shadowing.

Current care workers will undertake the following each year:

- Training in the administration of Medication- class room based
- A Practical Competency Assessment - assessed by a competent employee to observe key tasks, linked to the service user plan and our policy and procedure.

Frequency and levels of assessing competencies	
	Homecare
<b>Competency assessment New staff</b>	Care staff must be observed at least once during their shadowing.
<b>Annual updates Existing staff</b>	Care staff must successfully complete two competency assessment per year.
<b>Who is responsible</b>	The Line Manager is responsible for assessing competency, and the competent employee must observe the staff member completing key tasks linked to the service user plan and our policy and procedure

Only when staff have successfully passed and demonstrated competency can they be certified competent, only then can they be involved in the service users' medication.

### Training for Administration using Specialist Techniques – Specialist Administration

These types of medicines will normally be administered by a health care professional.

However, if thought appropriate, a registered health professional may delegate these tasks to care staff providing this is agreed with the Registered Manager. The health professional, must provide the extra specialist training and be satisfied that the care staff are competent to carry out the task using the following procedure:

- Verification of care staff competence through sign off by a registered healthcare practitioner
- Care Plan or Health Action Plan in place providing clear instructions
- Regular observations
- Ongoing training and supervision

The health professional should record in writing that the care staff are competent to carry out the tasks that they have been asked to do, and a copy should be kept in the care workers file and the client file.

Care staff should be given the opportunity to refuse to administer medication via specialist techniques if they do not feel confident in their own competence.

### Consent and Capacity – Adult Services

Assistance with medication will only be provided when there is no other means of the service user managing their own medication, either through self-medication or care from family and carers. This option must be explored in the first instance.

For any service user who is unable to communicate consent, every possible step should be taken to assist the service user to decide and to communicate their decision. They may require the use of other communication tools and methods. You must document through an assessment the person's mental capacity and then establish what is in the best interest of the service users. Anything done on behalf of a person who lacks mental capacity must be done in line with their best interest meeting decision.

Where informed consent cannot be given, or the service user is unable to express their views, advice would be sought and the prescriber (i.e. GP) must indicate formally that the treatment is in the best interest of the individual. In this instance the service user plan should include written clarification of the prescriber's assessment that staff would be acting in a person's best interest in the administration of medication.

For any information about assessment of mental capacity, making a best interests decision, understanding the role of a Lasting Power of Attorney, you must consult the Mental Capacity Policy. Reference may also be made to the Mental Capacity Act 2005 Code of Practice (England). Any person who does not follow the guidance in the Code of Practice will be expected to provide good reason why they have departed from its advice.

### **Medication Assessment, Care plan and Review**

Before any medication is administered a Medication Risk Assessment must be carried out by a competent person, which is contained within the Assessment Paperwork.

The assessment must be specific to the individual service user and must identify the person's needs, whether they can administer all or part of their medication and if needed what level of assistance they require.

Every person must have their own care plan detailing their health and medication needs. This must detail what the person is able to do for themselves and what level of care they may require taking their medication.

In some circumstances, people may have preference in how they like to take their medication; this must be recorded and evidenced in their assessment and care plan.

The care plan must be reviewed annually or when a change in the person's care needs (including medication) occurs.

### **Levels of Medication Care**

The Care Plan and Risk Assessment for each service user must identify the level of medication care required.

The different levels of care are considered as a continuum, accepting that service users may move up and down the levels depending on their health status and/or functional ability at the time. Therefore, the level of care must always be reviewed, and the care plan and training must reflect the requirements of the service user in relation to their medicine management.

The levels of care should be recorded on the service users care plan and reviewed at regular intervals.

<p><b>Self-Medicating</b></p>	<p>The service user requires no care with their medication. A service user's ability to self-medicate should be established with each medicine (e.g. a service user may not be able to use an inhaler device but could self-medicate a cream)</p> <p>Self-medicating service users must be reminded of the risks to others if medicines are left lying around. The risk to others should be taken into consideration when deciding if a service user is able to self-medicate.</p> <p>The care worker must report to their line manager if there is a change in the service users' capacity to self-medicate and is requiring more assistance with their medication.</p> <p>The line manager will ensure a review of medication care.</p>
<p><b>Prompting</b></p>	<p>The service user requires minimal help to self-medicate and maintain their independence.</p> <p>The service user must have the capacity to direct the care staff and instruct them on what to do.</p> <p><b>What tasks are considered "prompting"?</b></p> <p><b>Physical assistance</b> – manipulation of a container e.g.: opening a bottle of medication at the request of the service user, the lid should not be removed by the care worker. Passing the medication, still within the original packaging, at the request of the service user.</p> <p><b>Verbal Prompts</b> – reminding a service user to take the Medication.</p> <p>The care worker must report to their line manager if the service user is requiring more assistance with their medication.</p> <p>The Line Manager will ensure a review of medication care.</p>
<p><b>Administration by care staff</b></p>	<p>Care staff are administering when they are taking responsibility for confirming that they have selected the right medication, for the right person, have selected the right dose at the right time and given via the right route or method, and have observed the medication has been taken.</p> <p><b>Administration may include some of the following:</b></p> <ul style="list-style-type: none"> <li>Supervised self-medication for administration</li> <li>Administering oral medication including tablets, capsules and liquids (including controlled drugs)</li> <li>Measuring out doses of liquid medication.</li> <li>Administering inhaler devices</li> <li>Administering Warfarin</li> <li>Applying external medicated creams/ointments/gel/lotions</li> <li>Applying transdermal patches (including controlled drugs)</li> <li>Applying medication to the eye, nose or ear.</li> </ul>
<p><b>Specialist Administration</b></p>	<p>All specialist administration tasks are normally administered by a health care professional. However, if appropriate a health care professional may delegate these tasks to the care staff provided the health care professional provides specialised training and is satisfied that the staff are competent to carry out these tasks.</p> <p>The health care professional must provide full instruction in the service user requirements and care plan. A copy must always be kept with the service user and a copy held at the office. A renewal</p>

	<p>date for training or competency assessment must be clearly indicated in the instructions.</p> <p><b>Specialist techniques may include, but are not limited to, some or all of the following:</b></p> <p>Administration through a Percutaneous Endoscopic Gastrostomy (PEG)</p> <p>Giving oxygen</p> <p>Buccal route administration</p> <p>Giving medicines via a nebuliser</p> <p>Simple dressing</p> <p>Administration of oral Cytotoxic medications</p>
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**NOTE: Local Authority policies often refer to levels of care by a NUMBER and these vary with each Local Authority and within different regions of the country please refer to your local authorities policies.**

### Administration of Medication

Care workers will only administer medication from individual pharmacy dispensed containers or professionally filled and sealed monitored dosage systems (sometimes called a blister or NOMAD pack). These will be dispensed by the pharmacist and prescribed to the service user.

All appropriate personal hygiene and infection control precautions must be taken.

The person administering the medication **must** undertake the following:

- Check the care plan and MAR Chart
- Check the Service User logbook or care notes – ensuring that the medication hasn't already been administered
- Check the identity of the person to whom the medication is to be administered
- Check that the name, form, strength and dose on the medication label corresponds with the MAR chart and only administer in accordance with the prescriber's instruction.
- If the label is unclear or missing the care worker must contact office for further advice – DO NOT GIVE
- Check the date
- Liquid medication pharmacy bottle (glass or plastic) must be administered within 1 year of dispensing
- Monitored Dosage System (MDS) the date of administration is within 8 weeks of the date of dispensing
- Record the date of opening on any medication with a short expiry date: such as eye drops, ear drops and creams
- Administer the medication according to the information on the MAR chart, using the "no touch" technique, into an appropriate clean container
- Provide a drink of the service users choice and witness that the service user has taken the medication;
- Record the administration of medication on the MAR Chart.

### **The person administering the medication must not:**

- Leave medication unattended. Staff may only leave medication for a service user to take later where the care plan explicitly states this.
- Administer medication by injection without specialist training
- Attempt to administer medication if a service user refuses it. Disguise medication in food or drink.
- Give medication with alcohol or to a service user who may have consumed alcohol without seeking medical advice
- Crush tablets, open capsules or use pill cutters without authorisation from GP and written within the assessment paperwork
- If the service user is unable to swallow tablets or capsules this should be discussed with your Line Manager who will contract the appropriate professionals.

### **Administration of creams, ointments, lotions and gels**

Treatment in the form of medicated creams, ointments and gels should be applied only if

- they are prescribed and you have the prescriber's instructions.
- The medication to be applied and instructions are on the MAR Chart
- All containers must be dated on the day of opening.
- All treatments should be recorded on the MAR Chart.
- A change of gloves is required for each separate application.
- The transdermal patch application site record must be used where applicable or a body map to indicate where the patch has been applied.

### **Body Map usage**

A body map should be completed to indicate where the prescribed cream or ointment should be applied.

### **Note**

It is not necessary to seek advice to administer non-medicated creams and ointments (e.g. moisturisers, cocoa butter - check with a pharmacist to see if a cream/ointment is considered a moisturiser). Application of non-medicated creams and ointments should be recorded in the care notes.

### **Administration of eye and ear drops**

- All drops must be dated on the day of opening.
- Drops must be stored appropriately (i.e., in the fridge if the label states "keep refrigerated")
- Drops must not be used 28 days after opening
- All treatments should be recorded on the MAR Chart

### **Administration in Shared Care Settings**

If we are providing care alongside another care provider, we will work with them to ensure safe practices in the administration of medication and to ensure continuity of care to the service user. Each provider will be responsible for the actions of their staff.



### Administration of When Required Medication (PRN)

If people are prescribed PRN medication, a clear instruction on when and how this type of medication should be given must be included in the PRN 'when required' Medication Protocol. There must be one Protocol per medication per Service User.

All staff administering medication must be following these guidelines;

- The staff member will ensure that consideration is given to the Service User's capacity to refuse medication. When providing staff with information about the Service User, the needs of the Service User will be identified, e.g., if signs of pain are expressed in a non-verbal way.
- If a PRN medicine is administered on a regular, rather than an occasional basis (best practice is no more than 3 days), a referral to the prescriber will be considered for a review of the Service User's medication. This action must be clearly recorded in the Service User's Log Book or care notes.
- Should the PRN medication not have the expected effects, the prescriber will be contacted. This action must be clearly recorded in the Service User's Log Book or care notes.
- All PRN medication that is prescribed must give details of a maximum of how much and how often a medication can be administered.
- There will be an up-to-date MAR recording all doses and times that the medication has been administered.
- We will administer PRN medication from the original packaging and will not administer PRN medication from a monitored dosage system.
- A record will be made to evidence whether the Service User was offered the medication, the reason it was offered and if it was accepted or refused. If refused the PRN MAR sheet does not need to be signed but the reason for refusal must also be noted in the Log Book or care notes. The medicines should be offered in a person-centred manner.
- Make a record of the exact time and the amount of medicine given. The PRN Protocol below will detail the circumstances when the medication is or is not required. Staff will be able to explain why the medication is required.
- A body map will be present to indicate where to apply topical or patch medication if required
- A Controlled Medication Stock Chart will be present for any medication that requires a stock count to be taken

### Administration of Warfarin outside of a Blister Pack

Service users who are prescribed an anti-coagulant drug such as Warfarin may have an "Oral Anticoagulant Pack".

- Care workers need to find out the dose that is due.
- Check the MAR Chart this will tell you how to find the dose to administered
- There will either be a yellow anticoagulant book, a blue card from the hospital or another instruction. This will indicate the dose to be given.
- Administer to the service user with a drink of their choice. Mark the MAR Chart accordingly
- Record in the care notes date, time and dose of Warfarin given

If unsure seek advice from your Branch.

Warfarin Tablets are dispensed in the following Strengths:

- 0.5mg (500 micrograms) White
- 1mg - Brown
- 3mg - Blue
- 5mg - Pink



### Recording of Medication

We must ensure we maintain accurate information about people's medication care and the administration of their medication. All recording of medicines should be in line with the medical needs of the individual, the issuing pharmacy, the prescriber, SOS Homecare policy and/or Local Authority guidance.

### Maintaining records about the service user

- The care plan must detail the care the service user requires and where the medication is stored.
- If the care worker is to administer medication a MAR chart must also be in the care plan
- If the service user has PRN medication it should be recorded on the MAR chart

### Medication Administration Chart

MAR Charts should either be issued from the pharmacy or from the office. They should have all the information printed on it with regards to the service user prescribed medication (name, strength, form of the medication, frequency, route).

Senior Carers/Managers are responsible for ensuring that all of the medication is recorded on the MAR chart and a new MAR chart is available at the beginning of every month.

The MAR Chart will detail:-

- Name of the service user
- Every medication to be administered, including
  - Dose
  - Time
  - Route
- Special instructions

### Administration Recording

Care worker must initial in the appropriate place for every medication that is given.

If the medication is not administered the care worker must write the appropriate agreed abbreviation (found at the bottom of the MAR Chart).

Full details of why the medication was not administered must be recorded in the care logbook.

Abbreviations are **not** to be used in the service user logbook or care notes. All records to be written clearly, or electronically.

### **Refusal of medication**

It is an individual's right to refuse medicines. The general consent given by a service user does not give a care worker the right to administer medication against a service user's wishes.

In the event of the service user refusing, care workers must:

- Record the reason for refusal in the care notes,
- Record with the appropriate code on the MAR chart (paper documentation only).
- Report to the office / on call

The Registered Manager is to ensure that the prescriber is made aware of repeated refusals.

### **Recording Changes to the MAR Chart**

There may be times that the prescriber requests changes to be made to someone's medication; this can come about for several reasons, such as changes to their health, or a change to their drug regime. The Office must be informed of all changes and the following action should be taken:

- The MAR Chart must be amended within 24 hours.
- A record of the changes must be made on the service user's logbook or care notes
- The Manager must make sure all the care staff are made aware of the changes and any care plans are put in place or updated to reflect the changes.

When adding medication/making changes to a MAR Chart the care worker must:-

- Carefully write word for word from the label to the MAR Chart
- Clearly state in the logbook or care notes, that they have copied word for word, like for like.
- Inform the line manager.
- The Manager must make sure all the care staff are made aware of the changes and any care plans are put in place or updated to reflect the changes

### **Verbal orders to change a MAR Chart**

Verbal orders are only accepted in the following exceptional circumstances.

- A verbal order to change medicines must come from the prescriber.
- Care staff must contact the line manager if they are given a verbal order from GP.
- Verbal orders must be supported by written confirmation; this must be via email or a letter and must be obtained within 24 hours from the prescriber's verbal orders.
- The Manager must make sure all the care staff are made aware of the changes and any care plans are put in place or updated to reflect the changes.

### **Cancelling items of medication on a paper MAR Chart**

When an item of medication is stopped, this should be crossed out by a single line drawn across the prescribed medication to make it clear that it has been stopped. The former record should still remain legible.

Care staff should sign and date the cancellation and make a reference in the service user notes

and on the back of the MAR chart explaining why the item was stopped. Care staff must contact the office to inform them of the change

## **Ordering, Collecting and Receiving Medication**

### **Ordering of prescriptions**

If it is identified at the assessment stage that SOS Homecare are responsible for ordering prescriptions and/or collecting from the GP practice / community pharmacy, then this must be documented in the care plan. This must include the criteria for reordering ensuring the service user does not run out of medication.

### **Collecting of Medication – Community based services**

Wherever possible, medication should be obtained by the service user or family member/friend.

In the circumstance that there are no family members, friends or representatives, a member of SOS Homecare staff may take a prescription to the pharmacist and collect the medication on behalf of the service user. When collecting medication from the pharmacy, this would need to be done by two members of staff.

Medication collection must be clearly stated in the service user care plan.

The members of staff must ensure that the dispensed medication is collected from the pharmacy and returned to the service user on the same day.

The members of staff must record in the service users' log book what medication they have collected.

### **Disposal of Medication General best practice:**

Unwanted medication **MUST NOT** be used for anyone else.

Unused/unwanted/or out of date medicines must be clearly marked and segregated from the rest of the service users' medication and must be returned to the supplier.

Where syringes and needles are used by GPs or other health professionals, they should be safely disposed of by the person themselves. Syringes and needles should be placed in a rigid sharps box and disposed of in accordance with local clinical waste disposal arrangements.

If tablets and capsules get dropped, care staff must dispose of these. It may be impractical to expect care workers to visit a pharmacy each time to return a single tablet or capsule (for example if a service user refuses or medication is dropped). In these circumstances care staff can ask pharmacy staff for an empty tablet bottle to keep wasted doses in. This bottle should be labelled by the care staff with "waste medicines" and a record of the unwanted medicines should be maintained and returned to the pharmacy on the next available occasion.

### **As well as the general best practice, the following must be adhered to:**

If a service user self-medicates, then the responsibility for disposing of medication rests with

them or their carer/relative to make arrangements, for the return of all unused medication to the pharmacist.

If there is no pharmacy bottle to store waste medications then carers should find a suitable container, mark it as waste medication, and record where it is stored in the care plan. It may be necessary to store the container out of the reach of the service user.

Under no circumstances may unused medicines be disposed of in the refuse bin or by any other means as this contravenes the Environmental Protection Act.

### **Medication Errors and Incidents**

In the event of an error occurring, every employee has a duty and responsibility to report this **IMMEDIATELY** to their manager/on-call/Registered Manager. This also applies to near misses and errors that care staff identify but have not made themselves - this could include errors made by other care staff, prescribers and pharmacists.

Care workers must immediately report any error or incident in the administration of medicines to their line manager/out of hour's service who will then contact the GP or pharmacist as appropriate. If this occurs out of hours, then NHS Direct can be contacted.

The Registered Manager is responsible for ensuring that all medication errors are investigated and dealt with in a constructive manner. The Registered Manager must ensure that there is a clear record detailing an account of the incident; an assessment of risk; and the immediate actions taken. For example: changes to a care plan or MAR chart, reassessment of staff competency.

The Registered Manager must keep a central record of any medication errors; act upon any apparent trends and use the data to inform training sessions/staff competency and the effective implementation of the incident and medication policy.

When an incident occurs that could have caused potential harm or actual harm to the person the Registered Manager must always notify any external agencies, contractual or regulator bodies. A safeguarding alert must also be raised.

### **Adverse Effects**

There are a range of side effects that people may experience when taking medication. Unfortunately, there are occasions when people may suffer a severe or adverse reaction to the medication they are taking. If this occurs the prescriber or relevant health professional should be consulted immediately.

If there are immediate concerns and it is suspected that a medicine or herbal remedy has caused an unwanted side effect then immediately call 999 and explain what you think might have caused the side effect.

A record of observations must be maintained in the service user logbook.

## Safe Storage of Medication

- Medicines must be stored in the container supplied by the dispensing pharmacist. This will be correctly labelled and suitable to keep the medicine in a good condition.
- The service user should be advised to store medicine in accordance with the medicine and manufactures' instructions.
- The medication should be kept together in a secure place of safety that is known and accessible to the service user if appropriate. If this is not appropriate, medication must be kept in a safe place where it is only accessible to family, care workers and other healthcare professionals.
- The location of medication should be agreed and noted in the service user care plan and in the risk assessment documentation.
- Medicines should not be stored near food, radiators, or areas of high temperature or humidity.

As well as the general best practice, the following must be adhered to:

Where medication needs to be refrigerated, a separate, preferably sealed container or part of the refrigerator, which can be isolated, may be used for the safe storage of medication.

## Controlled Drugs

The Misuse of Drugs Act 2001 controls the availability of drugs that are considered sufficiently 'dangerous or harmful' with a potential for misuse. These drugs are termed Controlled Drugs (CDs) and it is a criminal offence to possess, possess with intent to supply or administer these drugs without authorisation.

### **A controlled drugs register is not required in the Homecare setting.**

Details of administration should be recorded on the MAR chart and in the care notes. However wherever two staff deliver care (e.g. for moving and handling purposes) they should both witness the administration of a controlled drug and sign the log book to confirm that this has taken place.

## Monitoring of controlled drugs

To minimise the risk of misuse it is essential for stock levels of controlled drugs to be checked daily. Senior Carers/Managers must ensure that a Controlled Medication Stock (CMS) chart is completed for any service user where staff are responsible for administering controlled medications if categorised in the appropriate schedules. The Chart will detail:-

- Name of the service user
- Every controlled medication to be administered

The CMS Chart will be completed at every call with the current stock level of each controlled medication. To avoid confusion, the stock level should be checked and recorded *prior* to administering medication. Changes in stock levels will be explained using the appropriate abbreviation from the bottom of the chart. Care workers must report any discrepancy/missing drugs immediately to the line manager/on-call staff, who will follow the procedure below.

The CMS Chart will be audited monthly, or weekly for branches with electronic recording, and cross referenced with the corresponding MAR chart and other relevant records.

### **Controlled Drugs Going Missing**

If controlled drugs go missing, care workers must

- Report this to the line manager / on-call staff immediately who will take the necessary action and if required, after discussion, inform the Police.
- Complete an accident incident report form

Registered Managers must:

- inform the Health Care Professional/GP and pharmacist
- inform the Local Authority and the Care Quality Commission
- inform the Operations Director
- record all information on Care Planner
- arrange for secure storage where appropriate

### **Disposal of controlled drugs**

Controlled drugs that are no longer required should be returned to the pharmacy for disposal. This should be discussed with the pharmacist in advance.

### **Retention of Records**

Medication records are stored and archived for 7 years.

### **Audit**

The Registered Manager is responsible for ensuring that audits of MAR Charts and systems are carried out to ensure the processes continue to comply with regulations, standards, and legislation. A minimum of monthly would be seen as appropriate, however this should be risk assessed and may be carried out more frequently depending on several factors such as: size and type of service, skills, experience and consistency of staff team, frequency, type, and seriousness of any medication errors.