NursingDirect

REFERENCE NUMBER OF DOCUMENT:	11.2.348.07
COMMITTEE IDENTIFICATION:	Galago Directors
SECRETARIAT:	MS
DOCUMENT TYPE:	External Policy
DOCUMENT LANGUAGE:	E
THIS POLICY IS FOR:	All Staff including Agency Workers (temporary workers), Commissioners and Service Users

COMPREHENSIVE MEDICATION MANAGEMENT

COMPREHENSIVE MEDICATION MANAGEMENT POLICY

CONTENTS

INTRODUCTION

Nursing Direct's Comprehensive Medication Management Policy and Procedure covers the following individual, specific medication policy, and procedures:

1. Administration of Medication
2. Controlled Drugs
3. Covert Medication
4. Medication Errors and Near Misses
5. Ordering and Collecting Prescriptions
6. Storage of Medication
7. Safe Disposal of Medication

Nursing Direct's medication policy and procedure outlines key points and responsibilities regarding medication management. This policy and procedure must be used with any local medication policies or procedures, when required.

1. ADMINISTRATION OF MEDICATION

1. PURPOSE

1.1 To ensure that Service Users are safeguarded by the systems put in place regarding the administration of medication and to set minimum standards of practice that are adopted by all Staff including Agency Workers involved in the administration of medication.

1.2 To ensure that there is a clear policy and procedure at Nursing Direct for Service Users who are unable to administer their own medication and who require assistance with medication from all Staff including Agency Workers.

1.3 To support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements as set out by the Care Quality Commission (CQC).

1.4 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Human Rights Act 1998
- Medical Act 1983
- Medicines Act 1968
- The Human Medicines Regulations 2012 Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Misuse of Drugs Act 1971 (Amendment Order 2024) The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
- Data Protection Act 2018 UK GDPR

2. SCOPE

2.1 The following roles may be affected by this policy:

- Registered Manager
- Other management
- All Staff including Agency Workers

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS/ ICB

3. OBJECTIVES

3.1 To maintain the health, safety, and independence of Service Users by supporting them to take prescribed medication at the correct time and in the correct way, as part of an individualised plan of Care.

3.2 To provide a safe framework for all Staff including Agency Workers to work within when assisting the Service User with medication, reducing the risk of medication errors or incidents preventing unnecessary admissions to hospital.

3.3 To ensure that all Staff including Agency Workers are trained, competent and work within their code of conduct to give medicines to Service Users when required.

3.4 Following assessment, Service Users receive appropriate support and encouragement to manage their own medication as independently as possible, if they wish, without putting themselves or others at risk.

3.5 All Service Users who require medication, receive their medication safely. Administration is based on evidence-based best practice and national recommendations, delivered by competent and confident Staff including Agency Workers who understand their responsibilities and follow best practice, reducing the risk of medication errors and incidents.

3.6 All Staff including Agency Workers adopt a person-centred approach by engaging with the Service User or their advocate in decisions about their medicines. This encourages Service Users to take their medicines as prescribed.

3.7 All Staff including Agency Workers are clear on their responsibilities and promote Service User self-medication (where possible) both at and outside their own home.

4. POLICY

4.1 **Policy Statement**

4.1.1 Nursing Direct aims to provide safe and reliable care in relation to medication administration that maximises the Service User's choice and independence.

4.1.2 Service Users are treated as individuals and, at all times, due consideration is given to their age, beliefs, opinions, experience, ability, cultural needs, and any other factors important to them.

4.1.3 Nursing Direct recognises the importance of all Staff including Agency Workers training and supervision and ensures that all Staff including Agency Workers involved in the administration of medication are well trained, competent, and confident to perform the activities within the remit of their roles.

4.1.4 Service Users are fully involved in the management and administration or decisions regarding their individual medication.

4.1.5 Service Users are fully involved, where possible, in decisions regarding their individual medication, and its purpose.

4.2 **Self-Administration and Medication Support**

4.2.1 All Staff including Agency Workers at Nursing Direct should assume that a Service User can take and look after their medicines themselves (self-administer) unless the Care Plan has indicated otherwise.

4.2.2 Self-Administration:
- Can improve Service User satisfaction
- Encourages independence and self-care
- Can prepare Service Users for discharge

Nursing Direct is responsible for assessing and agreeing on the level of medication support required and ensuring that the appropriate record keeping and training needs are met.

4.3 **Safe Administration of Medicines / The 'RIGHTS'**

4.3.1 All Staff including Agency Workers who administer medication must be familiar with the Professional Guidance on the Administration of Medicines in Healthcare Settings from the Royal Pharmaceutical Society (RPS) 2019.

4.3.2 All Staff including Agency Workers administering medication should have a sound knowledge of the medicines they are administering, including therapeutic use, usual dose, side effects, precautions, contraindications. If they do not have this knowledge, they should not administer and should seek advice from the clinical hub at Nursing Direct.

4.3.3 There are a number of 'Rights of Administration' associated with medicines administration medicines administration; the 5 rights, 6 rights, 7 rights, 8 rights, 9 rights and 10 rights. They all outline the key principles for administration of medicines.

4.3.4 For this policy we will use the 6 rights of administration as outlined by the National Institute for Heath and Care Excellence (2014) and referred to by CQC (2022).

- Right Service User
- Right medicine
- Right route
- Right dose
- Right time
- Service User's Right to refuse.

4.4 **Routes of Administration**

4.4.1 The oral route is the most frequently used route for medication administration, however other routes are used for various reasons

4.4.2 It is the responsibility of Nursing Direct to ensure that all Staff including Agency Workers who administer medication are trained and competent to administer medication via the routes prescribed.

4.4.3 All staff including Agency Workers complete online medication training followed by face-to-face training and are only permitted to administer medication when signed off as competent. The training is reviewed at least annually to ensure the information given is evidence based and the most up to date

4.5 **Medication Administration**

4.5.1 All Staff including Agency Workers administering medication at Nursing Direct must be appropriately trained, assessed as competent and meet relevant professional and regulatory standards and guidance.

4.5.2 All Staff including Agency Workers should only administer medicines that they have been trained to give. The Department of Health (2016) state this will generally include:

- Oral Route - tablets capsules, liquids
- Creams and ointments
- Inserting drops into eyes, ears, nose
- Inhaled medicines

4.5.3 Any Staff including Agency Workers accepting the task of administering medication must take responsibility for ensuring their actions are carried out carefully, safely, and correctly.

4.6 **Delegation of a Specialised Technique**

4.6.1 Both CQC and the Department of Health describe the administration of medicines by invasive or specialised techniques, such as injections (including Insulin) or medication via a feeding tube as clinical tasks and normally the role of a Registered Nurse.

However, a Registered Nurse can delegate the administration of these medicines to a suitably trained and competent senior Care Support Worker as long as it has been deemed in the best interest of the Service User.

4.6.2 Care Support Workers will:

- Need extra and more specific training and competency checks before undertaking these routes of administration
- Receive supervision and support
- Understand the delegated task fully Understand their limitations
- Know when and how to seek help and escalate concerns
- Be comfortable in carrying out the tasks safely and correctly
- Know what to do if the Service User refuses their medicine
- Be monitored to ensure required standards are met

4.6.3 One senior Care Support Worker is not authorised to delegate to other senior Care Support Worker.

4.6.4 Nursing Direct understands that within its duty of care, as a provider, Nursing Direct may only accept this responsibility when they have, and can evidence that they have, sufficient numbers of Staff including Agency Workers trained in the way described above to meet the Service Users requirements for all days of the year and with all applicable visits.

4.7 **Consent**

4.7.1 Before medication is administered to any Service User, formal consent must be obtained. Staff including Agency Workers will follow the Mental Capacity Act (MCA) 2005 Policy and Procedure at Nursing Direct.

4.7.2 Where a Service User is unable to give valid consent due to mental incapacity, best interest meetings will take place and, where it is agreed that it is the best interest of the person, including their medical interests, that the medication is administered, then formal authorisation for medication administration will be obtained and evidenced in the Service User's Care Plan and medication records.

4.7.3 Medication must not be used as a form of restraint to sedate people for the convenience of the Staff including Agency Workers. This is abuse and a breach of human rights.

4.7.4 This policy should be read in conjunction with the Deprivation of Liberty in Community Settings Policy and Procedure. This will ensure that consideration is given to mental capacity and whether the mediation may constitute a deprivation of liberty.

4.7.5 Nursing Direct will ensure that all Staff including Agency Workers do not administer medicines to a Service User without their knowledge (covert administration), if the Service User has capacity to make decisions about their treatment and care, as per the Covert Medication section within this Policy and Procedure.

4.8 **Timing for Administering Medications**

4.8.1 The Registered Manager, health professional prescribing the medicine and pharmacist should agree with the Service User the best time for the Service User to take their prescribed medicines.

4.9 **Medicine Supply Systems**

4.9.1 The two widely used systems to provide medicines to Service Users are:

- Original packs
- Monitored dosage systems (which may be single-dose or multi-dose)

The Royal Pharmaceutical Society (RPS) and National Institute for Health and Care Excellence (NICE) have both said that multi-compartment compliance aid (MCAs) sometimes referred to as a monitored dosage system (MDS) or Blister Pack, should not be the first choice to help people manage their medicines.

They recommend the original packs of medicines as the preferred choice for the supply of medicines in the absence of a specific need for a Monitored Dosage System.

All Staff including Agency Workers including Workers administering medication must be trained and competent to use systems adopted at Nursing Direct for medicines.

4.10 **Medicines Administration Records**

4.10.1 Nursing Direct is required to keep appropriate records of all medicines prescribed and administered to Service Users. This is required under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

4.10.2 Medicines administration records, also known as MARs or EMARs are for recording the administration and non-administration of medicines. This includes all prescribed medications for the Service User, such as tablets, dressings, creams, and medical devices.

4.10.3 Medication administration records can be:

- Paper-based
- Electronic

4.10.4 Pharmacies supplying medicines to Service Users should produce medicines administration records wherever possible. (NICE 2014)

4.10.5 If Nursing Direct produces its own medicines administration records, there should be a process in place to check that the details are correct for all entries made on the record and that these are signed by a second medication trained and competent Staff including Agency Workers including Agency Worker before use.

4.10.6 Where electronic MAR are used, these must comply with data protection regulations and clearly demonstrate which Agency Worker has made the entry.

4.10.7 All Staff including Agency Workers should refer to the Ordering and Collecting Prescriptions Policy and Procedure.

4.10.8 All Staff including Agency Workers should ensure that all information included on the Service User's MAR is up-to-date and accurate. Where appropriate, all Staff including Agency Workers should contact the Service User's GP or supplying pharmacist to do this.

4.10.9 Medication administration records should be retained by Nursing Direct for at least 8 years after the Service User's care ended with Nursing Direct.

4.11 **Controlled Drugs**
The administration of controlled drugs (CD's) is covered in the Controlled Drugs Policy and Procedure.

4.12 **Oxygen**
The administration of oxygen is covered the in the Oxygen Use Policy and Procedure.

4.13 All Staff including Agency Workers should be able to access up-to-date information about medicines, including:

- Medicines and Healthcare products
- Regulatory Agency
- NHS choices Patient.co.uk
- British National Formulary (BNF)

4.14 **Registered Manager**
The Registered Manager will keep an up-to-date list of all Staff including Agency Workers who are trained and assessed as competent to administer medicines. This list should be easily accessible.

5. PROCEDURE

INDEX

5.1 **Routes of Administration**
There are different routes available to administer medication, these include:

- Oral Route - Tablets, capsules, liquids
- Sublingual / Buccal:
  - Sublingual - The tablet or spray is placed under the tongue
  - Buccal - Placed between gums and the inner lining of the cheek
- Topical Route:
  - Creams, ointments
  - Transdermal - Patch
  - Inhalation Route - Inhalers, nebulisers
  - Injections - Subcutaneous
  - Rectal - Suppository or liquid (enema)
  - Vaginal - Pessaries
  - Via enteral feeding tubes (Administration of medication via a PEG is covered in the Enteral Feeds and PEG Support Policy and Procedure)

Staff including Agency Workers should only administer medicines via the routes that they have been trained and demonstrated competency to give.

The Department of Health (2016) state this will generally include:

- Administering tablets, capsules, oral mixtures
- Applying a cream/ointment
- Inserting drops to ears, nose, or eyes
- Administering inhaled medicines

Procedures for administering medication via various routes other than oral can be found in The Royal Marsden Manual of Clinical Nursing Procedures.

5.2 **Medicine Administration Records - (EMAR or MAR)**
Nursing Direct should ensure that MARs include:

- A section with the Service User's full name, date of birth, GP, and allergies
- Details of any medicines the Service User is taking, including the name of the medicine and its strength, form, dose, how often it is given and route it is given
- Known allergies and reactions to medicines or their ingredients, and the type of reaction experienced
- When the medicine should be reviewed / monitored / stopped if applicable
- Any special instructions about how the medicine should be taken (such as before, with or after food)
- A copy of an example paper MAR chart can be found in the Forms section of this policy

A front page or section with the Service User's full name, date of birth and weight (where appropriate, for example, frail older Service Users), a photo for identification and any instructions, such as how the Service User likes to take medication, is good practice.

Medicines administration records should:

- Be legible and written in black ink (if not using EMARs)
- Be signed by the Staff including Agency Workers
- Be clear and accurate
- Be factual
- Have the correct date and time
- Be completed as soon as possible after administration
- Avoid jargon and abbreviations
- Be easily understood
- Be treated as confidential and stored as such
- Have any mistake corrected with a single line through the text, accompanied by a signature, date and time, never use correction fluid (if paper)

Good practice is to have as much supportive information as possible on the MAR in relation to administration, such as:

- Medicines at specific times of day, for example, for time-critical medicines
- Medicines on specific days or dates, for example, medicines for weekly or monthly administration
- Accurate description of medicines if supplied in a monitored dosage system
- Maximum doses of medicines prescribed 'when required' or 'as directed,' including indication for use
- Special handling requirements of medicines, for example, cytotoxic medicines
- Duration of treatment, if appropriate

Some medicines may also require a separate administration record:
- Warfarin or Insulin Administration Chart, (where a variable dose can be recorded)
- Emollient or other topical cream record chart
- Transdermal Patch Application Record

When a medicine has a separate administration record, Staff including Agency Workers should add a cross-reference to the MAR for example, 'see warfarin administration record'.

Staff including Agency Workers Signature Sheet:
If using paper MARs, the Clinical Team should ensure there is a Specimen Signature Sheet completed by all Staff including Agency Workers who are trained to administer medication.

5.3 **Pharmacy Labels**
The Service User's medication supplied by the pharmacy will have a pharmacy label attached, this label should contain the following information:

- Service User's name
- Pharmacy name and address
- Date of dispensing the medication
- Medication name and strength
- Medication dose and frequency
- Any special instructions

Staff including Agency Workers that administer medication must ensure it is administered according to the pharmacy label. Staff including Agency Workers should not administer medication if the label is illegible or the instructions are not clear.

5.4 **The 6 Rights of Medication Administration**
Staff including Agency Workers administering medication to Service Users must follow the 6 Rights of Medication Administration:

RIGHT Service User:
- Medicines must only be administered to the Service User they have been prescribed for
- The identity of the Service User must be confirmed and checked with the name on the MAR and by asking the Service User to confirm their name
- A photograph not less than 6 months old must be on the MAR is best practice

RIGHT Medicine:
- Check the name of the medicine is the same on the pharmacy label of the medication and on the MAR
- Check the form and strength of the medication is the same on the pharmacy label of the medication and on the MAR
- Staff including Agency Workers should be aware of medicines that can be confused with others, as the name may sound or look alike
- Double checking when administering is important

RIGHT Dose:
- The dose of the medicine will be on the MAR and the medicine label, check these are the same
- If there is any discrepancy between the dose on the MAR and that stated on the label, advice must be obtained from the GP before the medication is given
- Staff including Agency Workers must ensure they measure the correct dose before administration to the Service User

RIGHT Route:
- Some medicines can be administered via multiple routes
- The correct route must be checked on the MAR and pharmacy label before administration

RIGHT Time:
- Medication should be given at the time indicated on the MAR
- If medication is administered more than one hour either side of the time stated, advice may need to be sought from the Registered Manager/GP before administering
- Staff including Agency Workers must check if the medicine has to be taken before or after food
- Right day; some medicines are prescribed alternate days or weekly
- Consideration must also be given to times of previous doses administered

RIGHT to Decline:
- Service Users must consent to take their medication
- Staff including Agency Workers must not force Service User to take medication
- Staff including Agency Workers must not covertly administer medication without assessment of the Service User's mental capacity and the relevant best interest decisions, involving the multidisciplinary team
- Staff including Agency Workers should refer to the Covert Medication Policy and Procedure at Nursing Direct

Staff including Agency Workers should also consider the:

RIGHT Record:
- MARs are the formal record of administration of medicine; they should document what is:
  - Received
  - Currently prescribed
  - Given
  - Disposed of

RIGHT Result:
- After administering the medicine watch for any adverse reactions
- Is the medicine working the way it should

5.5 **Reducing Risk**
In order to reduce the risk for medication errors as the result of distractions, The Registered Manager should ensure that Staff including Agency Workers receive thorough support and guidance that highlights the importance of carrying out medication related tasks slowly, thoroughly and at a suitable time during the visit with a Service User.

5.6 **Equipment**

Medication Pots:
In community settings the pharmacy will often provide reusable medication pots.

- They should be decontaminated and dried after each use. Either in a dishwasher, or with washing up liquid and hot water
- Medicine pots must be dried immediately after cleaning and must not be stored wet or damp. Paper towels can be used for this purpose, but not a fabric towel
- After cleaning and drying, the medicine pots must be stored in a clean cupboard
- Medicine pots will be discarded if they start to show signs of wear and tear

Medicine Spoons:
- Plastic, single use
- ml or 5/2.5ml

Oral Syringes:
- These are purple in colour
- Should be used with a stopper

5.7 **Preparing to Administer Medication**
Staff including Agency Workers must refer to the Service User's Care Plan for specific detail regarding medication administration for each Service User.

Check where the Service User's medication is stored before starting medication administration.

Staff including Agency Workers should not remove medication that requires refrigeration from the fridge until immediately prior to administration (unless it needs to reach room temperature prior to administration).

Wash hands with soap and water at beginning and end of medication administration.

Equipment:
- Medicine pots, medicine spoons, tablet cutter
- Gloves
- Clinical waste bag (if applicable)
- Paper and pen
- MAR
- Water

5.8 **Procedure for Administering Medication**
Nursing Direct will ensure that all Staff including Agency Workers are trained to record what they do when they do it. As medicines are administered, if verbal reminders or physical assistance is provided, it must be recorded immediately and signed for by the person providing the medication support.

If providing physical administration support with medication
- Wash your hands
- Check the MAR front record for the Service User's identity, allergy status, and special instructions
- Check how the Service User likes to take or have their medication administered:
  - From the pot
  - From a spoon
  - From a syringe (liquid)
  - Tipped into their hand (tablets, capsules)

- Check the Service User consents to have their medication. Where the Service User lacks capacity, check that a best interest decision is in place
- Position the Service User comfortably so they can swallow the medication if required
- Check the MAR:
  - Date and time of the dose due and the previous dose
  - Medicine name, dose, form, and route of administration
  - Duration/frequency of therapy
  - Prescribed dose as not already been given and signed for
  - Maximum dose of a variable 'as-required' prescription is not exceeded
  - Medication has not been changed
- Check any additional charts for administration:
  - Warfarin
  - Topical application charts (creams and patches)
  - If there are any concerns regarding the MAR, if it is unclear, DO NOT GIVE. Seek advice from the Registered Manager or GP
  - Select the correct medicine for administration
  - Check the medication due on the MAR against the medication label or MDS following the Rights of Administration
  - If boxed medication, check the strip inside the box also matches against the MAR
  - If the medicines label and MAR do not appear to match, then advice should be sought from the Registered Manager before administration
  - Check the expiry date
  - Check any special instructions on the dispensing label If running stock balance is recorded:
- Count the medication in the box, check this against the previous day/dose balance. If it is not correct, seek a medication trained Staff including Agency Workers member to double check. Report a possible medication error to the Registered Manager
- Check the required dose due
- Select, prepare/pot the medication due; avoid touching oral medication:
  - Liquid medication should be prepared in separate pots or syringes; you should never mix different liquid medication together in the same pot or syringe
- If the medicine requires preparation (e.g. reconstitution or dilution), the Staff including Agency Workers must ensure that they are aware of the correct method for preparation, that appropriate diluents are used and that the expiry dates of prepared products are considered

Multi-compartment Compliance Aid
For Service Users who have their medication issued from the pharmacist in a multi-compartment compliance aid, the Staff including Agency Workers must ensure that the medicines match the descriptions outlined on the pack.

It is good practice to write the date and time of day the pack was started to ensure that all Staff including Agency Workers are aware how many slots should remain.

Staff including Agency Workers should not tip the medicines out from the box to avoid losing medication from another slot that could be loose. Instead, they should use a spoon to remove the medication from the slot.

Administering Medicine to the Service User:
- For oral medication, ensure the Service User is sitting upright if possible
- Oral medicines should be swallowed with plenty of water, at least half a glass
- Support the Service User with taking the medication
- Check that the medication has been taken
- Administer any other medications (creams, eye drops, inhalers)
- Medicines must never be left with the Service User to take later
- Dispose of used equipment in a clinical waste bag if appropriate
- Dispose of the medicine pots, syringes according to local policy
- Clean your hands

Documentation:
Staff including Agency Workers should record the medicines support given to each Service User, whether this be prompting or reminding people to take their medicines, helping remove medicines from packaging or administering some or all of the Service User's medicines.

- Immediately after administering the medication, Staff including Agency Workers must sign the MAR to record that the medicine has been given and taken by the Service User
- Refer to section 5.17 for more information on the refusal of medication process at Nursing Direct
- Running Stock Balance where appropriate:
  - Recording a running stock balance on the MAR - aids in the audit trail
  - If recording a running stock balance, Staff including Agency Workers must count the medication to record an accurate balance
  - Staff including Agency Workers must not just deduct the amount given from the previous balance documented; this can lead to incorrect recording

5.9 **Expiry Dates / Use by Dates**
Staff including Agency Workers should check expiry or use by dates on all medications before use.

If a pharmacist has given any other instructions about using or disposing of the medicine, Staff including Agency Workers should also follow these. For example, "discard 7 days after opening".

The expiry date of medicines can change once opened, e.g. eye drops, ear drops, creams:

- The medication may state, "Use within one month of opening" or "Discard 7 days after opening"
- Some medicines show an expiry symbol
- Staff including Agency Workers must record the date opened and the calculated expiry on the medicine package/label
- The pharmacy may be able to supply 'date opened' labels
- Some packaging does not allow for the pharmacy label to be placed on the product, e.g. eye drops. In these instances, the outer packaging should be marked with the date of opening. The medication must remain in the outer packaging throughout duration of the treatment
- Highlight any short expiry date(s) as a reminder to all Staff including Agency Workers

Suggested Expiry of Products from Date of Opening, can be found in the Forms section of this policy.

5.10 **Time-Sensitive Medication**
Some medicines need to be given at a certain time to ensure they work effectively or are safe; these include:

- Medicines that need to be given before or after food
- Bisphosphonates for osteoporosis - refer to the patient information leaflet (take 30 minutes before first food or drink of the day, do not eat until 30 minutes after taking and do not lie down until after first food of the day)
- Medications that are required to be taken a specified number of hours apart, as taking some medications too closely together can result in toxicity, such as those containing paracetamol
- Medications for Parkinson's Disease may need to be given every few hours, to manage symptoms
- Medicines to be taken at the same time each day to maximise effectiveness, such as Warfarin, oral contraception, antibiotics, and insulin

Medication errors related to the time given often occur during busy periods especially when taking on an extra workload due to Staff including Agency Workers sickness. It is important to document clearly that medications have been given.

Staff including Agency Workers responsible for the administration of medication should be made aware of any time- sensitive medication.

Nursing Direct is responsible for ensuring a system is put in place to remind medication administrators when these medications are due. Nursing Direct will record any additional information to help manage time-sensitive medication in the Care Plan.

Nursing Direct will ensure that Staff including Agency Workers are able to prioritise their visits for Service Users who need support with time-sensitive medicines.

5.11 **Variable Dose**
Variable dose medication is prescribed with a dose that can change, for example, give 1 or 2 tablets. The dose to be given depends on the Service User's need. This could be a pain killer, or a laxative.

- Where dosage is variable, Staff including Agency Workers must record the amount administered as well as signing the MAR
- Where considered necessary for clarity, a supplementary recording sheet may be used

A variable dose medication may also be dependent on results of a blood test:

- Warfarin - Staff including Agency Workers should refer to CQC 'High risk medicines: anticoagulants'
- Lithium - Staff including Agency Workers should refer to CQC 'High risk medicines: lithium'

Staff including Agency Workers should ensure that:

- The Service User is having blood tests at the required frequency
- The blood test results and required dosage have been updated in the Service User's record book, and signed and dated by a healthcare professional

5.12 **As and When Required/PRN Medication**
Some medicines are prescribed for the Service User to take when they require them, not at set times. 'When required' is often used when prescribing medication for nausea, vomiting, pain, indigestion, anxiety, and insomnia.

All PRN medication must have details on the medication label and MAR detailing the maximum dose (how much) of the medication that can be given as well as the maximum frequency (how often) that it can be given. It must clearly state 'as required' or 'as necessary'.

When required medication should be kept in its original packaging; this allows the checking of expiry dates. When required medication should be held in suitable quantities.

Each PRN medication the Service User is prescribed should have a separate PRN protocol. A PRN Protocol can be found in the Forms section of this policy. It should be kept with the MAR, and should include:

- The reasons for giving the 'when required' medicine, what condition the medicine is for
- What the medicine is expected to do
- Dose instructions:
    - Maximum amount to take in a day
    - Minimum interval between doses
    - Should be clear as to what dose should be given
- Signs or symptoms to look out for and when to offer the medicine. Include if the Service User can ask for the medicine or if they need prompting or observing for signs of need. For example, non-verbal cues
- How the medicine will be offered to the Service User when they are experiencing the symptoms
- Appropriate alternative support. It should also include interventions to use before medicines
- Where more than one when required medicine is available for the same condition, it should state how and in what order they will be administered
- When to review the medicine and how long the Service User should expect to take it. For example, what to do if the medicine is taken regularly or not used for a long period of time
- What records to make (see Recording Administration)

All Staff including Agency Workers should read the 'when required' medicine protocol and the medication section within the care plan before administration and also check when the medication was last given to ensure it is safe to administer at that time.

The medicine should be offered when needed by the Service User and not just during 'medication rounds'. The Service User's response to the 'when required' medication should be recorded.

Recording Administration of a 'When Required' Medication:
- It is recommended that only administration is recorded on the MAR
- Staff including Agency Workers should record:
    - The quantity given if variable dose, e.g. 1 or 2
    - The time given (It is essential that the time is documented to allow the correct interval between doses to be calculated)
    - The reason for administration, e.g. pain
    - Signature
    - Any other relevant supporting information regarding the administration
- If the Service User is assessed by Staff including Agency Workers requiring the 'when required' medicine, and subsequently refuses to take it, this should be marked as a refusal on the MAR

Medicines Used to Manage Behaviour:
Staff including Agency Workers should know how to support the Service User in a different way before using a medicine to support behaviour. This should be detailed in the Service User's Care Plan.

5.13 **Splitting Tablets**

- Where it is necessary to split a tablet to provide the required prescribed dose, the supplying pharmacy should be asked to supply the medication as split tablets in an appropriate container
- Where the pharmacist refuses to supply split medication, a tablet cutter should be used
- Where the tablet is provided in a manufacturer's blister pack, after splitting, the remaining tablet must be disposed of because it cannot be stored correctly until the next required dose
- Disposal should be in line with the Safe Disposal of Medication Policy and Procedure
- Staff including Agency Workers responsible for collecting medication should ensure sufficient quantities of medication
- Staff including Agency Workers should be aware that splitting medication is a last resort as splitting can result in differences in medication fragments altering the therapeutic dose
- Nursing Direct will obtain written confirmation from the GP and pharmacist that this is the only suitable option for the Service User

5.14 **Crushing Medication**

- Crushing medication may alter the way in which a medicine is absorbed and its effect on the body
- Crushing medication invalidates a product licence so should always be authorised by the prescriber
- Where it has been assessed with the prescriber that crushing medication is in the Service User's best interest, advice from a pharmacist should be sought
- Other alternatives such as the availability of liquids or other forms of medicines should be discussed
- Written authorisation from the prescriber for each medicine that needs to be crushed, and the period the authorisation applies, should be requested from the prescriber, this can then be recorded and retained with the Service User's medication records
- A pill crusher should be used

5.15 **If Medication is Dropped or Spat Out**

There may be instances where medication may be dropped during preparation, or a Service User may spit it out. In these circumstances, this medication must be disposed of appropriately.

Medication that has been dropped must not be given to the Service User under any circumstances as it has become contaminated. New medication must be dispensed and given to the Service User and recorded on the MAR.

The incident must be recorded on the MAR using the appropriate code.

An additional stock of medication may need to be ordered to ensure the Service User has enough for the whole cycle.

5.16 **Declining Medication**

In supporting the Service User with their medication, Nursing Direct recognises that there will be times when the Service User declines to take their medication for a variety of reasons. In these instances, Staff including Agency Workers will:

- Allow the Service User time to reflect on their decision and repeat the request to administer their medication
- Never force the Service User to take medication
- Where the Service User continues to decline the medication, record the refusal on the MAR and within the daily log, stating the reason for the refusal. If the MAR has a code for non-administration, this can be used. Report the refusal to the Nursing Direct immediately
- State the reason for the refusal to the Registered Manager; it may be that there are clear reasons for the refusal (such as the Service User experiencing swallowing difficulties, fear, or anxiety)
- Where refusal of medication relates to critical or time-sensitive medication, such as diabetic medication, seek urgent medical advice from the GP or 111
- Document in the Service User Care Records
- Tell the Service User's GP or prescribing health professional about any ongoing refusal and inform the supplying pharmacy, to prevent further supply to the Service User
- Where medicines have been removed from a container for administration, do not return them to the container; they should be disposed of according to the Safe Disposal of Medications Policy and Procedure at Nursing Direct
- Where the Service User lacks capacity and is declining to take medication, report to their GP immediately and a best interest decision will be made in relation to their administration of medication
- Follow the instructions from the GP and update the Service User's Care Plan accordingly

5.17 **Non-Administration of Medicines - Missed or delayed doses**

Every effort should be made to administer prescribed medicines, as the omission of certain medicines, or a delay in dosing, can be detrimental to the Service User's wellbeing.

Where Nursing Direct is supporting with medication and finds that the Service User's medication is missing, the Staff including Agency Workers must report this immediately to the Registered Manager. The Registered Manager will investigate to determine, where possible, the reason for the missing medication, such as misuse of medication by the Service User or Staff including Agency Workers member, or the medication being misplaced or lost. All Staff including Agency Workers associated with the administration of medication will be spoken to and the incident recorded in line with the Accident and Incident Reporting Policy and Procedure.

Where it is determined that the Service User is misusing medication, Nursing Direct will liaise with the relevant external bodies and inform relevant professionals where required. Care for the Service User will be reviewed and a risk assessment conducted to determine the care needs of the Service User. Medication may be required to be stored in line with the Storage of Medication Policy and Procedure and away from high- risk Service Users. Following the incident, a review of the Service User's medication may be required and the Care Plan updated in line with any new requirements.

Where Staff including Agency Workers are found to have contributed to the missing medication, the relevant HR policies and procedures at Nursing Direct will be followed.

All incidents will be reported to the relevant authorities where required and a root cause analysis meeting undertaken for future learning from the incident.

Missed Dose:

- Where a missed dose relates to critical or time-sensitive medication, such as diabetic medication, the Staff including Agency Workers must seek urgent support from the GP or 111
- They must also report the non-administration to the Registered Manager immediately
- Decisions regarding giving the missed dose will depend on how often the medication is taken, and should be based on advice from the GP or 111

No Stock:
- Where medicines are unavailable, every effort must be made to obtain the medicine without delay so that the dose can be administered
- For critical or time-sensitive medication, Staff including Agency Workers must seek urgent support from the GP or 111 to obtain the medication
- Staff including Agency Workers must record the non-administration on the MAR and within the daily log, stating the reason

5.18 **Medication Errors**
If at any point during medication administration, Staff including Agency Workers become aware that a medication error has occurred, they will report to Nursing Direct and follow the Medication Errors and Near Misses Policy and Procedure.

5.19 **Administration Do's and Don'ts**

Do's
- Do only administer medication if you have been trained and assessed as competent and are confident to do so
- Do always check the medication and MAR, do not rely on memory
- Do make sure that medication is given at the time agreed on the Care Plan and MAR. The timing of medication administration can be crucial and adherence to medication prescription instructions must be followed. This must be clearly indicated in the medication Care Plan and in the Medication Administration Record
- Do always follow the 6 Rights of Administration
- Do follow infection control procedures as required for different routes of administration
- Do make sure that medicines are given only to the Service User for whom they are prescribed, following the prescription instructions
- Do give medicines from the container in which they are supplied. Medication doses will not be put out in advance (potted up) as this can lead to errors and accidents
- Do check where the Service User's medication is stored before starting medication administration. You will find this information on the Care Plan. It may be in the refrigerator or separate jars or tubs
- Do always ask the Service User if they want to take their medication before removing it from the pack. If they decline to take the medication try again a little later. The refusal must be documented, and the GP or Pharmacist/111 telephoned for advice
- Do transfer the medication from the bottle or pack into a medication pot and give this directly to the Service User
- Do mark any medication that has a short shelf life after opening with the date after which it will not be used on the container
- Do hand over all information regarding changes to medications administration to relevant Staff including Agency Workers and ensure that they have received and understood the message
- Do ensure that you return the medication to the same location as you found it. This is especially important if it is kept in a locked Medisafe
- Do ensure that there is sufficient medication available in case of emergencies and that Service User's medicine is available in the necessary quantities at all times. This includes when people manage their own medicines
- Do label the front of a multi-compartment compliance aid when you start the pack. Clearly state the day, date and at which visit it was first used.

Don'ts
- Do not prepare medication from its original container and give it to another member of Staff including Agency Workers to give to the Service User, as the person preparing the medication must administer witness the Service User taking the medication
- Do not prepare medicines in advance for administration and leave out for the Service User to take at a later time unless this has been risked assessed as safe with the particular Service User - for example if they have capacity but are physically unable to remove from the packet themselves
- Do not rush
- Do not be distracted
- Do not handle medication but transfer to the medication pot in a non-handling, clean method. A small clean teaspoon or coffee spoon is useful. Do not be tempted to tip the entire monitored dosage pack/blister pack over in case another one of the sections is loose
- Do not use part-used medication that has been dispensed for one Service User, and is no longer required, for any other Service User

5.20 **Additional Records**
Topical Administration Record (TMAR) is best practice, for administration of creams and emollients, they should:

- Identify the area the cream or emollient is to be applied to using a body map
- Detail the frequency of application
- Detail method of application and amount

An example of a TMAR can be found in the Forms section of this policy.

Transdermal Patch Application Record Chart:
There should be a system in place at Nursing Direct for recording patch application to:

- Ensure different sites are used
- Check it is still in place after application
- Ensure removal

An example of a Transdermal Patch Application Record Chart can be found in the Forms section of this policy.

5.21 **Changes to the Service User's Medication**
The clinical lead at Nursing Direct must update the Service User's MAR, when necessary, to ensure they contain accurate information about any changes to medicines.

Any changes made on the Service User's MAR must:

- Be by a Clinical lead or registered nurse, the change must be dated and signed, the alteration must then be checked and signed by a second clinical lead or registered nurse

Discontinued Medication:
Where possible, the prescriber should document on the MAR themselves that the medication has been discontinued. Where a prescriber is not able to make changes to the MAR, this should be confirmed via email, and the Registered Manager will then ensure that a clinical lead amends the MAR

The medication must be recorded as discontinued on the MAR:

- For paper MAR charts:
  - Draw a vertical line through the remaining recording boxes left after the time the medication is discontinued
  - Draw a diagonal line through the medication details box (Name, dose, etc.)

- Record the reason for discontinuing, such as "stopped by Dr Jones, see over"
- Sign and date
- Get a second Staff including Agency Workers member to check and sign
- If the prescriber gives a verbal instruction to discontinue, this should be followed up by email as soon as possible
- Notify the pharmacy, and dispose of remaining stock as per policy at Nursing Direct

Change of Dose or Frequency:
Changes to the dose or frequency of the Service User's medication may result in the receipt of a new paper MAR chart from the pharmacy, as new medication may be required. Staff including Agency Workers should discontinue the original instruction (as above).

If the change does require the receipt of a new paper MAR, and for an EMAR, the clinical lead should:

- Discontinue the original instruction and start a new one
- Get a second member of Staff including Agency Workers to check and sign
- Ensure the change is confirmed by email
- If the prescriber gives a verbal instruction at the property, this should be followed up by email as soon as possible

Copies of emails, texts, and transcripts of phone messages regarding changes to the Service User's medication should be kept with the Service User's folder.

Nursing Direct must ensure that everyone involved in medication administration knows when a Service User's medicines have been started, stopped, or changed.

There should be a robust process in place at Nursing Direct for recording medicines information during shift handovers.

5.22 **MAR Times**
Where specific times are not detailed on the pre-printed MAR but printed as 'morning', 'lunch', 'tea-time', bedtime' (or suitable abbreviations), Nursing Direct will check with each individual Service User what this means and obtain guidance from the GP if required.

For example:

- Morning means 07:00 - 10:00
- Lunch means 12:00 - 14:00
- Teatime means 16:30 - 18:30
- Bedtime means 21:00 - 23:00

The time bands can be individualised for each Service User and the information kept alongside their medication records, beside their medication storage or within their Care Plan. Care will be taken to ensure that the times between doses is sufficient.

5.23 **MAR Omissions**
- If Staff including Agency Workers realise at any time that they have omitted to complete the MAR once they have left the Service User's home, they must contact Nursing Direct for advice. They must not retrospectively initial the medication as given
- Nursing Direct will ensure that a mark is made in the relevant box with a margin note, e.g. 'see entry on notes page, date and initial', then an entry on the notes page detailing confirmation of the time, dose and Staff including Agency Workers identity
- If the MAR entry has not been completed on a previous visit and the Staff including Agency Workers including Agency Worker is unclear if medication has been administered, they must check with the Service User, if they have capacity, whether medication has been administered. If the Service User is unsure, the Staff including Agency Workers must contact Nursing Direct for guidance. Nursing Direct will need to contact the GP or 111, if out of hours, for further guidance
- An investigation will be started, and consideration must be given depending on the medication and the impact on the Service User's health and wellbeing as to whether a safeguarding notification needs to be raised
- Any trends in errors or omission will be tracked to identify any administration or recording issues

5.24 **Verbal Orders**
Taking verbal orders to change the Service User's prescribed medication over the phone is potentially unsafe and not recommended.

Staff including Agency Workers at Nursing Direct should encourage any change to the Service User's medication to be confirmed via email.

In an emergency situation, telephone instructions should ideally be witnessed by 2 clinical leads and repeated back to the GP to ensure correct; this should be followed up in writing as soon as possible. Ensure that a record of the conversation is clearly documented on the Service User's notes.

A new prescription should be issued as soon as possible and a new MAR commenced.

5.25 **Adverse Effects**
Service Users should report all suspected adverse effects from medicines to the Registered Manager who will inform the GP or health professional who prescribed the medicine as soon as possible, or the out-of-hours service.

Staff including Agency Workers should record the details in the Service User's Care Plan and the supplying pharmacy should be informed.

The GP or pharmacist should report to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme.

5.26 **Swallowing Difficulties**
If the Service User is experiencing difficulty in swallowing some or all of their oral medications, Staff including Agency Workers should contact the Service User's GP and pharmacy.

There are various options available, such as:

- Does the medication, if tablet, come in a different form - liquid, dispersible, patch?
- Can the tablet be safely crushed or capsule safely opened (only to be done if agreed by the pharmacist)?
- Is it safe to give the medication with soft food (only if agreed by pharmacist and with the Service User's knowledge; this is not covert administration)
- Does the Service User need assessment by a Speech and Language Therapist?

5.27 **Fire Risk Associated with Emollient Creams**
Staff including Agency Workers must be aware of the fire risk associated with emollient creams, and a risk assessment must be completed where it is identified that a product has the potential to be a fire risk. This should also include an individual risk assessment where the Service User smokes.

Emollients can transfer from the Service User's skin onto clothing, bedding, soft furnishing, and bandages.

In the presence of an ignition source, fabric with emollient dried on it can catch fire much more quickly and burn hotter than clean fabric, causing severe and fatal burns.

The risk increases with:

- The use of greater amounts of emollient
- More frequent application
- Greater surface area of application

Staff including Agency Workers must be aware of the potential danger and how to keep Service Users safe when using these products.

Staff including Agency Workers must discuss the risks with the Service User and/or their family.

Staff including Agency Workers should:

- Inform the Service User's GP if the Service User smokes, so an alternative to an emollient can be considered
- Take care of the Service User's soft furnishings like cushions and chairs - to avoid a build-up of emollients
- Change and wash the Service User's clothes and bedding frequently (preferably daily). Washing clothes at the highest temperature recommended by the manufacturer might reduce the build-up of emollients on them but does not remove it completely and the danger may remain

Service Users prescribed emollients:

- Should not smoke, cook, or go near to any naked flames or heat sources such as gas, halogen, electric bar or open fires whilst wearing clothing or dressings that have been in contact with emollient-treated skin
- Should not go near anyone smoking or using naked flames

Staff including Agency Workers must be aware of the fire risk associated with emollient creams, and a risk assessment must be completed where it is identified that a product has the potential to be a fire risk; this should also include an individual risk assessment where the Service User smokes.

Staff including Agency Workers must report any fire incidents with emollients or other skin care products to the MHRA Yellow Card Scheme.

5.28 **Visiting Health Professionals**
Health professionals who are visiting to administer a medicine(s) to Service Users should make their record of administration available to Staff including Agency Workers.

Staff including Agency Workers should keep a record of medicines administered by visiting health professionals on the Service User's MAR.

5.29 **Governance**
The Registered Manager is responsible for ensuring that the administration of medicines at Nursing Direct is regularly audited as part of the medication audit process.

5.30 **Stopping the Over Medication of People with a Learning Disability, Autism or Both (STOMP)**
Where Staff including Agency Workers support Service Users who have a learning disability or autism (or both), Nursing Direct will ensure that all Service Users have a clear medication support plan in place detailing clearly the process required to support the Service Users when taking medication in a person-centred way, taking into account any specific physical, communication and/or sensory needs. Nursing Direct will fully detail any requirements supporting the STOMP principles in each Service User's Care Plan which will include the process for formal review and monitoring.

Any risks identified will be outlined in a risk assessment.

Care Plans must follow the recommended guidance from NHS England in relation to reducing the reliance and need for psychotropic medication.

Staff including Agency Workers will:

- Encourage Service Users to have regular check-ups about their medicines
- Ensure that Service Users and their families are involved fully in any decisions made about their medication
- Have considered, implemented, and sought advice from other healthcare professionals as to the non-drug therapies that are available to reduce the need for medication

The Registered Manager will refer to the advice on how Nursing Direct can deliver STOMP which is available from the NHS.

Overuse may need to be reported as a safeguarding incident.

Staff including Agency Workers should also refer to the Person-Centred Care and Support Planning Policy and Procedure at Nursing Direct in particular the Supporting Adults with Learning Disabilities section.

2. CONTROLLED DRUGS

1. PURPOSE

1.1 To ensure the safe use, disposal, storage, and record keeping of Controlled Drugs (CDs) according to specific legal requirements.

1.2 To support the safe storage of controlled medication in the Service User's own home.

1.3 To ensure that all Staff including Agency Workers at Nursing Direct are clear on the correct and safe way to dispose of unused or expired medication.

1.4 To support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements as set out by the Care Quality Commission (CQC).

1.5 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:

- The Controlled Drugs (Supervision of Management and Use) Regulations 2013 Medical Act 1983
- Medicines Act 1968
- The Human Medicines Regulations 2012
- Misuse of Drugs Act 1971 (Amendment Order 2024)
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007

2. SCOPE

2.1 The following roles may be affected by this policy:

- Registered Manager
- Other management
- All Staff including Agency Workers

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS/ ICB

3. OBJECTIVES

3.1 To ensure that the supply, receipt, storage, administration, and disposal of CDs meets all regulatory requirements.

3.2 To ensure that there are procedures in place for identifying, reporting, and reviewing incidents, errors and near misses involving CDs as well as sharing concerns about mishandling of CDs.

4. POLICY

The Misuse of Drugs Act 1971 places controls on certain medicines. These are referred to as Controlled Drugs (CD's). The Misuse of Drugs Regulations 2001 splits Controlled Drugs into 5 schedules, which specify the requirements which apply to them.

- Schedule 1 - Includes drugs not used medicinally.
- Schedule 2 - Are subject to storage and recording conditions (e.g. Morphine, Diamorphine, Methadone, Oxycodone, Fentanyl, Methylphenidate)
- Schedule 3 - Some are subject to storage conditions (e.g. Gabapentin, Midazolam, Pregabalin, Temazepam, Tramadol)
- Schedule 4 and 5 - No conditions (e.g. Schedule 4 - Zopiclone, Diazepam / Schedule 5 - Codeine)

A list of commonly used controlled drugs can be found at - List of most commonly encountered drugs currently controlled under the misuse of drugs legislation - GOV.UK (www.gov.uk)

4.1 Nursing Direct will ensure that all Staff including Agency Workers are aware of and follow the policy and associated procedures relating to the safe and secure handling and storage of controlled drugs in accordance with legal, regulatory requirements and good practice guidance from the Department of Health, the Care Quality Commission, and the Royal Pharmaceutical Society.

4.2 Nursing Direct will ensure through the use of this policy and procedure that:

4.2.1 All Staff including Agency Workers are clear on the standards that are expected of them in relation to the handling and storage of controlled drugs.
4.2.2 All Staff including Agency Workers and Service Users, or anyone else living in or visiting the Service User's home, are not put at risk as a result of the incorrect handling of controlled drug medicines.
4.2.3 All legislation and guidance are adhered to with respect to controlled drugs.
4.2.4 Risks associated with the incorrect handling and storage of controlled drugs are reduced to a minimum.
4.2.5 There are robust systems for storing, transporting, administering, recording and disposal of controlled drugs safely, which respect the Service User's right to choice and promote their safety and wellbeing.
4.2.6 All incidents of concern or a discrepancy are firstly reported to the commissioning and regulatory bodies, Nursing Direct may then also refer to the regional NHS Controlled Drugs Accountable Officer (CDAO) at NHS England or the police (circumstance dependent) as necessary.

5. PROCEDURE

5.1 In domiciliary, controlled drugs must be received, recorded, and stored securely in accordance with the Misuse of Drugs Regulations 2001. This includes may include keeping a CD register (circumstance dependent). Where a risk assessment identifies additional storage requirements (e.g., refrigeration), these must also be implemented.

5.2 All Staff including Agency Workers involved with checking and administering the CD must be trained and assessed as competent to administer medication.

5.3 **Service Users who Self-Manage**
Service Users not requiring support with medication will keep and take controlled drugs themselves. Staff including Agency Workers must report to Nursing Direct if Service Users are leaving any medication lying around (including any known to be a controlled drug) where they may be a risk to others and or at risk of being stolen.

The risk assessment process places responsibility on the Service User who keeps the controlled drugs. Monitoring and review of the risk factors must take place, and where there is a change in the Service User's condition or concerns about capacity, this must be reported to Nursing Direct. A review following the principles of the Mental Capacity Act 2005 must then take place.

5.4 **Administration of Controlled Drugs**
In addition to the procedures relating to the administration and recording of other medicines outlined in the Administration of Medicines Policy and Procedure, Staff including Agency Workers must ensure that when administering controlled drugs, they:

- Check the MAR and Care Plan to ensure that the medication is due and recorded
- Select the correct controlled drug at the correct time
- Check that the name on the label attached to the controlled drug is the same as the Service User's name
- Prepare the right dose (included on the label and on the MAR)
- Give it to the right person
- Record the dose given and sign to confirm it was given
- Never administer based upon verbal instructions alone
- Any changes to the dose detailed in the Care Plan must be made via Nursing Direct and recorded correctly on the MAR
- Where other health professionals are involved, they must communicate directly with Nursing Direct about any changes to medication regimes. Nursing Direct must ensure that this information is shared with Staff including Agency Workers

5.5 **Recording**
- Administration of the controlled drug must be recorded on the Service User's MAR and documented in the Care visit record
- The MAR must clearly indicate when medication is a controlled drug by typing or writing CD beside the drug name
- It is essential for controlled drugs that there is a single record for recording administration of medication when care is shared by providers and/or families
- The strength of liquid controlled drugs must be clearly marked as x mg/ml on the MAR next to the drug name
- The dose of medicine must always be placed on a separate line, e.g.
    - Oramorph 10mg/5mL Oral Solution
    - TWO 5ml spoonful's taken when required up to 4 times daily
    - Best practice in the administration of liquid controlled drugs, is to record administration as mg/ml, to avoid confusion in the event different concentrations are available

5.6 **Identifying a Controlled Drug**
Always verify whether a medicine is/is not a controlled drug with the community pharmacist before proceeding. Commonly seen products are listed below, but this list is not exhaustive:

- Oral drugs include: MST Continus®, Sevredol®, Zomorph®, MXL®
- Patches include: BuTrans®, Durogesic DTrans®
- Oramorph® Oral Solution(20mg/1ml) is a controlled drug, another strength of the same medication (10mg/5ml) is not, but it is best practice to record as such because of the risks involved in its use.

5.6.1 **Medicinal and Food Grade Cannabis Products**
Cannabis based products for medicinal use (CBPMs) are controlled drugs.

Over-the-counter food grade cannabis products as food supplements are not medicines, and if purchased for one's own (or a relative's) use, a risk assessment must be in place.

5.7 **Oral Liquid CDs**
- These must be measured and administered using an oral/enteral syringe. These are available from the Pharmacist
- Where possible, the top of the oral liquid bottle will have a press-in bottle adaptor of the correct size inserted to ensure that the dose can be measured accurately
- The dignity of the Service User must be maintained at all times when administering oral liquids
- Best practice in the administration of liquid controlled drugs, is to record administration as mg/ml, to avoid confusion in the event different concentrations are available

5.8 **Administering Topical Controlled Drugs**
Staff including Agency Workers will have clear and detailed records when administering topical controlled drugs, which include:

- The site of application
- Clear indication of the frequency of rotation of the site (where applicable - for a patch for example)

5.9 **PRN Controlled Drugs**
For 'when required' dosing, there must be specific instructions for the Staff including Agency Workers on the dose, frequency and maximum number of daily doses recorded on the MAR.

5.10 **Controlled Drugs via Specialised Techniques**
Where a CD is in the form of an injection, this can only be administered by a Registered Nurse.

5.11 **Collecting Controlled Drugs**
- Staff including Agency Workers who have to collect controlled drugs as part of the Service User's Care Plan may be asked to show identification at the pharmacy
- A risk assessment will be undertaken to ensure the safety and wellbeing of the Staff including Agency Workers as a lone worker and the safe custody of the controlled drugs

5.12 **Emergency Supplies of Controlled Drugs**

- Emergency supplies of controlled drugs are not permitted, a valid controlled drug prescription must be in place to get supplies from a pharmacy
- Ordering processes should be robust to ensure that Service Users do not run out of medication, where this is part of the Care Plan

5.13 **Storage of Controlled Drugs**

- Where the Service User manages their own medication, they will decide where and how to store medication including controlled drugs. Where possible, as per all medicines, they must be stored in a safe place and as per the storage instructions
- Where Nursing Direct is supporting with medication administration, the storage requirements of any controlled drugs along with any other medicines, will be clearly documented in the Service User's Care Plan. Any concerns in relation to the storage of a controlled drug must be reported to Nursing Direct immediately

5.14 **Disposal of Controlled Drugs**

- Where medication administration support is given, Nursing Direct may need to make arrangements for the medication to be returned to a local pharmacy
- Service User's medication can only be disposed of with their consent. Responsibility for the safe disposal of medicines (including tablets, capsules, eye drops, tubes of cream, patches etc.) rests with the Service User, their family, or the person identified in the risk assessment

5.15 **Dealing with Discrepancies**

Nursing Direct must ensure that any discrepancies are investigated without delay and a local incident form completed.

If a discrepancy is identified between calculated stock figures (running balances) and actual stock, Staff including Agency Workers should:

- Inform Nursing Direct who should investigate immediately
- Check back through the entries in the CD Register to ensure that there has not been an administrative error such as a missed or incorrect entry or a calculation error
- Check MARs and records of disposed medicines

If the discrepancy can be identified, record the outcome:

- DO NOT cancel, cross out or through, obliterate and/or alter any entry in the CD Register
- Under the last entry, details of the following should be made: The date
  - The error in subtraction/addition (indicated with an asterisk) The correct balance
  - The signature of the medication trained Staff including Agency Workers
  - Reference to any supporting documentation that was used to resolve the discrepancy
  - Unresolved discrepancies must be reported. This should include the regional NHS Controlled Drugs Accountable Officer (CDAO) at NHS England or the police depending on the circumstances, and the CQC if the incident meets the criteria of a statutory notification.

5.16 **Errors, Omissions or Near Misses**

- If an error occurs when a controlled drug is given, as with any other medicine, this may have serious consequences for the Service User
- The Staff including Agency Workers will first contact the Service User's GP for advice
- If the GP is unavailable or it is out-of-hours, the Emergency Services must be contacted
- The Staff including Agency Workers must also contact Nursing Direct and speak to the most senior person available
- Follow the Accident and Incident Reporting Procedure
- If there have been serious consequences for the Service User as a result of an error or omission, then a regulatory notification will be submitted to the Care Quality Commission if the incident meets the criteria of a statutory notification

5.16.1 **Statutory Notifications**

There is no requirement to notify CQC about medicines errors, but you must notify them if a medicines error has caused:

- A death
- An injury
- Abuse, or an allegation of abuse
- An incident reported to or investigated by the police

This includes where any of these have been caused by a controlled drug.

5.17 **Controlled Drugs and the Death of the Service User**

If the Service User dies suddenly or unexpectedly, medication including any controlled drugs will not be removed from the home without prior permission from the Coroner, as they may be required by the Coroner.

5.18 **Governance**

The Registered Manager is responsible for ensuring that all aspects relating to the supply, administration, storage, recording and disposal of controlled drugs at Nursing Direct, is regularly audited as part of the medication audit process.

5.19 **Controlled Drug Accountable Officers Contacts**

Nursing Direct understands both the need and requirement to have up to date and accessible contact details for:

- The regional NHS England CDAO
- The nearest police-controlled drugs liaison officer (CDLO)

3. COVERT MEDICATION

1. PURPOSE

1.1 To ensure that Service Users who have been assessed as lacking capacity are only administered medicine covertly if a management plan is agreed after a best interests meeting.

1.2 To support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements as set out by the Care Quality Commission (CQC).

1.3 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:

- The Care Act 2014
- Human Rights Act 1998
- Medicines Act 1968
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Safeguarding Vulnerable Groups Act 2006
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

2. SCOPE

2.1 The following roles may be affected by this policy:

- Registered Manager
- All Staff including Agency Workers

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS/ ICB

3. OBJECTIVES

3.1 The practice of offering medication in food or drink is only allowed in certain circumstances and could be open to abuse. The objective of this policy is to provide guidance as to when this practice is lawful, and to ensure that if it happens within Nursing Direct, it has been properly considered, thorough consultations have been made and that the practice is transparent and open to public scrutiny and audit.

3.2 To support all Staff including Agency Workers in distinguishing between the concealing of medication in food or drink, and a co- operative process where consenting Service Users who find taking medication difficult have the medication delivered in food or drink for ease of ingestion/swallowing, in which case, it is not necessary to consider that the medication has been given covertly.

4. POLICY

4.1 Covert administration can only occur where the Service User has been assessed under the Mental Capacity Act 2005 and there has been careful assessment of the Service User's needs. Written agreement of the decision, the action taken, and the names of all parties concerned (including the Service User's GP and relatives/advocate) must be obtained and documented in the Service User's Care Plan.

4.2 Covert medication must not be confused with forcible medication, where it is given with their full knowledge, but not their consent.

4.3 The Mental Capacity Act sets out the need for a multidisciplinary approach in decision- making. The pharmacist's role is to advise on the appropriate methods of covert administration where this is necessary. This is likely to be undertaken by the dispensing pharmacy that dispenses for the Service User.

4.4 Crushing medicines and mixing medicines with food or drink, following written authorisation from the GP and pharmacist to make it more palatable or easier to swallow when the person has consented to this, does NOT constitute covert administration.

4.5 The refusal of medicine by a Service User who has capacity must be respected.

4.6 The decision to administer medication covertly must not be considered routine.

4.7 The inappropriate administration of medication, whether by design or accident, may be abuse and must be reported immediately to the management team and the formal safeguarding process initiated.

5. PROCEDURE

5.1 Nursing Direct recognises that there may be certain, exceptional circumstances in which covert administration may be considered to prevent the Service User from missing out on essential treatment. In such circumstances and in the absence of informed consent, the following considerations may apply:

- The best interests of the Service User must be considered at all times
- The medication must be considered essential for the Service User's health and wellbeing or for the safety of others
- The Service User's GP or prescriber must authorise the covert medication
- The decision to administer medication covertly must not be considered routine, and will be a contingency measure
- Each medicine must be considered separately for covert administration, as must any new medicines or changes to existing medicines
- A pharmacist must review the medicine's suitability to be given covertly
- Any decision to do so must be reached after assessing the care needs of the Service User

5.2 **Establish the Service User's Ability to Give Informed Consent**
This will be done via a discussion directly with the Service User about their medication. If the Service User is able to provide informed consent, then covert medication should not be used. If the Service User consents but there is doubt about their capacity, then the principles of the Mental Capacity Act 2005 (MCA) must be followed, and medication should not be given covertly prior to any formal decision on capacity and subsequent best interests. It must be noted that no one, not even a family member, can consent on behalf of someone else when the person concerned is an adult.

5.3 **Establish the Reason why the Service User does not Wish to Take the Medication**
Consideration will be given as to whether this reflects a concern about medication, whether an advance directive regarding refusal of medication exists or whether there is a religious or cultural belief. All are valid reasons for declining medication and must be respected. The Service User's reasons for refusal will be recorded in their records.

5.4 **Ensure that Alternatives have been Explored**
Alternative preparations must be offered, and flexibility (where possible) given. Research shows that medication acceptance is improved when the Service User has been involved in the decision-making process and has been enabled to have some control over what is prescribed.

5.5 **Establish that the Medication is Essential**
If consideration is being given to covert administration of medication, then the medication that the Service User is declining must be deemed to be essential for their health and wellbeing or for the safety of themselves or others, and this must be documented in the Service User's care record.

5.6 **Establish that the Person Lacks the Mental Capacity to Make the Decision Themselves**
The principles of the Mental Capacity Act (MCA) must be followed. A capacity assessment will take place directly with the Service User where a conversation will be had about their medication. It must be determined that the Service User is unable to:

- Understand information relevant to the decision, e.g. the risks associated with not taking it
- Retain this information (if only briefly)
- Weigh up the information/risks involved
- Communicate their decision

As detailed in the MCA (2005), all reasonable efforts must be made to help the Service User understand. It must be recognised that capacity may fluctuate during the day and so the best time of day will be chosen. In some cases, several attempts may be required. A record must be made of methods used to help overcome any communication issues including the use of an interpreter.

If the Service User successfully passes these four tests, then they will be assumed to possess the mental capacity to make the decision themselves, even if their decision appears unwise. In these circumstances, the decision must be respected, and covert medication cannot be given.

5.7 **Discussion About Best Interests**
Having established that the Service User lacks capacity, a decision about whether covert medication is in their best interest must, therefore, be had in an open and inclusive way, ensuring that all factors are considered.

The views of people involved in the Service User's Care will be sought, as it is important that the decision to administer covert medication is not an isolated one. Members of the multidisciplinary team, the Service User's family (unless it is clear that the Service User would not wish for them to be involved), people closest to them, and (if applicable) their GP, The Registered Manager, Advocate, or Independent Mental Capacity Advocate (IMCA) will all be invited to express a view.

Staff including Agency Workers must document the agreed management plan in the Service User's Care Plan after the best interest meeting.

It is crucial that a decision is reached which is based on what the Service User would have wanted, not necessarily what is best for their physical or mental health. If an advance directive exists, the Service User's wishes stated within it must be respected as they are legally binding.

Where consensus cannot be reached, or there is concern about the restriction of liberty, a community DoLS (Deprivation of Liberty Safeguard) application and/or a second opinion may be useful.

5.8 **Involvement of the Pharmacist**
Advice must be sought from the pharmacist when mixing any medication with food or drink. This is to ensure that the medications that the Service User takes are safe to be given in this way and that recommendations can be made about the use of alternative formulations or medications, as necessary.

Any changes to the Service User's medication after a plan for covert medication is put in place will also be discussed with the dispensing pharmacy.

5.9 **Documentation**
In order to be transparent and to provide a clear audit trail, all Service Users receiving covert medication at Nursing Direct will have a Care Plan which contains:

- Why it has been decided that the Service User should receive their medication covertly
- What actions Staff including Agency Workers will take to give the Service User their medication in the usual way
- If this is not successful, how medicines will be administered covertly
- Pharmacy instruction on the best way to administer covertly
- What to do if the Service User refuses to take the food or drink containing the medication

5.10 **Review**
Ongoing attempts to encourage compliance are essential. As far as possible, a reason for refusal must be sought and documented within an appropriate Care Plan.

Once taken, the decision to administer covert medication must be reviewed in respect of each Service User on a regular basis, ideally weekly. Nursing Direct understands that covert medication is not a long-term solution.

5.11 **General Principles of Covert Medication**
Where covert medication is used, the following principles will be seen as good practice:

- Last resort - Covert medication must only be used when all other options have been tried
- Time limited - It must be used for as short a time as possible
- Regularly reviewed - The necessity of a covert medication plan will be regularly reviewed
- Transparent - The decision-making process must be easy to follow and clearly documented
- Inclusive - The decision must be a team one and will not be taken by one person in isolation. People closest to the Service User will be involved in the decision
- Best interests - All decisions will be made in the Service User's best interests, having undertaken a holistic assessment of the impact of covert medication on the Service User

5.12 **Covert Medication and Restraint**
Covert medication is different to medication given under restraint. Covert medication is medication given without the person's consent or knowledge, whereas covert medication given when a person is being restrained is given with their full knowledge but not consent. Covert medication given when being restrained will need to be formally authorised under DoLS or the Mental Health Act. Similar authorisation must be sought if any medication given covertly is likely to sedate the person or otherwise cause them to be deprived of their liberty.

5.13 **Governance**
The Registered Manager is responsible for ensuring that the practice of covert medication at Nursing Direct is regularly audited as part of the medication audit process.

4. MEDICATION ERRORS AND NEAR MISSES

1. PURPOSE

1.1 To define medication errors and detail the action required following the discovery of a medication error to ensure Service User safety whilst supporting all Staff including Agency Workers.

1.2 To support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements as set out by the Care Quality Commission (CQC).

1.3 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Medical Act 1983
- Medicines Act 1968
- The Human Medicines Regulations 2012Misuse of Drugs Act 1971 (Amendment Order 2024)
- The Misuse of Drugs (Safe Custody) Regulations 1973

2. SCOPE

2.1 The following roles may be affected by this policy:

- Registered Manager
- Other management
- All Staff including Agency Workers

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Commissioners
- External health professionals
- Local Authority
- NHS/ICB

3. OBJECTIVES

3.1 To provide a safe framework for all Staff including Agency Workers to work within when assisting the Service User with medication, reducing the risk of medication errors or incidents preventing unnecessary admissions to hospital.

3.2 All Service Users who require medication, receive their medication safely. Administration is based on evidence-based best practice and national recommendations, delivered by competent and confident Staff including Agency Workers who understand their responsibilities and follow best practice, reducing the risk of medication errors and incidents.

3.3 To ensure that there is an open, transparent, just, and fair learning culture within Nursing Direct. This enables all Staff including Agency Workers to report and record errors, omissions and near misses in a timely manner and for investigations and identification of the root cause of issues to take place.

3.4 All Staff including Agency Workers responsible for any aspect of medication management recognise their role in safeguarding the wellbeing of Service Users at all times.

4. POLICY

4.1 **Medication Errors**

4.1.1 These are incidents where an error in the medication process has occurred. This is regardless of whether any harm to the Service User has occurred. They could be:

4.1.1.1 Prescribing errors
4.1.1.2 Dispensing errors
4.1.1.3 Medicines administration errors
4.1.1.4 Monitoring errors

4.1.2 Providing incorrect advice on medicines administration errors by all Staff including Agency Workers can include:

4.1.2.1 Medication given to the wrong Service User
4.1.2.2 Incorrect medication given to the Service User, (the administration of medication which has not been prescribed)
4.1.2.3 Incorrect dose given, too much or too little medication given
4.1.2.4 Medication given via the wrong route.
4.1.2.5 Medication not given.
4.1.2.6 Medication given more than once.
4.1.2.7 Medication given at the wrong time.
4.1.2.8 Medication not documented.
4.1.2.9 Medication given after being discontinued.
4.1.2.10 Wrong dose interval
4.1.2.11 Not following 'warning' advice when administering, e.g. take with or after food.
4.1.2.12 Giving a drug to which the Service User has a known allergy.
4.1.2.13 Giving a drug past its expiry date or which has been stored incorrectly.

Medication errors are not the same as adverse drug reactions.

4.2 **Near Miss**

4.2.1 A near miss is an event that has the potential to injure a Service User but does not.

4.2.2 Near misses are important, as many incidents share common root causes. Looking into near misses can help prevent more serious incidents. Therefore, it is important to formally investigate and report them.

4.2.3 Nursing Direct promotes a culture where all Staff including Agency Workers feel able to raise any concerns with the Registered Manager in order to provide an effective and safe service.

4.2.4 The priority of Nursing Direct is to ensure the safety and wellbeing of Service Users, and in the event of a medication error or incident, all Staff including Agency Workers will seek immediate advice from the relevant and most appropriate health professionals according to the severity of the incident.

4.2.5 Nursing Direct will record accurate details of all medication errors and near misses, including medicines-related safeguarding incidents. These will be recorded as soon as possible after the incident. Records will be available for any investigation and reporting.

4.2.6 Nursing Direct actively encourages a sensitive response to medication errors through investigation, taking full account of how the incident occurred and the circumstances surrounding the incident.

4.2.7 Where applicable, incidents are reported to Local Authorities, CCG's and other service users and the Care Quality Commission in a timely manner and Nursing Direct gives due consideration to, and is compliant with, the Duty of Candour.

4.2.8 Nursing Direct uses root cause analysis to ensure that lessons are learnt and applied to reduce the risk of reoccurrence. All Staff including Agency Workers are fully involved in this process and the outcomes are shared with relevant Staff including Agency Workers Nursing Direct.

4.2.9 Nursing Direct will ensure that near miss events involving medication are also investigated to evidence lessons learned and give the opportunity for discussion in meetings and Staff including Agency Workers supervision.

5. PROCEDURE

5.1 **Reporting**

Reporting errors is only the first step in the process of reducing errors and ensuring quality improvement at Nursing Direct.

The Registered Manager will encourage Staff including Agency Workers to report all medication errors, incidents or near misses as soon as possible. This should be in the context of a no blame culture as often a range of circumstances has occurred in the lead up to the incident, and blaming an individual will not address the underlying risk factors or system flaws.

5.2 **Reducing the Risk of Medication Errors, Near Misses and Discrepancies**

A proactive approach must be taken when identifying where the risks are in relation to medication management. To achieve this, the following principles apply:

- Any member of Staff including Agency Workers that is responsible for medication is competent, trained, and accountable for their actions as per their code of professional conduct
- Staff including Agency Workers feel supported and able to raise concerns directly and in a timely manner. Refer to the Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure at Nursing Direct
- Systems and processes for all aspects of medication management are followed as per the suite of medication policies and procedures at Nursing Direct including:
    - Reducing distractions and interruptions of Staff including Agency Workers undertaking the administration of medication
    - Ensuring that MARs are accurately maintained to reflect changes to Service Users' medicine
    - Environmental factors, such as poor lighting, temperature, cluttered workspace, and noise are reduced
- Issues arising from partnership working are managed in a proactive and timely manner
- Staff including Agency Workers are aware of, and adhere to, notifications from national safety alerts and notices (refer to the Distribution of Safety Alert Broadcasts, Rapid Response Reporting and Safety Notices Policy and Procedure at Nursing Direct)
- Best practice is followed at all times and Staff including Agency Workers maintain their knowledge and keep updated with changes (this list is not exhaustive)

5.3 **Action to be Taken by Staff including Agency Workers Involved in a Medication Error or Near Miss**

The following actions should be taken:

- As soon as the error or near miss is identified, assess the Service User's condition to establish if the Service User has suffered any harm
- If harm has occurred and the Service User is unwell, call 999
- If the Service User does not appear immediately unwell, report the incident to the doctor responsible for the Service User's care. During out of hours contact 111. Advice should be clearly documented in the Service User's records
- Discuss and agree who will inform the Service User that a medication error has occurred
- Document the nature of the incident in the Service User's records
- Report the incident immediately to Nursing Direct and record it
- If the incident involves a dispensing error, inform the relevant pharmacy immediately

5.4 **Action to be Taken by the Senior Member of Staff including Agency Workers/Registered Manager**

The following actions should be taken:

- Check the medical status of the Service User if relevant, and check if any harm has occurred
- Ensure that all appropriate support has been offered to the member of Staff including Agency Workers involved in the incident
- Confirm that the Service User's GP has been informed and that the incident has been reported
- Ensure that the incident is recorded on the Service User's notes and an incident log made. A Medication Incident Report Form can be found in the Forms section of this policy

Once the Service User is stable, the person in charge/senior manager/Registered Manager must:

- Ensure that a CQC notification is made if there was harm to the Service User
- Ensure that Local Authorities, CCG's, and other service users is informed in line with local safeguarding procedures and in line with any contractual requirements (Staff including Agency Workers must refer to the Safeguarding Adults Policy and Procedure at Nursing Direct and Local Authorities, CCG's and other service users safeguarding policies and procedures)
- Consider if duty of candour applies and refer to the Duty of Candour Policy and Procedure at Nursing Direct to determine this
- An investigation must be carried out using a Root Cause Analysis (RCA) to review what caused the incident
- At the appropriate time, allow the member(s) of Staff including Agency Workers involved in the incident to reflect on the circumstances and identify their own learning
- Identify if there are any training or performance issues with the member(s) of Staff including Agency Workers, and depending on the level of risk, take any necessary actions which may involve immediately suspending a member of Staff including Agency Workers from prescribing, dispensing, preparing, or administering medication

- Reflect on ensuring that there remains an open, honest, and transparent culture to raising concerns, and consider reinforcing key supportive policies to Staff including Agency Workers such as the Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure at Nursing Direct
- Ensure a medication competency assessment is carried out on the Staff including Agency Workers member involved in the incident to identify if there are any gaps in practice. Dependent on the severity of the medication error, a number of competencies may have to be completed, and the Registered Manager should also consider whether additional training is required. These should both be supportive measures for Staff including Agency Workers and are in no way a 'blame' mechanism

5.5 **Safeguarding Service Users**
A safeguarding issue in relation to managing medicines could include the deliberate withholding of a medicine(s) without a valid reason, the incorrect use of a medicine(s) for reasons other than the benefit of a Service User, deliberate attempt to harm through the use of a medicine(s), or accidental harm caused by incorrect administration or a medication error. (NICE 2014)

Different areas may have different locally agreed criteria for reporting medication errors or near misses. The Registered Manager should make themselves aware of what their local criteria and process for reporting medicines-related safeguarding incidents are.

The Registered Manager should have a clear process for reporting medicines-related safeguarding incidents, including which medicine incidents will be reported, and ensure that accurate details of any medicine-related safeguarding incidents are recorded as soon as possible so that information is available for any investigation and reporting.

Local safeguarding processes should include the investigation of each report of a medicines-related safeguarding incident and should monitor reports for trends.

There is no requirement to notify the Care Quality Commission about medicines errors, but the Care Quality Commission must be informed if a medicines error has caused:

- A death
- An injury
- Abuse, or an allegation of abuse
- An incident reported to, or investigated by, the police

Where relevant, you should make it clear that a medicine error was a known or possible cause or effect of these incidents or events being notified. (CQC 2022)

5.6 **Action After the Incident has Occurred - Staff including Agency Workers**
After a medication error or near miss has occurred and all of the necessary immediate actions have been taken, it is important that there will be an opportunity for the Staff including Agency Workers to discuss the incident with The Registered Manager as soon as possible after the incident. The purpose of the discussion is to:

- Enable the member of Staff including Agency Workers to reflect on the circumstances
- Allow the member of Staff including Agency Workers to discuss how they feel, and discuss any concerns that they may have
- Identify if there are any training or performance issues with the member of Staff including Agency Workers
- Determine if the medication incident is a repeat incident (check if the member of Staff including Agency Workers has made a similar medication error previously and in what timeframe)
- Dependent on the severity of the error/near miss, ensure that all appropriate support has been offered to the member of Staff including Agency Workers
- To promote a fair and open culture and encourage the reporting of incidents, the Discipline Policy and Procedure will not be used for the investigation of adverse incidents unless there is clear evidence of wrongdoing, a complete disregard for the safety of others, intent to harm, repeated events, theft or fraud. This may include:
- Gross professional or gross personal misconduct Repeated breaches of acceptable behaviour or protocol an incident that results in a police investigation

5.7 **Being Open with the Service User Following a Medication Incident**
It is important to be open and honest when things go wrong. Therefore, it is of great importance that the Service User is informed if a medication error has occurred.

- The Service User must be informed at an appropriate time and an apology offered
- If the error is of a serious nature, following the formal investigation and at the appropriate time, the Service User must be offered an opportunity to discuss the outcome of the investigation and to discuss its findings. This provides an opportunity to reassure the Service User that Nursing Direct is keen to always learn any lessons from medication errors and to prevent similar occurrences in the future
- Consent will be obtained from the Service User before discussing any medication errors with their family. If the Service User is unable to consent due to the lack of mental capacity, the person responsible for their best interests will be informed
- Care will be taken not to cause unnecessary alarm, and information will be provided in a way that is easy to understand and enables the Service User to ask questions
- If at any time the Service User or their representative is unsatisfied with the management of the medication incident, Staff including Agency Workers must signpost them to the complaints process as detailed within the Complaints, Suggestions and Compliments Policy and Procedure at Nursing Direct

5.8 **Root Cause Analysis (RCA)**
Incidents will be investigated for the purposes of learning and change. Staff including Agency Workers remain accountable to Service Users, Nursing Direct and their professional bodies (where relevant) for their actions and a Staff including Agency Workers member who makes repeated medication errors would ordinarily be given the opportunity to undertake further training and be assessed for competence for whichever part of the medicines pathway they are involved in. The Registered Manager is responsible for ensuring that an RCA is carried out for all medication errors and near miss events:

- The RCA process starts by holding a meeting and stating the problem. The Staff including Agency Workers (it can be one person but they must have the skills, knowledge to challenge, and seniority to question individuals) nominated to investigate the incident will gather documentation MARs, Care Plans, Service User notes, incident reports, etc.) and interview Staff including Agency Workers involved in the error to find out the sequence of events. This is called the 'Fact Find Investigation' and will result in a timeline of events
- The RCA team will review the documentation and sequence of events and continue asking themselves "why did this happen?" until they arrive at each root cause
- The team must assume that any problem is preventable and caused by a weak or vulnerable process rather than individual incompetence. Even in the case of a person making a mistake, the team must ask "why do our systems allow these types of mistakes to happen so easily?" or "what factors set this person up to make this error?"
- Try to focus on the process rather than on an individual to encourage an open culture where Staff including Agency Workers are willing to report errors

The investigation should ask and get answers to the following questions:

- What happened?
- What normally happens?
- What do policies/procedures say about how it should be done?
- Why did it happen?
- How was Nursing Direct managing the risk before the event?

5.9 **Actions from Root Cause Analysis**
When the investigation has finished, the investigators will review the following to understand what went wrong and how to prevent the error occurring again. These 'lessons learnt' will be used as evidence of providing a safe service:

- How can we decrease the chance of the event occurring again?
- How can we decrease the degree of harm if the event were to occur again?
- What is best practice (when considering changing local procedures or rules)?
- How can devices, software, work processes, or workspace be redesigned?
- How can we reduce reliance on memory and vigilance by improving processes in the workplace?
- Is the proposed action achievable within the limitations of the resources at Nursing Direct?
    - For example, if the error occurred because of something out of the control of Nursing Direct, concentrate on the factors that are in the control of Nursing Direct

Once this has been conducted, the information will be shared in a way that maintains confidentiality but ensures that Staff including Agency Workers understand why an error occurred and how to prevent it arising again. The Registered Manager should ensure that learnings from medication incidents are shared through a variety of forums including Staff including Agency Workers meetings, group, and individual supervisions.

5.10 **Training and Competency**
Nursing Direct will ensure that all Staff including Agency Workers who administer medicines complete relevant training and will only administer medication when they are competent.

Where Staff including Agency Workers make a medication error, Staff including Agency Workers competencies will be re-assessed. Nursing Direct will also review the training needs of any Staff including Agency Workers who make repeated medication errors.

5. ORDERING AND COLLECTING PRESCRIPTIONS

1. PURPOSE

1.1 To ensure that Service Users are supported to order, collect, or receive their medications correctly and in a timely manner and to reduce the unnecessary waste of medication.

1.2 This policy, along with associated policies and procedures, apply to all Staff including Agency Workers involved in medication administration within Nursing Direct and must be read and followed.

1.3 To support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements as set out by the Care Quality Commission (CQC).

1.4 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:

- The Care Act 2014
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Medicines Act 1968
- The Human Medicines Regulations 2012
- Misuse of Drugs Act 1971 (Amendment Order 2024)
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
- Data Protection Act 2018
- UK GDPR

2. SCOPE

2.1 The following roles may be affected by this policy:

- Registered Manager
- All Staff including Agency Workers

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS/ ICB

3. OBJECTIVES

3.1 To ensure that a clear procedure for the effective and safe ordering and collecting of prescriptions, when required, is in place as part of the agreed Care Plan.

4. POLICY

4.1 Nursing Direct to will ensure that Service Users have access to an adequate supply of the correct medicines, taking into account any changes made to the Service User's medicines whilst supported by Nursing Direct

4.2 Nursing Direct understands the importance of having accurate and up-to-date information about a Service User's medication at all times.

Nursing Direct will ensure that all Staff including Agency Workers responsible for medication management understand the procedures that are in place to make sure the process is safe, effective and there is a clear procedure on how to:

- Accurately list a Service User's medicines
- Manage the ordering and collection of prescriptions, if agreed, as part of the Care Plan

4.3 Staff including Agency Workers at Nursing Direct understand that it is the Service User's right to choose which pharmacy they use to dispense their prescriptions. Where Nursing Direct provides support in this area, it will use a reputable pharmacy provider and raise any concerns about the quality-of-service provision in a timely manner, to reduce any impact on the Service User.

4.4 Only Staff including Agency Workers trained, competent and skilled to do so will be responsible for the ordering, collection, and receipt of medication. Responsibilities will be clear in relation to medication reconciliation, ordering, and receipt when partnership working with both Service Users and other organisations.

4.5 Service Users will be encouraged to seek at least a 6-monthly review of their medication by their GP. Where the Service User lacks capacity to consent to a medication review and there is no one to legally advocate on the Service User's behalf, the Mental Capacity Act and 'Best interest decisions' Policies and Procedures at Nursing Direct will be followed.

4.6 If not using EMAR, the Registered Manager should ensure the use of printed MAR charts provided by Nursing Direct. The MAR must be correct at time of issue. Should any changes be made to prescribed medication, it is the responsibility of Nursing Direct to ensure that these records are up to date.

5. PROCEDURE

5.1 Nursing Direct will ensure that the information within this policy and procedure is used to formulate an appropriate Care Plan when supporting Service Users to order and collect prescriptions or when ordering and collecting prescriptions on the Service User's behalf.

This policy sets out the framework that can be used to support Service Users to make informed choices about ordering and collecting medication. An appropriate Care Plan based on the Service User's assessed needs, wishes and abilities will be in place and will detail the individual's chosen support methods clearly.

Where the Service User may lack capacity to consent to this process, the Mental Capacity Act and best interest policies and procedures at Nursing Direct will be followed.

5.2 **Medicines Reconciliation**
The Service User's medicines must be reconciled/listed as part of the assessment and Care Plan process and when Nursing Direct completes the initial assessment for the service, (where it is agreed that Nursing Direct will be supporting with medicines).

Medicines reconciliation will also be required when there is a possible change to the Service User's medication, which includes:

- Hospital discharge
- A change in treatment

This should be completed as soon as possible to ensure safe medication administration and prevent medication errors occurring.

If this cannot be achieved, it must be completed as soon as possible afterwards, and the reason must be recorded.

Service User consent is vital in all aspects of medicines reconciliation and Staff including Agency Workers will refer to the Consent to Care, Support and Treatment Policy and Procedure at Nursing Direct for further details.

Where possible, the following should be involved in medicine reconciliation:

- The Service User and/or their family
- Medication trained Staff including Agency Workers at Nursing Direct
- Person responsible for transfer of the Service User's care
- A pharmacist
- Other health and social care practitioners involved in managing medicines for the Service User, such as the GP or community matron

5.3 **Information Necessary for Medicines Reconciliation**
Below is a list of the information that must be made available to support effective medicine reconciliation:

- Service User details, including full name, date of birth, NHS number, address GP details, current GP and previous GP, if recently changed
- Details of relevant contacts defined by the Service User/carers, e.g. family members, consultant, regular pharmacist, specialist nurse
- Any known allergies and reactions to medicines or ingredients and the nature of the reaction experienced, if known
- Current list of medicines, including name, strength, form, dose, timing and frequency, route of administration, and indication. This must include both prescribed medicines and those purchased over the counter
- How and when the Service User prefers to take their medicine
- Recent changes to medicines, including medicines started, stopped or dosage changed, and the reason for the change
- Date the last dose of any medicines was taken if given less often than once a day (includes 'when required,' weekly and monthly medicines)
- Other information, for example, when the medicine will be reviewed or monitored
- Any support the Service User needs to carry on taking the medicine, e.g. compliance aids
- The consistency of thickened fluids needed for those with swallowing difficulties

Where there are concerns that all known information is not available, Staff including Agency Workers must discuss this with the Registered Manager or a delegated other.

5.4 **Medicines Reconciliation Procedure**
Nursing Direct will ensure that there is a clear audit trail for all medication administered to service users by all staff including Agency Workers.

Record a current list of the Service User's medicines, including:

- Prescribed
- Over the counter
- Complementary

This list should be compared with the medicines the Service User informs and shows you they are taking.

This should be checked with the Service User's GP or pharmacist.

Any discrepancies must be resolved and any changes documented.

The Registered Manager should be informed of any discrepancies.

Staff including Agency Workers must check the Service User's MAR to make sure it contains accurate information.

5.5 **Ordering**
Where Service Users choose for Nursing Direct to order medication on their behalf, a medication ordering system for Service Users will ensure that the correct medicines are supplied in a timely manner to meet their needs, with minimum waste.

All Staff including Agency Workers, including the wider multidisciplinary team, have their part to play in ensuring a smooth process and, ultimately, the best Care for Service Users. Good communication and cooperation between GP practices, pharmacies and Nursing Direct is essential.

The following principles will be followed to ensure that an effective ordering system is in place:
- Medication will only be ordered when this is part of the agreed Care Plan
- Where Staff including Agency Workers are responsible for ordering medication, they must record the:

    - Name, strength and quantity of medicine ordered
    - Date of order
- Once medication is received, Staff including Agency Workers must also record the:
- Date medicines were received
- Any discrepancies between what was ordered and received

Ordering Process

- Nursing Direct will have a designated, named person(s) and ideally, a deputy who process the regular repeat medication order
- Protected time will be available to order medicines and check medicines delivered to Service Users
- If the Service User is refusing/having difficulties with swallowing medication, this must be highlighted to the prescriber in advance of re-ordering
- Medication will be ordered at 28-day intervals with sufficient time available for prescriptions to be issued, checked, dispensed, and delivered
- Staff including Agency Workers must be accurate regarding stock levels of medication and where it applies, this will be recorded in the carried over section on the new MAR
- Requests for repeat medication will be submitted using the repeat medication format of the Service User's GP/pharmacy and records will be maintained of what has been ordered
- Time must be made available for Nursing Direct to check completed prescriptions from the GP/pharmacy for accuracy
- Nursing Direct must be alerted to any medication that has been discontinued so this can be removed from the MAR. This may include requesting the GP/pharmacy to complete the medication discontinuation record on the MAR/pharmacy copy

5.6 **Collecting a Prescription - General principles**

- Where appropriate to do so, Service Users will be supported to collect their own prescriptions
- Prescriptions will only be collected when this is part of the agreed Care Plan
- The Service User must give consent for the prescription to be collected on their behalf
- Where the Service User lacks capacity, a best interest decision may be required if there is no one to legally consent on their behalf
- A risk assessment must also be carried out, taking into consideration the transportation of the prescription, in particular, where the Staff including Agency Workers may not be going straight to the Service User's home and may have a Care visit in-between. Consideration must also be given for any cold-chain medicines or medicines liable for misuse such as controlled drugs

5.7 **Collecting a Prescription from a GP Surgery**

- Staff including Agency Workers at Nursing Direct can collect a repeat prescription for the Service User from the GP surgery if the Service User has given explicit consent to the surgery for them to collect the prescription. They will usually be asked to confirm the name and address of the person they are collecting the prescription for
- The GP surgery is not legally required to check their identity, but some surgeries may ask to see proof of identity to prevent the wrong prescription being given out to the Service User
- The Service User's local pharmacy may offer a prescription collection service, which means that a pharmacist will collect the prescription from the GP surgery for the Service User. At the pharmacy, the member of Staff including Agency Workers may need to confirm their identity and prove that they are acting on behalf of the Service User with their permission. Pharmacists, like GPs, have a responsibility to make sure that all patients' details are kept confidential. Staff including Agency Workers must remember to take their identification badge from Nursing Direct as well as another form of ID

5.8 **Collecting a Prescription from the Pharmacy**

- Staff including Agency Workers at Nursing Direct can take a prescription form to the pharmacy to collect the Service User's medication for them. The Service User must complete Part 1 on the back of the prescription form (FP10) and the member of Staff including Agency Workers, as the Service User's representative, must complete Parts 2 and 3
- If the Service User has to pay prescription charges, the correct amount must be entered in Part 2. If the Service User is exempt, the Staff including Agency Workers may be asked to show evidence of the exemption, e.g. an exemption card
- The pharmacist will then check the back of the FP10 form to make sure that it is signed, that the appropriate category is ticked if the Service User is exempt from charges, and confirm that the Staff including Agency Workers is acting on the Service User's behalf and with their permission
- Only the Service User's Prescription Prepayment Certificate (PPC) can be used for prescriptions that have been issued to them – if the Staff including Agency Workers has one, it cannot be used
- If a false claim of exemption is made, a penalty charge may be issued, and the Service User could be prosecuted. Routine checks are made
- If the Staff including Agency Workers is collecting 'controlled medication' for the Service User, the pharmacist may request proof of identity. Controlled medication includes Morphine, Fentanyl, Oxycodone and Buprenorphine. These medicines are prone to being misused, so have stricter legal controls on their supply
- The dispensing pharmacist will use their professional judgement to assess each situation on a case-by-case basis, i.e. who is collecting the prescription and why
- If there are any concerns about collecting the medication, the Staff including Agency Workers must contact Nursing Direct
- The Staff including Agency Workers must record in the Service User's Communication Visit Log when medication is collected
- The Staff including Agency Workers must ensure that medication is returned promptly to the Service User and stored correctly
- The Staff including Agency Workers must ensure that any changes in medication are communicated to Nursing Direct so that the Medicine Administration Record MAR can be amended, if necessary

5.9 **Obtaining Medication in an Emergency**

If the Service User urgently needs medicine, Nursing Direct must contact their GP immediately to arrange a prescription. If this is not possible, a pharmacist may be able to support in an emergency, subject to certain conditions.

The Service User must have been prescribed the medicine before. In addition to this, the pharmacist:

- May want to see the Service User face-to-face (this must be discussed with the pharmacist)
- Must agree that the Service User needs the medicine immediately
- Will usually need evidence that the Service User has been prescribed that medicine before
- Must be satisfied with the dose that is most appropriate for the Service User to take
- The pharmacist may provide an emergency supply of up to 30 days' treatment for most prescription medicines, with these exceptions:
    - Insulin, an ointment, a cream, or an asthma inhaler – only the smallest pack size will be supplied
    - The contraceptive pill – only enough for a full treatment cycle will be supplied
    - Liquid oral antibiotics – only the smallest quantity to provide a full course of treatment will be supplied

Only a limited range of controlled medicines can be prescribed in an emergency, such as those for epilepsy (phenobarbital). Many commonly used controlled medicines such as morphine or diamorphine cannot be supplied in an emergency by a pharmacist without a prescription.

The pharmacist will then make a note in their prescription book of:

- The Service User's name and address
- The nature of the emergency
- The date of the emergency supply
- The name, quantity, form (e.g. capsules, tablets, or liquid) and strength of the medicine

Even if the pharmacist is unable to give an emergency supply of a medicine, they will advise on how to obtain any essential medical care that the Service User may need.

5.10 **Receipt of Medication**
Where Nursing Direct is responsible for taking receipt of medication or where the pharmacy has delivered medication directly to the Service User:

- A suitably competent and trained member of Staff including Agency Workers must check that medicines received are correct by comparing them to a copy of the Service User's current prescription
- If the medicines do not match the copy of the prescription, Staff including Agency Workers must not administer them and must contact the supplying pharmacy immediately to rectify the mistake
- Medication trained Staff including Agency Workers must record on the individual Service User's MAR the quantity received, the date of receipt and the initials of the person receiving the medicine. This should be double checked and signed by a second person who is suitably trained if possible
- Where a further supply or balance is received, Staff including Agency Workers must record this in the same way
- Where paper MARs are in use, Staff including Agency Workers must
    - Make a written entry on the Service User's existing MAR or a new MAR
    - This must only be completed by trained members of Staff including Agency Workers
    - Any written additions be checked by a second medication trained Staff including Agency Workers member if possible
- Accurate balances will be kept of carried over stock and newly received medication, and this will be evidenced within the MAR

5.11 **Education and Training**
Staff including Agency Workers will be trained in medication management and the process for ordering and collecting the Service User's medication before they are deemed competent to carry out the task.

Staff including Agency Workers must ensure they follow the Service User's Care Plan and only order and collect medication where it is part of the Care of that particular Service User.

Staff including Agency Workers will be monitored and assessed on their medication support to Service Users through checks such as competency assessments and spot checks.

5.12 **Governance**
The Registered Manager is responsible for ensuring that the ordering and receipt of medicines at Nursing Direct, and medicines reconciliation are regularly audited as part of the medication audit process.

Staff including Agency Workers should refer to the Auditing and Monitoring of Medication Policy and Procedure at Nursing Direct.

6. STORAGE OF MEDICATION

1. PURPOSE

1.1 To support the safe storage of medication in the Service User's own home.

1.2 To support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements as set out by the Care Quality Commission (CQC).

1.3 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:

- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Medicines Act 1968
- The Human Medicines Regulations 2012
- Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007

2. SCOPE

2.1 The following roles may be affected by this policy:

- All Staff including Agency Workers

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS/ ICB

3. OBJECTIVES

3.1 To ensure that Service Users who require medication administration and/or who self-manage their medication are supported to store their medication safely.

3.2 To ensure that Service Users who self-manage their medication are aware of how to store their medication safely.

4. POLICY

4.1 Nursing Direct will undertake a medication assessment which will include a medication risk assessment in line with the local procedures at Nursing Direct. The risk assessment will include how medication is stored in the Service User's home and be used to develop the Care Plan which details how medication is stored in the individual Service User's home.

4.2 Nursing Direct will comply with the Misuse of Drugs Act 1971 and associated regulations when storing controlled drugs. Staff including Agency Workers should refer to the Controlled Drugs Policy and Procedure at Nursing Direct for details on the storage of controlled drugs.

4.3 Staff including Agency Workers should refer to the Oxygen Use Policy and Procedure at Nursing Direct for details on the safe storage of oxygen.

4.4 Nursing Direct will follow NICE and Royal Pharmaceutical Society guidance on the storage of medicines and ensure that procedures are cascaded to all Staff including Agency Workers that include:

4.4.1 How and where medicines are stored, including:
- Controlled drugs
- Medicines to be stored in the refrigerator.
- Medicines supplied in monitored dosage systems (MDS)
- Skin creams
- Oral nutritional supplements
- Medicines to be taken and looked after by Service Users themselves.
- Secure storage
- The temperatures for storing medicines and how the storage conditions must be monitored.

4.5 The decision about where to store the medicines in the Service User's home must take into account the Service User's right to choice and their mental capacity.

4.6 Service User consent must be sought before providing any support with medication. Where a Service User is assessed as lacking capacity, a best interest decision will be undertaken by the relevant healthcare professionals, documented, and shared with Nursing Direct.

4.7 Where a Service User is supported with medication and there is a risk of misuse, following a best interest's decision, their medication needs to be kept in a secure place out of their sight and reach where it is only accessible to family, Staff including Agency Workers, and other healthcare professionals. This will be agreed and noted in the Care Plan.

5. PROCEDURE

5.1 **Self Administering Service User**
Service Users who wish to self-medicate without assistance from Nursing Direct keep their medicines in a suitable place of their choosing within their own home. This will be documented on the Care Plan to ensure it is clear that the Service User has no assistance from Nursing Direct.

5.2 **Service Users who Require Support with Medication Administration**
Where it has been discussed and agreed that the Service User requires support with medication administration, this will be risk assessed and documented in the Care Plan. Support with medication includes, prompting, assistance with opening a packet of medication and also dispensing the medication from its original packaging and giving it to the Service User.

Nursing Direct will discuss with the Service User where medication is to be stored, and where other agencies or health professionals are involved in the administration of medication, they will also be liaised with.

If family or friends provide assistance with medication, such as ordering or prescription collection, they will be involved in discussions about where medication is stored either with the Service User's consent if they have capacity, or as part of a best interest decision if they lack capacity. Information related to the storage of medication will be recorded in the Service User's Care Plan and reviewed at agreed intervals.

5.3 **Storing Medicines Away from Service Users**
In the event that a risk has been identified that the Service User would be in danger by accessing their medicines, or of causing themselves harm, then a decision may be needed to store medication securely away from them (for example, in a locked box/safe). This is an important and sensitive decision which may deny the Service User their rights. Nursing Direct understands that it may be necessary to liaise with family members who hold lasting power of attorney for health and welfare in this instance.

Where the Service User has been assessed as lacking mental capacity, a best interest decision may be required. The decision must be documented on the risk assessment. The decision must be reviewed at least 6 monthly and as and when a change occurs.

Any decisions which may breach the Service User's rights will be considered in line with the Mental Capacity Act 2005 and Code of Practice.

5.4 **Storage of Tablets and Capsules**
- Keep all medication in the original container in which it was dispensed
- Keep medicines in their original outer packaging to protect from sunlight
- Store as recommended by the manufacturer
- Note and act on any specific storage instruction, e.g. 'store in the fridge'
- The expiry date of products can change once opened
- Record the date opened and the calculated expiry date on the medicine package/label
- Be vigilant with product expiry dates
- Rotate stock so that the earliest expiry is at the front and therefore going to be used first, i.e. 'first in, first out'
- Check expiry dates of medication stock and this includes any monitored dosage systems (MDS)
- Medication will be user specific and 'sharing' of medicines, including creams and ointments, is prohibited
- Medication is to remain in the container in which it was received – batches must not be mixed

5.4.1 **As Required Medication (PRN)**
Be aware of the expiry date of PRNs, especially if they are not used frequently. It is good practice to date and initial on opening all PRN medication for audit trail purposes.

5.5 **Temperature Controlled Storage and Medication Requiring Refrigeration**
Most medicines are stored at room temperature. This will be specified on the packaging, e.g. between 15°C and 25°C, or below 30°C. This should be considered when identifying a suitable location to store medication in the Service User's own home.

Where medication is stored in a fridge, the fridge must be checked to ensure that it is in working order. Temperature checks are not required every day. However, should Staff including Agency Workers notice any concerns with the fridge, including the temperature, they must report them to Nursing Direct immediately. Refrigeration temperature is usually between 2°C - 8°C.

Information on what to do in a heatwave can be found at Managing Temperature Excursions (Specialist Pharmacy Service - The first stop for professional medicines advice).

5.6 **Shelf Life and Expiry Dates**
The monthly checking of expiry dates of all stored medication and dressings must be carried out by trained Staff including Agency Workers and appropriate records kept.

Medications beyond their expiry date must not be used and must be disposed of appropriately.

New supplies of medication must be placed behind older supplies when medication is received so that the older supplies are used first.

5.7 **Rescue Medication**
The storage of 'when required' medicines for emergency use must take into account the Staff including Agency Workers of Nursing Direct having access to these items quickly and safely.

For example:

- Buccal midazolam (used for seizures)
- Adrenaline autoinjector (used for anaphylaxis)
- GTN spray (used for the management of angina)
- Glucose gel (used for the management of hypoglycaemia)

Each Service User Care Plan will clearly detail where these items are stored for emergency use and if Staff including Agency Workers are required to support in the event of an emergency.

5.8 **Consideration for Other People Living in or Visiting the Service User's Property**
Nursing Direct understands that the Service User they assist may not be the only person living in the property. As such, Nursing Direct recognises that thoughtful, risk assessed and safe storage of all medicines is imperative in keeping everyone who lives and visits the property safe from harm, including children and people with dementia or other cognitive conditions.

5.9 **Governance**
The Registered Manager is responsible for ensuring that the storage of medicines process at Nursing Direct is regularly audited as part of the medication audit process.

7. SAFE DISPOSAL OF MEDICATION

1. PURPOSE

1.1 To ensure that all Staff including Agency Workers at Nursing Direct are clear on the correct and safe way to dispose of unused or expired medication.

1.2 To support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements as set out by the Care Quality Commission (CQC).

1.3 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:

- Care Quality Commission (Registration) Regulations 2009
- Medical Act 1983
- Medicines Act 1968
- The Human Medicines Regulations 2012
- Misuse of Drugs Act 1971 (Amendment Order 2024)
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007UK GDPR

2. SCOPE

2.1 The following roles may be affected by this policy:

- Registered Manager
- Other management
- All Staff including Agency Workers

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Commissioners
- External health professionals
- Local Authority
- NHS

3. OBJECTIVES

3.1 Nursing Direct promotes safe practice and ensuring the efficient management of medications. Nursing Direct are committed to minimising and avoiding unnecessary medicines waste.

4. POLICY

4.1 Nursing Direct understands that medicines that have been prescribed for, and dispensed to individual Service Users, remain their property. Where there is a requirement to support with the administration of medication, consent must be sought before the disposal of medicines takes place.

4.2 Nursing Direct will ensure that all Staff including Agency Workers are aware and follow the procedures for the safe disposal of medication which includes the requirements for record keeping and safe storage.

4.3 The disposal of medicines is regulated by The Controlled Waste (England and Wales) Regulations 2012. Under these regulations, medicines fall under the category of clinical waste.

4.4 In a Service User's own home, clinical waste is treated as household waste, and medicines should be returned to the pharmacy that supplied them for disposal.

4.5 Disposal Applies to:

- Medication that has been discontinued
- Dispensed refused doses
- Medication that is past its expiry date
- Medication remaining after a Service User has died

4.6 Storing unwanted medicines increases risk to Service Users whom Nursing Direct supplies services to.

- Medicines belonging to individuals who are no longer living at the same address could be given to another Service User in error.
- Discontinued medication could still be given.
- Expired medication could still be given.

All Staff including Agency Workers of Nursing Direct will ensure that all unwanted medicines are disposed of promptly.

5. PROCEDURE

5.1 **General Disposal Procedures**
Where the administration of medication is required as part of the Care Plan:

- Unwanted medicines (including partially used containers) must be returned to the pharmacy that supplies the Service User
- Medicines no longer required by the Service User should be disposed of with their consent
- All unused medications will be disposed of in the disposal container supplied by the pharmacy, if applicable and covered by a written record of the returns

- Service Users' prescribed medication that is no longer required must never be used for any other Service User
- Refused medication should not be returned to the packaging but must be disposed of in the correct manner. Medication that is refused after it has been in the Service User's mouth should be safely put into a yellow clinical waste bag if available.
- Medicines for disposal must be stored securely and separately from medicines that are in use
- Do not dispose of medicines through the sewage system Do not remove tablets or capsules from blister strips
- Any queries relating to the correct way to dispose of medication should be discussed with the advisory pharmacist

Disposal of Liquid Medication
- In the event of a Staff including Agency Workers measuring a dose of oral liquid medication and the Service User then refusing to take it, the following actions will be taken:
- Do not return the dose to the medicine bottle Place it in a suitable container, as available Mark it as waste and name the medicine
- If it will not be going to the pharmacy immediately, ensure that it is stored securely and removed as soon as possible
- The Staff including Agency Workers must make an entry in the daily notes indicating that the dose has been disposed of, and the appropriate record will also be made on the MAR. The Staff including Agency Workers must also inform Nursing Direct.

Sharps Disposal
Where a Service User's medication support generates 'sharps' (needles, syringes, lancets for finger pricking for testing blood) then these must be disposed of in a designated 'sharps bin' supplied through the GP or Community Nursing Team. Staff including Agency Workers will only be providing support with this if it has been agreed as part of the Care Plan, a risk assessment is in place and specific additional training has been undertaken.

Any other clinical waste will be disposed of into designated bags/containers if these have been made available.

Disposal of Patches
Old patches will be disposed of by folding back and sticking the adhesive sides together and then disposing of them safely as directed in the Patient Information Leaflet, or in a clinical waste bag if they have been issued

Inhaler Disposal
Empty inhalers or medicated aerosols should be returned to the community pharmacy for proper disposal.

Other Empty Containers/Bottles
Other empty containers or bottles must be thoroughly rinsed out and placed in domestic waste.

5.2 **Disposal Applies To:**
- Medication that has been discontinued
- Medication remaining due to a Service User's treatment having been changed or discontinued
- Dispensed doses that have been refused Medication that is past the expiry date
- Medication remaining after a Service User has died

A record of the medication for disposal must be kept by Nursing Direct, and must include:

- The date
- The name of the Service User
- The name, form (e.g. tablets), strength Quantity of the medication to be disposed of
- Details of the pharmacy the medication is returned to Record of consent from the Service User
- The name of the member of Staff including Agency Workers disposing of the medication Signature of the Staff including Agency Workers member arranging the disposal

A record should also be made on the Service User's daily notes.

5.3 **Disposal of Medication from a Monitored Dosage System (MDS) or Packaging Strip**
Unused medicines dispensed in a monitored dosage system must not be given to Service Users following 8 weeks after the dispensing date.

Likewise, many creams, ointments or liquids may have specific expiry dates.

Staff including Agency Workers must familiarise themselves with these in accordance with manufacturers' guidelines or on the advice of the Service User's pharmacy.

Any unused tablets/capsules removed from an MDS or packaging strip by a Staff including Agency Workers will ideally be placed in a sealed envelope or something similar if a disposal pot from a pharmacist is not available, with the following information added:

- Service User's name
- Date
- Time
- Reason (e.g. refused, dropped on the floor)
- Staff including Agency Workers' name and signature

The Staff including Agency Workers must contact the office and obtain consent from them and from the Service User to take the medication to a pharmacy for disposal. The disposal should be recorded as in section 5.2.

5.4 **Medication Belonging to Deceased Service Users**
Nursing Direct will ensure that family members are aware that medication belonging to recently deceased Service Users must be kept for seven days before being returned to the pharmacist for disposal. This is in case the Coroner's Office, Police or courts require them as evidence as part of any investigation into the death of the Service User.

5.5 **Confidentiality**
All pharmacy labels will be removed before containers/tubes are disposed of and labels shredded, or the confidential text overwritten with a black marker. Any removed labels should be shredded.

5.6 **Governance**
The Registered Manager is responsible for ensuring that the safe disposal of medicines at Nursing Direct is regularly audited as part of the medication audit process.

8. DEFINITIONS

8.1 **All Staff including Agency Workers**

8.1.1 **Staff**
Denotes the employees of Nursing Direct.

8.1.2 **Agency Workers**
Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct to perform care services under the direction of Nursing Direct.

8.2 **Nursing Direct**
Nursing Direct, also known as Nursing Direct, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

8.3 **Nursdoc Limited**
As the sister company to Nursing Direct, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

8.4 **CQC (Care Quality Commission)**
CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

8.5 **MAR**
Medication Administration Record is a document recording medicine administration, ideally produced monthly by the pharmacy.

8.6 **Medicine Administration**
The act of giving medicine to the body, defined by the Medicines Act 1968. Assisting involves user guidance; administering occurs without user indication.

8.7 **PRN**
'As needed' medications, denoted by 'pro re nata' in Latin.

8.8 **Expiry/Use by Date**
Medicines should not be used after expiry or end of the month. Use by dates refer to the end of the previous month.

8.9 **Medication Error**
Preventable events causing inappropriate medication to use or harm during healthcare control.

8.10 **Reconciliation**
Identifying and comparing a person's current medicines list, noting discrepancies, and documenting changes.

8.11 **Enteral Feeding**
Providing nutrition via tube to users unable to consume orally.

8.12 **Covert Administration**
Administering medicines discreetly, without user knowledge or consent.

8.13 **Chemical Restraint**
Administering medication to control a person's movement or behaviour.

8.14 **Best Interest Decision Meeting**
A meeting to determine if covert administration is in the service user's best interest.

8.15 **CDs**
Controlled Drugs regulated under Misuse of Drugs legislation, e.g., morphine.

8.16 **Medication Review**
Regularly reviewing medicines for safety and efficacy in users with complex conditions.

8.17 **Root Cause Analysis (RCA)**
Identifying reasons for an event to prevent future occurrences.

8.18 **MDS**
Monitored Dosage System, repackaged by pharmacists, indicating days and times for medicine intake

8.19 **PPE**
Personal Protective Equipment safeguards users from workplace health and safety risks, including gloves, eye protection, and disposable aprons.

8.20 **Protected Characteristics**
Equality Act 2010 safeguards nine groups from discrimination in services and employment: age, disability, gender reassignment, marriage, pregnancy, race, religion, sex, and sexual orientation.

9. OUTSTANDING PRACTICE

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

9.1 **Administration of Medication**

- Risk assessments are in place for medication administration. Risks to individuals are thoroughly assessed and extensive information and control measures are put in place for all Staff including Agency Workers to follow.
- Nursing Direct supports Service Users who wish to be self-managing with medication, and robust procedures are in place to manage any risks.
- The Service User's wishes are recorded and respected, with personal choice reflected in Care Plans and they are supported to self-manage wherever possible, with all Staff including Agency Workers following the Care Plans at all times.
- Service Users are regularly assessed for capacity, and assessments are made for individual medications as opposed to 'blanket' decisions.
- There is evidence that Service Users are supported to self-manage their medication where they have been assessed as having the capacity to do so. All Staff including Agency Workers understand the Mental Capacity Act 2005 and can apply it in practice.
- Service Users are involved in decisions about their medication and there is evidence of partnership working with other members of the multidisciplinary team.
- All Staff including Agency Workers are trained and understand the implications of the Mental Capacity Act 2005 and the need to ensure valid consent. Where a Service User lacks capacity, a best interest decision is taken and recorded.
- Where a Service User refuses medication, it is documented correctly, and any actions taken are in line with agreed policy.
- A comprehensive training program is established, including competency assessments, allowing all Staff including Agency Workers opportunities for skill and knowledge development.
- Evidence indicates that all Staff including Agency Workers possess a strong working knowledge of initiatives such as STOMP and other best practices related to medication.
- There is evidence of working with the multi-disciplinary team to ensure that the Service User's needs and wishes are met.

9.2 **Controlled Drugs**

- There is regular monitoring and auditing of the medication process at Nursing Direct, including those of controlled drugs.
- A nominated individual has been appointed to ensure that Nursing Direct works in accordance with the safe use and management of controlled drugs.

9.3 **Covert Medication**

- Written evidence is in place where pharmacist advice was sought where medicine administration involved crushing tablets, mixing the contents of a capsule with drink and food and, where necessary, medication was given via a PEG.
- There is paper evidence of an MDT meeting taking place (including GP, family member, pharmacist) before covert administration is considered. Paperwork must be in date, signed by members of the MDT and include a review date.
- Best interest decisions have been taken and Staff including Agency Workers understand the Mental Capacity Act in relation to medication management.
- Where medication is administered covertly, it is regularly reviewed and there is evidence that fluctuating capacity is recognised, and practice is altered accordingly.

9.4 **Medication Errors and Near Misses**

- All medication errors and near misses are recorded and reported promptly in accordance with legislation. They are then discussed at team meetings, and robust written action plans are developed to prevent further occurrences. The lessons learned from these incidents are shared with the Staff including Agency Workers responsible for medication errors.
- Nursing Direct undertakes medication audits to ensure correct ordering, reconciliation and reviews take place, that any errors are highlighted and investigated with findings disseminated.
- When incidents occur, root cause analysis and lessons learnt are applied to ensure continuous improvement.
- There is evidence that competencies and training are re-assessed after medication incidents.

9.5 **Ordering and Collecting Prescriptions**

- Nursing Direct undertakes medication audits to ensure correct ordering, reconciliation and reviews take place, that any errors are highlighted and investigated with findings disseminated.
- Stakeholders, such as GPs and pharmacies, report that they are extremely satisfied with the way in which Nursing Direct supports Service Users with the ordering and management of medication.

9.6 **Storage of Medication**

- 'Opened on' dates are recorded on medications that have a short shelf life on opening, e.g. drops, liquids, external preparations.
- There is a process in place for receiving and acting upon medication and safety alerts.

9.7 **Safe Disposal of Medication**

- Records surrounding medication return or refusal are extremely clear, well-ordered and provide an efficient audit trail
- There are clear records and evidence of medicine waste returned to the pharmacy
- There is evidence that Service Users are supported to self-manage their medication where they have been assessed as having the capacity to do so. Staff including Agency Workers understand the Mental Capacity Act 2005 and can apply it in practice

COMPLETED DATE:	29/09/2025
SIGN OFF DATE:	29/09/2025
REVIEW DATE:	29/09/2026
SIGNED:	 Marc Stiff – Group Managing Director