

Medication Administration

Extra Care & Residential

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1. Background

Abbeyfield The Dales Ltd. ("ATD") recognises the importance of safe and effective medication administration for residents. To enhance accuracy, efficiency, and safety in medication management, ATD has transitioned from manual Medication Administration Record (MAR) charts to the CareMeds eMAR system. This update ensures compliance with regulatory standards and improves record-keeping, medication tracking, and audit trails. While most residents can, with the appropriate support, manage their medication effectively themselves, some may require their medication to be managed for them in a Residential Care, an Extra Care or Domiciliary setting.

This policy reflects the best practice guidance given in the National Institute for Health and Care Excellence (NICE) guideline [NG67] Managing Medicines for Adults Receiving Social Care in the Community and has been developed to ensure that ATD provide a safe and consistent approach in all aspects of medicines management. The policy also takes account of NICE guideline [NG21] delivering residential care and practical support to older people living in their own homes.

2. Objectives

The aim of this policy is to ensure that:

- People receive safe care and treatment and are protected from the risks associated with the unsafe use and management of medicines.
- Ensure all staff are trained and competent in using the eMAR system.
- Reduce medication errors and improve compliance with medication schedules.
- Enhance communication between care staff, pharmacies, and healthcare professionals.

3. Scope

This procedure must be read and complied by all members of Staff who are involved in the assessment of a resident's care needs and all members of Staff who are involved in supporting the resident with their medication.

4. Policy

ATD will provide the right level of medicines support to enable people to manage their medicines safely and effectively. We will ensure this is done in a consistent manner and in accordance with best practice and guidance.

This policy sets out key responsibilities and covers the following:

- Assessing a person's medicines support needs (4.3);
- Supporting people to take their medicines, including 'when required', time-sensitive and over the-counter medicines (4.4);
- Joint working with other health professionals and social care providers (4.5);
- Sharing information about a resident's medicines (4.6);
- Ensuring that records are accurate and up to date (4.7);
- Managing concerns about medicines, including medicines-related safeguarding incidents (4.8);
- Giving medicines to people without their knowledge (covert administration) (4.9);
- Ordering and supplying medicines (4.10);
- Transporting, storing and disposing of medicines (4.12); and
- Medicines related staff training and assessment of competency (4.14)

4.1. Legislation

All aspects of medicines management will meet the requirements of the following legislation:

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended) Fundamental Standards.

In summary, the fundamental standards state:

- Care and treatment must be appropriate and reflect residents' needs and preferences.
- Residents must be treated with dignity and respect.
- Care and treatment must only be provided with consent.
- Care and treatment must be provided in a safe way.
- Residents must be protected from abuse and improper treatment.
- Residents' nutritional and hydration needs must be met.
- All premises and equipment used must be clean, secure, suitable and used properly.
- Complaints must be appropriately investigated, and appropriate action taken in response.
- Systems and processes must be established to ensure compliance with the fundamental standards.
- Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed.
- Staff employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed; and
- Registered providers must be open and transparent with Residents about their care and treatment (the duty of candour).

All staff will be made aware of this policy and the procedures they are expected to follow when supporting or assisting a person with their medication.

Many local authorities, in partnership with their local NHS trust, will have a policy for the management of medicines in place which must be followed by service providers. Each Care at Home service must follow any policy and procedures that apply in their area. This will often be a contractual requirement as part of local commissioning arrangements. Should an occasion arise where ATD policy is not aligned with local policy, the Registered Manager should raise the matter with ATD's policy owner.

4.2. Responsibilities

4.2.1 The Registered Manager

The Registered Manager is responsible for the effective implementation of this policy. The Registered Manager may designate an experienced senior member of staff to be responsible for the safe management of medicines. No responsibility for managing a resident's medicines must be taken unless the care assessment says there is a need to do so, and this has been written in the care plan.

The Registered Manager, or designated responsible Senior Carer or Carer, must:

- Ensure each resident's care requirements are assessed to include the level of medicines support they require. (See Levels of Assistance).
- Stipulate the level and details of medicines support to be provided in the care assessment and in the resident's care plan.
- Take into consideration, when assessing and planning care, any factors which may require more time to be completed safely.
- Ensure that a review is conducted whenever there is a change in the resident's circumstances which may affect the level of support required, or, as a minimum, every year.

- Ensure that all care staff who will be providing medicines support are aware of each resident's needs.
- Liaise with family members and other informal carers.
- Seek consent.
- Ensure that, when agreeing to provide medicines support, the service has the capacity and capability to do so safely.
- Ensure that all staff comply with this policy.
- Establish, document and maintain an effective system by which medicines are managed safely and securely (with particular attention to controlled drugs) to meet resident's care needs.
- Ensure that care staff providing medicines support, and other relevant staff, have been trained and are competent to do so.
- Ensure all staff are trained and competent in using the eMAR system.
- Conduct and maintain a Medicines Risk Assessment for each resident who takes prescribed medication receiving level 1, 2 or 3 support with their medicines.
- Use the CareMeds eMAR system for all medication administration tasks and is available for staff to record level 2 or level 3 support provided.
- Set up a system to assure the source and accuracy of information contained in the MAR chart, and any changes.
- All medication administration must be recorded using the CareMeds eMAR system.
- Establish an effective system to ensure that the CareMeds eMAR system is reviewed following discharge from hospital and is updated when changes are made to the resident's medication, e.g. following an out-patient appointment; and
- Immediately take medical advice in the event of a mistake occurring, and to fully investigate, document and take necessary action to prevent recurrence. Please record the incident on the near miss form at appendix 5.

Errors which can cause harm to residents may be treated as Gross Misconduct under ATD's disciplinary procedure. Immediate action will be taken to stop the member of staff from working from the moment the Registered Manager or designated responsible resident in charge become aware of a potential breach of standard procedures until a comprehensive investigation has taken place.

- Monitor the care provided to ensure it continues to meet the resident's needs;
- Respond to any concerns relating to medicines management; and
- Respect a resident's right to refuse medicine on any occasion, and to report refusals and missed doses appropriately using the correct notification code as identified on the MAR chart.

4.2.1. Care Staff

Care staff must:

- Follow this policy and procedures with care and attention (See 4.12.5 Providing Level 2 Support (Administering Medicines));
- Follow the instructions given in the resident's individual care plan and only provide the level of support specified:
 - Level 1 support (e.g. prompting) in accordance with the care plan and the person's instructions. Record level 1 support in the care record; and
 - Level 2 or 3 support in accordance with the care plan and the prescriber's instructions. All level 2 or 3 assistance given must be recorded using the CareMeds eMAR system.(See 4.8)

- Be alert to any factors which may pose a risk to the resident, and to report any concerns to your manager. This may include concern about the availability or accuracy of the CareMeds eMAR system.
- Immediately report any refused or missed doses or mistakes in the administration of medication to their manager, any medication refusals, missed doses, or issues must be logged in real time on the eMAR system. If unable to contact their manager, the care worker should not delay seeking medical advice.
- Act in a way which would not put themselves or the resident at risk; and
- Ensure they have received the necessary training and are competent to provide the support required. Care staff are not expected to provide medicines support if they do not feel confident to do so.

4.3. Assessing Medicines Support Needs

Residents have the right to be involved in discussions and make informed decisions about their care. The service must ensure that residents receiving care and support from the Abbeyfield the Dales registered service are fully involved in an assessment of their care needs. This includes assessing whether they need support with their medicines and if so, whether they need Level 1, 2 or 3 support.

The assessment must be carried out by a competent Senior Carer or Carer who has the necessary knowledge skills and experience.

The assessment should include family members and informal carers if the resident wants them to be involved and should focus on how the resident can be supported to manage their own medicines safely taking into account:

- Their needs and preferences, including their social, cultural, emotional, religious and spiritual needs.
- Their expectations for confidentiality.
- Their understanding of why they are taking their medicines.
- What they are able to do and what support is needed, for example, reading medicine labels, using inhalers or applying creams.
- How they currently manage their medicines, for example, how they order, store and take their medicines.
- Whether they have any problems taking their medicines, particularly if they are taking multiple medicines.
- Whether they have nutritional and hydration needs, including the need for nutritional supplements or parenteral nutrition.
- Who to contact about their medicines (ideally the resident themselves, if they choose to and are able to, or a family member, carer or care coordinator);
- The time and resources likely to be needed.; and
- The discussions and decisions about the resident's medicines support needs should be documented and if the resident needs medicines support, the following information should be recorded in their care plan:
 - The resident's needs and preferences.
 - The resident's expectations for confidentiality.
 - How consent for decisions about medicines will be sought (including obtaining, storing and returning them).
 - Details of who to contact about their medicines (the resident or a named contact).
 - What support is needed for each medicine.
 - How the medicines support will be given; and
 - Who will be responsible for providing medicines support, particularly when it is agreed that more than one care provider is involved when the medicines support

will be reviewed, for example, after 6 weeks.

The resident's medicines support must be reviewed to check whether it is meeting their needs and preferences. This should be carried out at the time specified in the care plan or sooner if there are changes in the resident's circumstances, such as:

- Changes to their medicines.
- A concern is raised.
- A hospital admission; and/or
- A life event, such as a bereavement.

4.4. Supporting People to Take Their Medicines

Supporting residents to take their medicines may involve helping residents to take their medicines themselves (Level 1 support) or giving residents their medicines (Level 2 or Level 3 support).

Care staff need to understand:

- The 7 Rights (R's) Of Administration;
 - Right person
 - Right medicine
 - Right documentation
 - Right route
 - Right dose
 - Right time; and
 - Right to refuse.
- What to do if the resident is having a meal or sleeping.
- What to do if the resident is going to be away for a short time, for example, visiting family.
- How to give specific formulations of medicines, for example, patches, creams, inhalers, eye drops and liquids.
- Using the correct equipment, for example, oral syringes for small doses of liquid medicines.
- Giving time-sensitive or 'when required' medicines; and
- What to do if the resident has declining or fluctuating mental capacity.

Care staff should only provide the medicines support that has been agreed and documented in the care plan.

Prescribers, supplying pharmacists and dispensing doctors should provide clear written directions on the prescription and dispensing label on how each prescribed medicine should be taken or given, including:

4.4.1. A resident is having a meal or sleeping.

4.4.1.1. Meals

- Abbeyfield The Dales provides meals to residents both in residential care services and in housing with care services (as a condition of their tenancy). Therefore mealtimes are known with some certainty and administration of medication can be timed around the known meal times.
- In the housing with care service, and for morning medication (where the resident provides their own breakfast); the resident's normal daily routine will be recorded in their care plan, and the administering of their medication; particularly that which is time critical, will be factored into their care / medication call.
- In the event that the resident is eating when the medication is due to be administered, then the member of staff will agree a time to return with the

resident so the medication can be administered then, or if the medication is time critical, they will agree what to do with either the senior carer or manager as appropriate; in some circumstances contact with the GP or pharmacy may be necessary to get their advice (this must be recorded in the resident's records).

4.4.1.2. Resident is sleeping

4.4.1.2.1. Critical Medication

- Prompt the resident to wake up to take their medication if it is critical they take the medication, or the timing of the medication is critical.
- If the resident needs to be prompted to wake up regularly, raise this with the senior carer or manager and request a consultation / review with the GP to see if an alteration to the timing of the medication can be made; ensuring this is fully recorded.

4.4.1.2.2. Other Medication

- Go back to resident at a later time and prescribe the medication at that point; making sure that this is recorded, and the timing change is noted/recorded on handover. This is to ensure that the correct gaps of timings between medications (as appropriate) can be maintained.
- If this becomes a regular occurrence, raise this with the senior carer or manager and request a consultation / review with the GP to see if an alteration to the timing of the medication can be made; ensuring this is fully recorded.

4.4.2. Time Sensitive Medicines

For time sensitive medicines:

- What the medicine is for.
- What dose should be taken; and
- What time the dose should be taken, as agreed with the resident.

4.4.3. 'When Required' Medicines

For 'when required' medicines (PRN (pro re nata)):

Care Staff can assist with medicines prescribed "as required" (PRN), including controlled drugs, provided that the prescribing doctor has clearly specified the reason for use, the dose, the minimum time interval between doses, and the maximum number of doses per day. This ensures that PRN medications are used safely and appropriately, in line with the resident's medical needs.

When a PRN medication is booked into CareMeds, a detailed protocol must be created. This protocol should outline the reason the PRN medication is prescribed, dose instructions including maximum daily dose, minimum intervals, and any variable dose guidance. It must also clearly specify the signs or symptoms that indicate when the PRN should be offered and outline non-medication alternatives to try first, such as listening to music or going for a walk. Additionally, the protocol should clarify whether the resident can request PRN independently or requires prompting or observation by Care Staff.

In the context of PRN medication, "considered" means that the staff assessed the

resident's condition, such as pain, agitation, or nausea, and determined whether the medication was appropriate, even if it was not administered. "Offered" means that the medication was actively presented to the resident, allowing them to accept or refuse it. Documenting both actions ensures that judgment is recorded and that the resident's autonomy in deciding whether to take the medication is respected.

For residents with capacity, the care plan and PRN protocol must explicitly state that they can request PRN medication independently. The rationale for the prescription should be clear, for example, "for arthritic knee pain." Agreed arrangements for requesting PRN outside of contracted calls, such as via Tunstall or reception, should be documented. Care Staff are responsible for recording administration in CareMeds, following up on effectiveness at the next visit, and documenting any actions taken when pain persists.

For residents without capacity, the care plan must include non-verbal indicators of need, such as grimacing, frowning, agitation, restlessness, changes in mood or behaviour, and rubbing or guarding a body area. Care Staff should offer PRN medication at each round based on these observations, ensuring that the rationale for administration is documented. A review is required if symptoms continue or worsen, and all actions must be recorded in CareMeds and care notes to maintain clear accountability.

When PRN medication is prescribed for distress or agitation, planning should involve the resident (if possible), family, and advocates. Non-pharmacological strategies should always be tried first, guided by the resident's "About Me" information, including routines and preferred de-escalation techniques. Medication should only be used when necessary and for the shortest duration possible. Care plans must include a statement that if the care team has concerns about overuse, the prescriber will be contacted.

Recording and monitoring are critical to safe PRN administration. Care Staff must document when PRN medication is offered, administered, or refused (recorded as "Not Required" with rationale), as well as the impact or outcome of any PRN given. Daily expectations include considering PRN medication at every medication round, maintaining active monitoring throughout the day, and documenting and reviewing the effectiveness of any PRN administered to ensure optimal care and safety for all residents.

4.5. Joint Working

Joint working enables people to receive integrated, resident-centred support. Health professionals working in primary and secondary care have an important role in advising and supporting the registered service.

The registered service should notify a resident's general practice and supplying pharmacy when starting to provide medicines support, including details of who to contact about their medicines (the resident or a named contact).

The provider should seek advice about medicines from people with specialist experience, such as the prescriber, a pharmacist or another health professional, when it is needed. For example, by checking if:

- The resident's medicines regimen can be simplified.
- Any medicines can be stopped.
- The formulation of a medicine can be changed.
- Support can be provided for problems with medicines adherence; and
- A review of the resident's medicines may be needed.

When specific skills are needed to give a medicine (i.e. Level 3 support), health professionals

should only delegate the task of giving the medicine to a care worker when:

- There is local agreement between health and social care that this support will be provided by a care worker.
- The resident (or their family member or carer if they have lasting power of attorney) has given their consent.
- The responsibilities of each resident are agreed and recorded.
- The care worker is trained and assessed as competent (see also the section on [training and competency](#)); and
- Health professionals should continue to monitor and evaluate the safety and effectiveness of a resident's medicines when medicines support is provided by ATD through the registered service.

4.6. Sharing Information

It is important that relevant information about medicines is shared with the resident and their family members or carers, and between health and social care practitioners, to support high quality care.

Where medicines support is provided, there should be clear processes for communicating and sharing information about a resident's medicines that take account the legislation laid out by GDPR. This includes communication with:

- The resident and their family members or carers.
- Care workers and other social care practitioners.
- Health professionals, for example, the person's GP or supplying pharmacist; and/or
- Other agencies, for example, when care is shared, or the person moves between care settings.

If a resident has been assessed by a Healthcare Professional or a trained member of the Care Team as lacking or has fluctuating mental capacity, the resident and their family members or carers should be actively involved in discussions and decision making. The resident's views and preferences should be documented to help make decisions in the resident's best interests if they lack capacity to make decisions in the future.

When a resident is transferring to another care provider, the Provider service should discuss relevant information about medicines with the resident, and their family members or carers where appropriate, at the time of transfer. They should give the resident, and their family members or carers where appropriate, a complete and accurate list of their medicines in a format that is suitable for them.

If agreed with the resident, the transferring provider should share information about the resident's medicines with the new provider directly, ideally within 24 hours, to ensure the resident's safety is not compromised. Information should include, but is not limited to:

- Contact details of the resident and their GP;
- Details of other relevant contacts identified by the resident and their family members or carers where appropriate – for example, their nominated community pharmacy;
- Known drug allergies and reactions to medicines or their ingredients, and the type of reaction experienced;
- Details of the medicines the resident is currently taking (including prescribed, over-the-counter and complementary medicines) – name, strength, form, dose, timing, frequency and duration, how the medicines are taken and what they are being taken for;
- Date and time of the last dose, such as for weekly or monthly medicines, including injections; and/or
- Any other information needed – for example, when the medicines should be reviewed, ongoing monitoring needs and any support the resident needs to carry on taking the

medicines.

Prescribers should communicate changes to a resident's medicines (for example, when stopping or starting a medicine) by:

- Informing the resident or their named contact;
- Providing written instructions (or verbal instructions which should be confirmed in writing as soon as possible) of the change or issuing a new prescription; and
- Informing the residents supplying pharmacy, if this is needed and agreed with the resident and/or their family members or carers.

4.7. Record Keeping

Abbeyfield the Dales service must maintain accurate and up-to-date records about medicines for each resident receiving medicines support.

A Medicines Risk Assessment should be completed with each resident receiving medicines support (Person Centred Software Assessment). Each resident should have an accurate up to date record of all their current medicines on the CareMeds eMAR system which should be accessible to all staff involved in the resident's care.

Care staff must record the medicines support given to a resident for each individual medicine on every occasion. This includes details of all support for prescribed medicines, such as:

- Reminding a resident to take their medicine;
- Giving the resident their medicine; and
- Recording whether the resident has taken or declined their medicine.

[\(See also 4.8 Managing Concerns about Medicines\).](#)

4.7.1. Electronic Medication Administration Charts

The CareMeds eMAR (Electronic Medication Administration Record) system typically holds the following information on residents and automatically generates MAR charts:

Resident Identification:

- Full name
- Date of birth
- Room (Suite or apartment)
- Allergies and medical conditions
- GP details

Medication Information:

- Medication name
- Dosage
- Administration route (e.g., oral, topical, IV)
- Frequency of administration
- Start and stop dates for prescriptions
- Special instructions (e.g., with food, before or after meals)
- Dosage form (e.g., tablet, liquid, injection)

Medication Administration:

- Times and dates when medications are due to be administered
- Medication status (e.g., administered, missed, declined)
- Signature or identity of the staff member administering medication
- Observations or notes on the administration (e.g., resident refused, side effects noticed)

MAR Charts:

- Automatically generated based on prescribed medication schedule

- Displays medication administration times, doses, and staff administration signatures
- Color-coded for missed, administered, and due medications
- Integration with alerts for overdue medications
- Tracks medication history and provides a digital record for audits and review

Care staff should use the CareMeds eMAR system to record any Level 2 or Level 3 medicines support that they give to a resident. This is not required for Level 1 support (where care staff remind or prompt the resident but do not administer the medicines). The prompt should be recorded in the resident's care records.

4.8. Managing Concerns About Medicines

Medicines use can be complex, particularly when people have several long-term conditions and are taking multiple medicines. Enabling people to raise any concerns about their medicines and managing medicines-related problems effectively when they happen are important to minimise harm and guide future care, duty of candour must be used at all times where we make a mistake and in line with our policy.

Medicines-related problems include:

- Potentially avoidable medicines-related hospital admissions;
- Prescribing errors;
- Dispensing errors;
- Administration errors (for example, missed or delayed doses, inappropriate or incorrect administration);
- Monitoring errors (for example, inadequate review or follow-up, incomplete or inaccurate documentation);
- Adverse events, incident reporting and significant events;
- Near misses (a prevented medicines-related safety incident which could have led to harm);
- Deliberate withholding of medicines or deliberate attempt to harm;
- Restraint or covert administration that has been used inappropriately;
- Misuse, such as missing or diverted medicines; and/or
- Other unintended or unexpected incidents that were specifically related to medicines use, which could have caused harm or did lead to harm (including death).

Care staff should raise any concerns about a resident's medicines with their manager. These concerns may include:

- The resident declining to take their medicine;
- Medicines not being taken in accordance with the prescriber's instructions;
- Possible adverse effects (including falls after changes to medicines);
- The resident stockpiling their medicines;
- Medication errors or near misses;
- Possible misuse or diversion of medicines;
- The resident's mental capacity to make decisions about their medicines; and/or
- Changes to the resident's physical or mental health.

Where an incident has the potential to cause immediate harm, for example as a result of a medicines administration error, care staff should immediately inform their line manager. If they are unable to contact their line manager, they should not delay seeking medical advice.

Care staff should advise residents and/or their family members to seek advice from a health professional (for example, the prescriber or a pharmacist) if they have clinical questions about medicines.

The ATD service should encourage and support residents and/or their family members to raise any concerns about their medicines. They should ensure people know who to contact if they have a concern and that they have access to the ATD complaints procedure.

Where a resident has or may have come to harm as a consequence of actions we have taken then, we must apologise in line with our Duty of Candour obligations, see the Duty of Candour policy (C031P).

Support should be provided to enable residents to access advocacy services if needed and this information should be recorded in the resident's care plan.

The ATD service should record all medicines related problems and concerns and these should be monitored and reviewed to ensure timely and appropriate action is taken to reduce the risk of any recurrence.

The ATD service should encourage residents and/or their family members and care staff to report their concerns so that lessons can be learned and the safety and effectiveness of the service is continuously improved.

A copy of any medicine related problems should be sent via email to the Quality Manager as they happen to identify and address any trends that may have led to incidents. ATD services should share this learning with:

- Staff working in ATD;
- Residents receiving medicines support, their family members and carers; and
- Key Stakeholders working in related services, for example, GPs, supplying pharmacies and community health providers.

ATD services should ensure that residents and/or their family members and care staff report any adverse effects of medicines. The resident's GP or prescriber should be informed.

4.8.1. Safeguarding

The reporting of safety and abuse concerns is a marker of good care and care staff play a vital role in helping to safeguard residents and those living Independently. Care staff may often be the first to notice abuse or neglect, including self-neglect, and must respond appropriately and proportionately.

Where a medicine related problem involves actual or suspected abuse or neglect of a resident, safeguarding procedures must be followed. All staff must understand the need to report any safeguarding concerns immediately and must be aware of the procedure to be followed. This may involve contacting emergency services, for example seeking medical help in the event of a medical emergency or contacting the police where criminal activity is suspected. The Registered Manager must be informed, and the local authority safeguarding team notified.

Medicines errors do not need to be reported to CQC unless they cause harm or injury. However, safeguarding incidents or allegations of abuse, incidents involving the police and incidents resulting in serious injury must be notified to the Care Quality Commission.

4.9. Covert Administration

Covert administration of medicines is when medicines are given in a disguised form without the knowledge or consent of the resident receiving them. Medicines must only be administered covertly in exceptional circumstances and if this is identified in the Medicines Risk Assessment as necessary to protect the resident from harm. This must be specified in the resident's care plan.

Covert administration of medicines must only take place in accordance with the requirements of the Mental Capacity Act 2005 and associated Code of Practice to protect both the resident and care staff. Medicines must not be administered covertly to anyone who is deemed to have capacity to make a decision on whether or not they wish to take medication.

Care staff must not give, or make the decision to give, medicines by covert administration, unless there is clear authorisation and instructions to do this in the resident's care plan. Before medicines can be given covertly, ATD service must:

- Assess the resident's mental capacity to make a specific decision about their medicines;
- Seek advice from the prescriber about other options, for example, whether the medicine could be stopped;
- Hold a best interests meeting involving, where required, all Healthcare Professionals involved along with Family Members, Friends, Advocates etc. to agree whether giving medicines covertly is in the resident's best interests;
- Include the IMCA service when required, once a decision has been reached by all the health professionals involved with the care and support of the resident;
- Record any decisions and who was involved in decision-making;
- Agree where records of the decision are kept and who has access;
- Plan how medicines will be given covertly, for example, by seeking advice from a pharmacist;
- Provide authorisation and clear instructions for care staff in the resident's care plan;
- Ensure care staff are trained and assessed as competent to give the medicine covertly (see 4.12 training and competency); and
- Determine when the decision to give medicines covertly will be reviewed.

4.10. Ordering & Supplying Medicines

The ATD service should agree with the resident and/or their family members who will be responsible for ordering medicines and record this information in the resident's care plan. This should be the resident themselves, if they agree and are able to, with support from family members if needed.

Where it is agreed that the ATD service will order medicines, the designated responsible resident must ensure that:

- The correct amounts of medicine are available when required;
- Care staff have enough time allocated for checking which medicines are needed, ordering medicines and checking that the correct medicines have been supplied and are trained and assessed as competent to do so.
- Medication orders must be coordinated with the pharmacy through the CareMeds eMAR system.
- The CareMeds eMAR system will record when medicines have been ordered, including the name, strength and quantity of the medicine and record when medicines have been supplied;

Care staff must immediately report any discrepancies to their line manager in the first instance and follow up with the supplying pharmacy.

Medicines should be supplied in original packaging or a Monitored Dosage System (4.9.1). Supplying pharmacists and dispensing doctors must make reasonable adjustments to the supplied packaging to help the resident manage their medicines (for example, childproof tops), in line with the Equality Act 2010.

4.10.1. Monitored Dosage Systems (MDS)

A Monitored Dosage System (MDS) is a system or device which separates different doses and is used as an aid to compliance. It doubles as a container and is prepared by a pharmacist / doctors' dispenser and so labelling requirements must be complied with, and any particular storage requirements must be taken into account. Some MDS systems (usually only available to residential services) may have one medicine per "blister" and each blister has a direction label. These may be treated as if they were original packs.

Medicines may be supplied using a MDS where a specific need has been identified following an assessment by a health professional (for example, a pharmacist), in line with the Equality Act 2010. The assessment should take account of the resident's needs and preferences, and involve the resident and/or their family members and the ATD Service in decision making. Supplying pharmacists and dispensing doctors should provide a description of the appearance of each individual medicine supplied in a MDS. Assistance with medicines from a MDS or multi-compartment compliance aid that has been filled by family or informal carers will be limited to prompt only (Level 1 support).

Care staff who administer medicines are expected to be able to individually identify each medicine they administer, and record it separately on the CareMeds eMAR system .

N.B. Any selection of tablets from a MDS, including selecting and/or opening a particular section, is considered to constitute level 2 support.

4.11. Over-the-counter medicines (including homely remedies)

Abbeyfield The Dales does not hold a generic stock of over-the-counter medicine or homely remedies in any of its registered services for the treatment of minor ailments.

In Abbeyfield The Dales Residential Care Services, the standard is for all medicine to be prescribed by and GP and supplied by a pharmacy to be administered by staff.

The normal procedure in Abbeyfield The Dales (ATD) is that staff should not give assistance with the purchase or administration of over-the-counter medicines or creams for residents who wish to use or self-administer them. Over-the-counter (OTC) medicines are those that can be purchased by a resident or a member of their family from outlets such as a pharmacy, petrol station, convenience store or supermarket.

Where possible, a resident should be encouraged and supported to provide their own self-care with OTC products with appropriate safeguards in place. Where a resident expresses a wish to use OTC medicine or cream, then the registered service must ensure the following:

- The wish is properly documented in the resident's care plan,
- The resident is safe in their use and self-administration of the OTC medicine or cream (such as fluctuating capacity). A risk assessment may need to be completed and regularly updated and further advice sought from a health professional as appropriate,
- Also, seek advice from the resident's GP who can assess the impact of its use with the resident's prescribed medication (as appropriate). A record of the dialogue with the GP and their response must be kept in the care plan, and the appropriate follow up action agreed is also recorded. This advice must be sought prior to the product(s) being used by the resident.

The registered manager must ensure the health needs of the resident are paramount, and ensure all medicines (prescribed, OTC medicines or creams) are discussed and recorded with the person and their family as part of the pre-admission procedure.

However, the resident is under no obligation to disclose this information if they do not wish to do so; this must also be documented in the resident's care plan.

The registered manager must capture and record whether the resident or their relative provides their own OTC products for self-administration, and ascertain whether this is after consulting a health professional. All OTC products are not for general use, and remain the property of the resident.

At the point of admission or at any future time where OTC products are purchased by or on behalf of a resident, and brought into an ATD registered service, the registered manager must ensure the following is carried out and recorded:

- The product(s) are suitable for use.
- Check the products for potential interactions with their prescribed medicines with the GP or pharmacist prior to the administering of the product(s) if this has not already been done; and fully record this with follow up actions documented and implemented as appropriate,
- The product(s) are in date.
- The resident stores the product(s) safely, securely and within manufacturers guidelines.
- The products are clearly identifiable to the resident, their family, staff, and visiting health professionals.
- A record of the products are kept in the care plan, and a regular checking process is maintained.

If care staff are, or become responsible for administering these products either through the resident's choice or following a risk assessment and discussion with the resident, their family and health professionals, then a separate MAR must be completed, and full records kept in line with normal policy. Where this happens, the registered manager must ensure a clear care plan is complete (see below), and agree a review mechanism with the GP (and including the resident) to make sure the products given remain safe and still appropriate.

If OTC products are administered by care staff the following process must be followed in all circumstances (in line with standard policy):

- Record the name of the OTC product (including its brand) and what it is for,
- Check and record whether the OTC product is safe for the resident by checking with a health professional,
- The dose and frequency, including the maximum daily dose,
- The number of tablets or volume held by the resident at the date they are bought,
- How the administering of the product is recorded IE MAR chart (including the completion of a body map to direct where a cream or lotion is to be applied),
- How long the product should be used before referring the resident to a G,P, and
- The staff who deliver these products have the skills, knowledge and understanding so they can safely administer the product.

The registered manager will make sure they monitor the health and wellbeing of every resident at all times, and if a resident becomes unwell then the manager must consider their medication as a factor for any deterioration in health and request a health professional review the resident's medication with them.

The registered manager will carry out an annual medication review (including OTC) with each resident (whether ATD administers the medication or not) to check that each resident is happy with their medication and how or how it is administered; this review must be recorded. Following this review, the registered manager may request a medication consultation with a health professional with the resident and/or their next of kin.

The resident has the right not to disclose their full medication at the review, and this should be recorded in a file note to their care plan.

4.12. Transport, Storing & Disposing of Medicines

Responsibility for transporting, storing and disposing of medicines usually stays with the resident themselves and/or their family members. However, where we take on this responsibility, the appropriate consent must be received from the resident or their advocate (See appendix 1).

4.12.1. Collecting Prescription Medicines

Where there are no suitable arrangements in place, the ATD service may agree to be responsible for collecting prescription medicines and this must be subject to a risk assessment and detailed in the resident's care plan. The ATD service will not collect prescription medicines if it is possible for the resident to arrange for their GP practice to send prescriptions directly to a nominated pharmacist and for the pharmacist to then deliver the medicines directly to them.

4.12.2. Storing Medicines

Medicines must be stored where they are readily accessible to care staff, subject to the Medicines Risk Assessment. All medicines should be:

- Kept out of the reach and sight of children and others to whom they may pose a risk.
- Kept away from sources of heat, light and damp.
- Stored in accordance with any specified conditions e.g. In a fridge. If it becomes apparent that specified storage conditions have not been followed,
- Care staff should seek advice from the pharmacy/dispensary regarding the medicine's suitability for use; and
- Kept in the packaging in which they were obtained from the pharmacy or dispensary.

When a resident is assessed to be at risk because of unsecured access to their medicines, the Abbeyfield the Dales service should agree with the resident and/or their family members whether secure medicines storage is needed, for example, in a lockable cupboard.

Controlled drugs have potential to cause addiction and harm and are therefore more likely to be stolen. Controlled drugs do not have to be stored differently to other medicines in a resident's own home although security must be considered as part of the Medicines Risk Assessment.

4.12.3. Disposing of Medicines

Medicines belong to the resident for whom they were prescribed and cannot be removed without that resident's permission. The resident and/or their family member is responsible for disposing of their own medicines safely and they should be encouraged to return unused or unwanted medicines to a pharmacy for disposal as soon as they are no longer required or have expired.

When it has been agreed that the ATD service will be responsible for disposing of any unwanted, damaged, out-of-date or part-used medicines, this must be recorded in the resident's care plan. Robust procedures for the disposal of medicines must be followed in line with The Controlled Waste (England and Wales) Regulations 2012. These should include:

- Obtaining agreement from the resident (or their family member).
- How the medicines will be disposed of, usually by returning them to a

pharmacy for disposal.

- Any special considerations, for example, for disposal of controlled drugs, needles and syringes; and
- A record of the name and quantity of medicine being returned, the name of the resident returning the medicine, the date returned is automatically recorded on the CareMeds eMAR system.

4.13. High risk medicines

4.13.1. High risk medicines

A high-risk medicine is one that may cause serious health problems if not taken the right way or taken with another drug or food item that it may interact with. Some examples include:

- Medicine that makes you drowsy, causes depression or confusion, or has other potentially dangerous side effects
- Medicine for one health condition that may make another health problem worse
- Taking multiple medicines together may affect how they work and may even be dangerous.

High-risk medication falls into one of the following categories:

Antibiotics, Anticoagulants, Antidiabetic drugs, Antihypertensives, Chemotherapy, Insulins, Drugs with a narrow therapeutic index, Non-steroidal anti-inflammatory drugs, Methotrexate, Opiates, Parenteral drugs.

4.13.2. How aging can affect treatment

As individuals age their body begins to handle medicine differently than it used to. Those aged 65 or older should take special care when taking medicine even if they feel healthy. Some changes people experience when aging can include:

- Changes in sleep
- Changes in physical and mental abilities
- Changes in memory
- Changes in eating and digestion
- Changes in how the body handles medicine

In some cases, it may take kidneys and liver more time to process medicines in an older person, and some medicines may stay in their body longer. This may cause medicine to be stronger or weaker than it has been in the past, and an older person may be more likely to experience side effects. A resident may also experience side effects from taking multiple medications that may interact together in a way that is harmful to their body. It is crucial therefore that you learn more about high-risk medicines through discussion with the resident's GP, obtaining more information, and following their prescription carefully.

4.13.3. Administering high risk medicines

If a high-risk medicine has been prescribed staff should take care when administering it and discuss any concerns with the resident's doctor. Some things to remember:

- Work with the GP and pharmacist to avoid having any issues with the medicines being taken.
- Be organized with all medicine and take it the way and using the correct dose the GP has prescribed.
- Be clear of or ask the GP or pharmacist about potential side effects or any potential adverse interactions from other medicines being taken.

4.14. Training & Competency

The ATD service must have robust processes for medicines related training and competency assessment for care workers, to ensure that they:

- Receive appropriate training and support.
- All staff must complete mandatory training on the CareMeds eMAR system before administering medication.
- Have the necessary knowledge and skills;
- Are assessed as competent to give the medicines support being asked of them, including assessment through direct observation; and
- Have an annual review of their knowledge, skills and competencies.

Training must incorporate the requirements of this policy and any local medicines management policies and procedures with which the service is expected to comply.

Note:

- Medication must not be left out for the resident to take themselves at a later time.
- Care staff are not permitted to remove medication from its original packaging for later administration by a third party, such as another care worker or family member.
- Care staff must not administer medication that has been removed from the packaging by another Senior Carer or Carer.

4.14.1. Level 1 Medicines Support

Any staff providing level 1 medicines support must clearly understand the limits of the support to be provided, and work strictly within the instructions detailed in the care plan. If they have any concerns regarding this, or the resident appears to require more support, the care worker must report this to their manager promptly, and record their findings.

4.14.2. Level 2 Medicines Support

Care staff must not be permitted to give level 2 medicines support until they have:

- Received training in medicines management; and
- Been assessed as competent.

4.14.3. Level 3 Medicines Support

Care staff must not be permitted to give level 3 medicines support unless they have received the necessary specialist training for the task and are deemed competent. Care staff are not expected to provide level 3 medicines support unless they feel confident and competent to do so.

Level 3 medicines support may involve delegation by a healthcare professional, for an individual resident, and an individual care worker by mutual agreement between the healthcare professional and the care worker. The healthcare professional must train the care worker and be satisfied they remain competent to carry out the task. The registered manager must also assess that the care worker is competent. The healthcare professional remains accountable for the task. A record of such delegation must be retained by the Abbeyfield the Dales service and the healthcare professional.

The ATD service should use feedback from people using the service, and their family members, when assessing the training needs of the care staff.

4.14.4. Level 1: General Support, also called Assisting with Medicine

General support needs should be identified at the care assessment stage and specified in the care plan. Ongoing records will also be required in the care documentation when care needs are reviewed. General support is given when the resident takes responsibility for their own medication. In these circumstances care staff will always be working under the direction of the resident receiving the care.

The support given may include some or all of the following:

- Requesting repeat prescriptions from the GP.
- Collecting medicines from the community pharmacy/dispensing GP surgery.
- Disposing of unwanted medicines safely by return to the supplying pharmacy/dispensing GP practice (when requested by the resident).
- Reminding or prompting by care staff to a resident to take their medicines. (A persistent need for reminders may indicate that the resident does not have the ability to take responsibility for their own medicines and should prompt a care review).
- Help with a container of prescribed medicine under the direction of the resident, for example opening a bottle of liquid medication.

People can retain independence by using compliance aids, such as reminder charts, multi-compartment aids such as dosette boxes, or monitored dosage systems. These should be considered if packs and bottles are difficult to open or if the resident has difficulty remembering whether he or she has taken medicines.

The monitored dosage system (MDS) will normally be filled and labelled by the community pharmacist or dispensing GP. The resident may qualify for a free service from a community pharmacist if they meet criteria under the Equality Act 2010. If a pharmacist or dispensing GP does not fill the MDS, the Abbeyfield the Dales service should ensure that the arrangements are suitable and minimise the potential for error.

4.14.5. Level 2: Administering Medication

The need for medication to be administered by care staff should be identified at the care assessment stage and recorded in the care plan. Arrangements must be monitored and regularly reviewed.

The care assessment or the Medicines Risk Assessment may identify that the resident is unable to take responsibility for their medicines. This may be due to impaired cognitive awareness but can also result from a physical disability.

The resident must agree to have care staff administer their medication and consent should be documented in the care plan. If the resident is unable to communicate informed consent, Abbeyfield's policies on Consent and the Mental Capacity Act must be followed.

Administration of medication (Level 2 support) may include some or all of the following:

- When care staff select and prepare prescribed medicines for immediate administration;
- When care staff select and measure a dose of prescribed liquid medication;
- When care staff apply a medicated cream/ointment/patch; insert drops to ear, nose or eye; and administer inhaled medication; and
- When care staff select and put out (prepare) medication for the resident to take themselves at a later (prescribed) time to support their independence, in

accordance with the care plan.

The ATD service should have a system in place to ensure that only competent and confident staff are assigned to people who require help with their medicines. Care staff may refuse to administer medication if they have not received suitable training and do not feel competent to do so.

Care staff should only administer medication from the original container, including MDS, dispensed and labelled by a pharmacist or dispensing GP. Care staff must be able to identify each individual medication against the CareMeds eMAR system.

People discharged from hospital may have medication that differs from what they were taking prior to admission. The registered manager should ensure additional support is provided to care staff when this occurs.

4.14.6. Level 3: Administering Medication by Specialised Techniques

In exceptional circumstances and following an assessment by a healthcare professional, care staff may be asked to administer medication by a specialist technique including:

- Rectal administration, e.g. Suppositories, diazepam (for epileptic seizure);
- Insulin by injection;
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG);
- Buccal midazolam for epileptic seizure; or
- Assistance with oxygen.

If the task is to be delegated to an individual care worker for an individual resident, the healthcare professional must train the care worker and be satisfied they are competent to carry out the task. The care worker must also be assessed as competent to the satisfaction of the registered manager.

The care worker can refuse to assist with the administration of medication by specialist techniques if they do not feel confident or competent to do so. In some localities, healthcare professionals are not permitted to delegate tasks to staff who are employed by another organisation. In these circumstances, the Abbeyfield the Dales service must source suitable training themselves.

Care staff who provide level 2 & 3 support with medicines to people should:

- Only provide this level of support if they have received training and been assessed as competent by a qualified health professional and their manager;
- Only use a eMAR chart that has had the medication details added by a responsible professional (e.g. a pharmacist, registered manager or other responsible resident of a social care service, a doctor or nurse);
- NEVER tamper with the instructions on the CareMeds eMAR system; and
- Give medicines directly from the container they are supplied in.

Care staff who provide level 2 & 3 support with medicines to people should check that:

- The instructions give all information required and do not say “As directed”;
- Dosage timings are clearly indicated on the chart; and
- Clear instructions are included for “when required” doses (e.g. Maximum number of doses per day and minimum time between doses, and under what circumstances the medication should be given.)

At the end of each month or medication cycle, care should be given to ensure the following:

- CareMeds will automatically raise a new eMAR.
- Contact the responsible professional who has provided the chart with any queries regarding the instructions on the chart;
- Contact their manager if there are any concerns or problems;
- Check the date on the front of the chart to make sure that it's in current use, and that it is the only eMAR chart in use;
- Record the quantities of any medicines received during the month; and
- Administer the medicines shown on the MAR chart, following the instructions below for each medicine, one by one:
 - Wash your hands;
 - Check the record and make sure the medication has not already been given;
 - Ask the resident if they are ready to take their medicine, before removing it from its packaging;
 - Select the medication required and confirm that it is still current by checking the date on the dispensing label;
 - Check that the name of the resident, the name of the medicine and the instructions on the bottle/box are the same as those on the MAR chart. If not, do not give the medicine;
 - Check whether the medicine is to be given by mouth or by another route (e.g. to be inhaled, applied to the skin etc.);
 - If oral, ensure the resident is standing or sitting as upright as possible, and has a glass of water available.
 - Give the medicine, without touching the medicine, to the resident with a drink of water.
 - If applying a cream or medicated patch, or administering a hazardous medicine (see risk assessment) for a resident, ensure you are wearing appropriate disposable gloves.
 - Enter your initials clearly on the correct date and time to show you have seen the resident take the medicine.
 - If the dose is variable (e.g. one or two tablets to be taken) record the actual amount given and initial.
 - If the medication is not given enter the appropriate code in the correct box and enter the reason in the resident's care record. Report this to your manager immediately.
 - If the medicine is left out (this must be specified in the care plan) for the resident to take themselves at a later time, enter the letter P in the box, and record in the care record.

Always contact your manager if:

- A new medicine appears that is not on the eMAR chart;
- You have any concerns; or
- You make or discover a mistake.

If your manager is not available, call the person's doctor or call 111 for advice. In an emergency call 999.

4.15. Missed Doses

If a dose of medicine is missed or omitted this must be recorded on the CareMeds eMAR system. An incident form must be raised on PCS and reported to your manager, who should investigate.

If it becomes known that a dose was missed or omitted during the previous visit a double dose must not be given. The member of staff identifying the error must record this and report it to their manager.

4.16. Crushing Tablets/Opening Capsules

Care staff must not crush tablets or open capsules to make the medicine easier for the resident to take unless it is stated in the care plan.

Sometimes a resident may be prescribed half a tablet. These tablets will be scored and can be broken along the score-line. Staff should wear disposable gloves when breaking a tablet in half for their own protection and to ensure that the tablets remain clean. Tablet-cutters are available for purchase to make this easier.

Tablets with no score-line **must not** be broken without first checking with the pharmacist that it will not affect the medicine or the way it works. If needed, approach the local community pharmacist to see if they will halve the tablets for the person as they dispense them.

Tablets must never be crushed/capsules should never be opened to disguise the medicine as this could constitute abuse. See [4.9 Covert Administration](#).

4.17. Refusal to Take Medicines

A resident may choose not to take their medication and their choices must be respected. Medicines must not be disguised or hidden in food in order to get the resident to take their medicines against their wishes. They must not be coerced or forced in any way but may benefit from some encouragement.

All refusals must be recorded on the CareMeds eMAR system and in the care record. If the resident declines some or all of their medication for 5 doses, or persistently or two day period (whichever is the least), this must be reported to the manager who must seek advice from the GP regarding what action to take if the resident continues to refuse their medication. The advice must be documented in the care plan.

4.18. Injection Equipment & Sharps

Care staff must not handle injection equipment such as syringes or needles. The resident should request a sealed sharps container which can be prescribed by their GP.

4.19. Liquid Medicines

As long as medicines have been kept/stored according to the manufacturer's instructions, most of them can be kept until the expiry date on the bottle.

However, some have a reduced shelf life after opening and this information will be found on the manufacturer's label or the pharmacy label. These must be dated on opening. The Patient Information Leaflet supplied with the medicine contains more detailed information and should be retained for reference.

Oral syringes can be used for liquid medicines where the resident has difficulty with measuring spoons. These and can be supplied by the dispensing pharmacy.

4.20. Eye Drops

Look at the pharmacy label on the drops. If supplied less than 28 days ago the drops are safe to use. If the date is more than 28 days ago do not use. The eye drops must be kept/stored according to the manufacturer's instructions.

4.21. Inhalers & Spacers

Where a spacer device is used, it is important that it fits the inhaler. This requires shaking before use. The resident should:

- Put one puff of inhaler into the spacer and breathe in deeply through the mouthpiece;
- Hold their breath for ten seconds (or for as long as is comfortable) then breathe out slowly;
- It is best to take at least two deeply held breaths for each puff of the inhaler;
- If it is difficult to take deep breaths, breathing in and out of the mouthpiece several times is just as good;
- Repeat the step above for each dose/puff needed;
- Wash the spacer once a month - leave it to drip-dry as this helps to prevent the medicines sticking to the sides; and
- Spacers should be replaced at least every year.

Used inhalers should be returned to a pharmacy for disposal by the resident themselves or their family/carers. They should not be disposed of via household waste.

4.22. Transdermal Patches

Guidance on the application of and storage of patches can be found on appendix 13. Transdermal patches must be disposed of safely as they still contain medicine residue. The patches should be folded sticky sides together, and if possible, returned to the local pharmacy for disposal. It may be sensible to keep them in a clearly labelled empty packet and stored separately from any un-used patches until returned.

If it is not possible to return them to the pharmacy, it is acceptable to dispose of them in a yellow-lidded sharps bin, if there is one available, or small quantities can be placed in the household waste.

4.23. Managing Dysphagia and the use of thickeners

4.23.1. Dysphagia Definition

The medical term for swallowing difficulties. Some people with dysphagia have problems swallowing certain foods or liquids, while others can't swallow at all (see Choking Policy CO32P).

4.23.2. International Dysphagia Diet Standardisation Initiative (IDDSI)

The IDDSI has published international standardised descriptors which provide a standard terminology with a colour and numerical index to describe texture modification for food and drink. Manufacturers of thickeners changed their labelling and instructions to reflect the IDDSI framework with effect from April 2019. The British Dietetic Association and the Royal College of Speech and Language Therapists have adopted these guidelines. They replace all previous descriptors.

4.23.3. Procedure

1. Dysphagia is usually assessed and treated by Speech & Language Therapists (SALT) and treatment includes modification of liquid thickness and food texture using prescribed thickeners. This is common practice in dysphagia management to avoid aspiration of material into the airway whilst

- maintaining adequate hydration and nutrition. Thickeners are available in a range of preparations, the most common being a powdered form.
2. Thickeners need to be accessible to the staff team but must be stored securely when not in use as incidents have been reported where harm has been caused by accidental swallowing of thickening powders.
 3. Thickeners must only ever be administered to the resident for whom they have been prescribed.
 4. The pharmacy should ensure each item dispensed has a prescription label.
 5. Staff should check the product label for details of the shelf life and the safe storage conditions once opened. Write the date of opening on the prescription label.
 6. A record should be kept of what has been received for the resident. This will usually be recorded on the the CareMeds eMAR system.
 7. The resident's care plan must include which thickeners have been prescribed, current consistency recommendations using the IDDSI framework, and the directions for use.
 8. Keep an accurate record of when a fluid has been thickened and to what consistency.
 9. The use of prescribed thickeners should be reviewed regularly with the GP or SALT team and the proposed date of review included within the care plan.
 10. Where a person has swallowing difficulties, this may affect their ability to swallow their medicines. The prescriber should be made aware of any SALT assessment and any thickener recommendations.
 11. Where a medicine is considered essential, it may be possible to change to a different medicine in the same class with alternative routes available. Some medicines can be given in liquid or soluble form, or by an alternative route (e.g. patches).
 12. Staff must not give medication in an unlicensed manner (e.g. crush tablets, open capsules, mix medications) without consultation with the prescriber. Where the prescriber gives instructions for licensed medication to be given in an unlicensed manner, there must be written directions in the resident's care plan.

Please refer to the NHS guidelines for thickening liquids in appendix 14.

4.24. Warfarin

Particular care must be taken to check the currently prescribed dose, which should be recorded in the resident's anticoagulant record/yellow book. The resident should have blood tests (INR) at variable intervals, which do not normally exceed 8 weeks.

Blood tests should also be recorded in the anticoagulant record/yellow book. Care staff should be vigilant and aware of arrangements for individuals.

If the anticoagulant record is not available or not up to date care staff should refer to their manager who should urgently seek clarification.

When warfarin is administered it should be recorded on the Care Meds eMAR system and the dose that has been administered should be recorded (in mg).

4.25. Controlled Drugs (CD)

Controlled Drugs are prescription drugs controlled under the misuse of drugs legislation and subsequent amendments. These are drugs, substances or chemicals whose manufacture, possession, or use is regulated by the government. Controlled Drugs have additional safety and legal requirements for supply, receipt, storage, administration and

disposal.

All Controlled Drugs in Abbeyfield the Dales Units must be prescribed for individual patients by an appropriately qualified healthcare professional and dispensed by a pharmacy or dispensing practice.

4.25.1. Receipt of Controlled Drugs:

- Controlled Drugs should be delivered separate to the main delivery of medicines and the package clearly marked that it contains a Controlled Drugs;
- The Controlled Drugs must be checked against any paperwork received or other relevant document, e.g. Copy of prescription;
- The receipt of Controlled Drugs by the care home should be recorded in a Controlled Drugs register book (which must be a hard-bound book with pages clearly numbered and should not be used for any other purpose); and
- The entry should be witnessed by a second suitably trained and competent member of staff.

4.25.2. Storage of Controlled Drugs:

- A Controlled Drugs cupboard must be made of steel, have a specified locking mechanism and be permanently fixed to a solid wall with rag or rawl bolts;
- Controlled Drugs cupboards should only be used for the storage of Controlled Drugs and no other medication or valuables should be stored in the cupboard;
- If medication is provided in a monitored dosage system (MDS), the MDS should be stored in the Controlled Drugs cabinet;
- Access to the Controlled Drugs cupboard should be controlled. The Controlled Drugs cupboard keys should be kept under the control of an authorised, designated Senior Carer or Carer and there should be a clear audit trail; and
- Where controlled drugs are not administered by ATD staff in a housing with care setting, the controlled drugs do not have to be stored differently to other medicines in a resident's own home, although security must be considered as part of the Medicines Risk Assessment.

4.25.3. If the resident is not able to self-administer the control drug:

- Controlled Drugs should be administered by appropriately trained and competent staff, and this should be witnessed by another appropriately trained staff member. The use of a witness is intended to reduce the possibility of an error occurring. Therefore, to be effective the witness must have the same level of training as the resident administering the Controlled Drugs. It is good practice that the second signatory witnesses the whole administration process;
- The Controlled Drugs should be used to record the receipt, administration, disposal and transfer (e.g. When a patient goes into hospital) of Controlled Drugs and a running balance and audit must be kept;
- All entries in the Controlled Drugs must be written in indelible ink. Entries must be signed and witnessed by two appropriately trained members of staff. Staff should sign and print their name;
- Errors must not be crossed out. Errors should be marked as "entered in error" signed, witnessed and dated. The correct entry should then be made using a new line;
- Each drug, for each resident should be recorded on a separate page, with the name, form, dose and strength of the drug written clearly at the top of the page;
- When transferring the drug record to a new page in the Controlled Drugs register, the amount remaining should be identified with "carried forward from

page x” written clearly on the new page and “balance transferred to page x” on the old page;

- When Controlled Drugs are sent for disposal a record must be made in the Controlled Drugs and in the returns book;
- Deduction and entries should be made in a timely manner and running balance should always reflect quantities left in Controlled Drugs cupboard at all any point in time;
- An audit of the Controlled Drugs register, and drugs cupboard should be carried out routinely. This should be done monthly. Audits should be carried out by two authorised members of staff and recorded in RED pen. Any discrepancies must be reported to the Registered Manager immediately;
- It is a legal requirement to keep the Controlled Drugs for two years from the last entry;
- Administration of the Controlled Drugs should be documented on the CareMeds eMAR system and the Controlled Drugs register;
- The care home staff responsible for administering the Controlled Drugs and an appropriately trained witness should sign the Controlled Drugs register. The staff member administering the Controlled Drugs should also sign the CareMeds eMAR system and an appropriately trained witness; and
- The records should be completed immediately after the Controlled Drugs has been administered and not before.

4.26. As Required (PRN) Medicines

Care staff can assist with medicines that have been prescribed “as required”, including controlled drugs, as long as the doctor has specified:

- The dose;
- The minimum time interval between doses;
- The maximum number of doses per day; and
- The reason for use.

Care staff must also know the time of the previous dose. When recording/administering PRN medication the following must be adhered to:

- Separate PRN Sheets must be used for each PRN medication;
- All PRN Medication to be counted before and after administration;
- Amount of PRN medication recorded must agree with actual amount remaining;
- If PRN Medication declined record as ‘Not Required’. If administered record also. In both cases state reason on the CareMeds eMAR system; and
- If dose states “One or Two – How many administered must be recorded on the CareMeds eMAR system.

If a resident requires doses on a more than occasional basis, care staff should inform their manager who should draw this to the attention of the doctor so the resident can be reassessed, and this could lead to the prescription being changed.

4.27. Oxygen & Nebulisers

Where a resident is on Oxygen, a risk assessment should be completed and kept in their home with their care plan. Notices about the use of Oxygen must be displayed on the resident’s front door to alert all staff about it being used within the resident’s room or flat. Assistance with Oxygen requires Level 3 support. The use of Nebulisers is not classed as Level 3 support, but staff must be trained and competent to assist a resident to use a nebuliser. Local authority guidance does say it should be built into our Fire Risk assessment and that the electricity provider should be informed to give special treatment in case of power supply interruption.

4.28. Creams & Ointments

Creams and ointments generally fall into three categories:

4.28.1. Moisturisers and barrier creams that are on general sale

If the resident regularly uses the cream, or is following professional advice, care staff can assist with applying the product as part of residential care, as long as it is part of the agreed care plan. This does not need to be recorded on the CareMeds eMAR system.

4.28.2. Prescription creams and ointments

These should be treated like other prescription medicines and is therefore level 2 support. Application of creams or ointments should be recorded on the CareMeds eMAR system.

Medicated creams that can be purchased over the counter. Staff must not assist with applying over-the-counter creams or ointments that contain medicines e.g. hydrocortisone cream, anti-inflammatory gel, antihistamine cream.

4.28.3. Medicated creams that can be purchased over the counter

Care staff must not assist with applying over-the-counter creams or ointments that contain medicines e.g. hydrocortisone cream, anti-inflammatory gel, antihistamine cream.

4.28.4. Expiry Dates

INTERNAL MEDICINES		EXPIRY DATE
Liquids (Internal)	6 months from opening or manufacturers recommendation if shorter	
Antibiotic liquids	Usually, 7 or 14 days when freshly prepared. See label on preparation	
Monitored Dosage Systems / Blister packs	Blister packs 8 weeks from dispensing date	
EXTERNAL MEDICINES		EXPIRY DATE
Creams (tubes)	3 months from opening or manufacturers recommendation if shorter	
Creams (jars/pots)	1 month from opening or manufacturers recommendation if shorter	
Pump dispensers	6 months once opened opening or manufacturers recommendation if shorter	
DROPS		EXPIRY DATE
Ear Drops	1 month after opening or manufacturers recommendation if shorter	
Eye drops and Eye Ointment	1 month after opening or manufacturers recommendation if shorter	
Nose Drops	1 month after opening or manufacturers recommendation if shorter	
MANUFACTURERS EXPIRY DATES		WHAT DOES THIS MEAN?
'Use by'	Use by the end of the month e.g. Use by July 2014 = Use by 31st July 2014	
'Use before'	Use before the beginning of the month e.g. Use before May 2014 = Use before 1st May 2014	
'Expiry date'	Expires at the end of the Month e.g. Expiry date June 2014 = Expires on 30th June 2014	

4.28.5. Quantities

As a guide the following table shows the difference in suitable quantities of topical creams/ointments as opposed to topical corticosteroids for an adult:

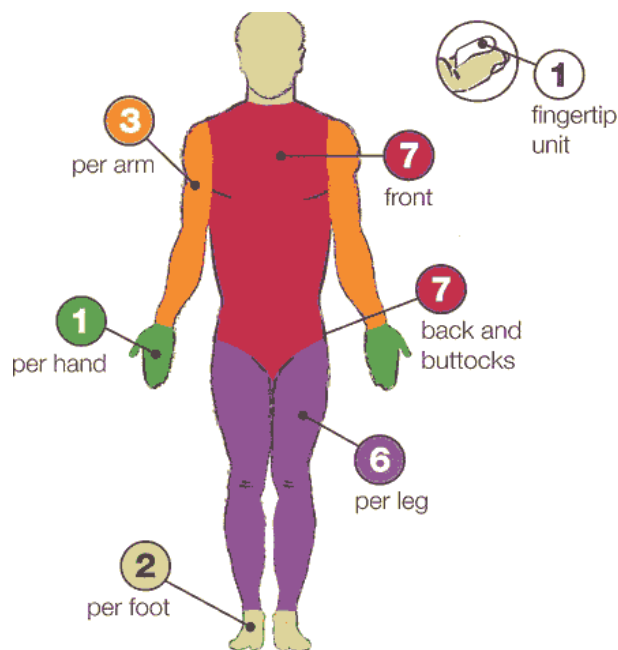
AREA OF BODY	CREAMS/OINTMENTS Twice daily application		CORTICOSTEROIDS Single daily application	
	Per Week	Per Month	Per Week	Per Month
Face	15-30g	60-120g	8-15g	30-60g
Both hands	25-50g	100-200g	8-15g	30-60g
Scalp	50-100g	200-400g	8-15g	30-60g
Both arms	100-200g	400-800g	15-30g	60-120g
Both legs			50g	200g
Trunk	400g	1600g	50g	200g
Groins & genitalia	15-25g	60-100g	8-15g	30-60g

The quantities above apply to an adult of average size and proportions. You should refer to the instruction from the GP or pharmacy as the amounts applied may be different for those residents whose size and proportions are significantly less or more than an average size.

Please refer to the instruction and direction received from the GP or pharmacy prior to using a cream or ointment on a resident and be clear how much should be applied, where, and how often. If you are unsure, or the instruction is ambiguous, then further direction should be sought from the GP (and recorded).

4.28.6. Special advice for administering topical corticosteroids.

These should be applied no more frequently than twice daily and should be spread thinly. The length of cream or ointment expelled from a tube can be measured in “fingertip units” (the distance from the fingertip to the first crease of the finger in an adult index finger), One “fingertip unit” (approximately 500mg of cream or ointment) is enough to cover an area that is twice that of the flat adult handprint; palm and fingers.



4.28.7. Applying topical creams.

Applying topical creams correctly will increase how well they work and reduce the risk of side effects. Please follow these simple steps when applying them:

1. Start by washing your hands
2. Put on a pair of gloves prior to applying the cream or ointment.
3. Squeeze the topical cream in a line from the last finger crease to the finger-tip. This is a 'finger-tip unit' and is enough steroid to cover the same area of skin as two hands laid flat with the fingers together.
4. Apply the treatment in downward motions in the direction of hair growth. Do not rub the treatment in. Topical steroids are usually only applied to affected areas of skin (red, rough or thickened areas) but follow the advice of your doctor or specialist nurse. For all topical creams and ointments, please refer to the guidance received from the GP or pharmacy including the body map provided.
5. Remove the gloves and dispose of them safely after applying each cream or ointment (if more than 1 is prescribed for a resident).
6. Wash your hands thoroughly after applying topical creams and ointments.

5. Finance, Value for Money & Social Value

While the Medication Policy has no direct procurement, activities associated with its operation, an effective policy will ensure the efficient and effect use of the Abbeyfield's staff time and resources in managing this issue and supporting service users to maintain their independence. It should also help to manage the risk associated in delivering services for vulnerable adults by setting out clear boundaries between regulated and non-regulated activities and mitigate circumstances where the mismanagement of medication may lead to litigation.)

6. Supported Appendices

Appendix 1: Residents Consent for help with administering Medication
Appendix 2: Tasks that can be undertaken following appropriate training
Appendix 3: Competency Assessment tool to be completed by Registered Managers
Appendix 4: Approval from Registered Manager to complete level 3 tasks
Appendix 5: Anticipatory Medication Statement
Appendix 6: Use of Oxygen Statement
Appendix 7: Warfarin and Anticoagulant Statement
Appendix 8: How to Apply a Transdermal Patch
Appendix 9: NHS Guidelines for Thickening Liquids

7. Linked Policies

N/A

8. Legislation/Regulation

The Health & Social Care Act 2008 (Regulated Activities)
Regulations 2014 – regulations 10,11,12,17,18.

9. Review

Every 2 years, subject to regulatory and legislative changes.

10. Procedure/Guidance

This procedure should be read in conjunction with NICE Guidance:

- Managing medicines in care homes and Managing medicines for adults receiving social care in the community <https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes->

[pdf-61677133765](#) and <https://www.nice.org.uk/guidance/ng67/resources/managing-medicines-for-adults-receiving-social-care-in-the-community-pdf-1837578800581>

- The Handling of Medicines in Social Care' published by the Royal Pharmaceutical Society of Great Britain this can be downloaded from <http://www.rpharms.com/social-caresettings-pdfs/the-handling-of-medicines-in-social-care.pdf>

Appendix 1: Residents Consent for help with administering Medication

Abbeyfield The Dales Ltd

Resident Consent Form (With Capacity)



We have developed your care plan with you to make sure we are providing you with the right level of care and support. We will take all steps to ensure that your needs are assessed regularly and input your needs into your own personal care plan. Your care plan is used solely for the purpose it is intended and will not be discussed or shared with anyone that does not have consent or is not within a professional capacity.

Care Plan & Delivery

- I have been consulted with and participated in completing my care plan.
- I give permission for my care plan to be reviewed every month.
- I give permission for my care plan to be viewed and discussed by care professionals with Abbeyfield The Dales (ATD) staff.
- I consent to share person data with organization’s associated with health and social care where it is considered there may be potential benefit of my or others health and social care, e.g doctor, hospitals, local authorities, podiatrist and that I consent for the data to be used securely for 8 years after I leave the service or longer if the Law requires it.
- I give permission for my Next of Kin/LPA to view my care plan.
- I give permission to inform my Next of Kin/LPA every time I am involved in an accident /incident/ admitted to hospital.
- If no, I will provide consent on an individual basis unless I am unable then the process for contacting my NOK/LPA should be followed.
- I give permission to inform my Next of Kin/LPA of my wellbeing / changes in my medical condition.
- I give permission for ATD to provide the treatment and personal cares as detailed in my care plan.
- I agree to my photographs being used in my personal records.
- I understand that I can access my own personal records at any time.

Medication

- I consent to Abbeyfield The Dales care staff obtaining, storing, administering and returning ALL my medication on my behalf and in line with my medication Administration Chart.
- I consent to Abbeyfield The Dales care staff obtaining, storing, administering and returning SOME my medication on my behalf and in line with my medication Administration Chart. (Self-Medication assessment to be completed on PCS).

Self-Medication

- I will administer my own medication and understand the risks in doing so (Self Medication assessment to be completed on PCS).

I will ensure that all medication under my control is stored appropriately. I agree to periodic reviews of the medication under my control to ensure compliance with the homes policy for administration of medication. I understand that in the event of any physical or mental circumstances changing, it may be necessary for ATD staff to assume the responsibility for the administration of all my medication.

Relatives Gateway

I give consent to share the following information with my LPA via the Relatives Gateway:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Care plan document | <input type="checkbox"/> Care plan summary | <input type="checkbox"/> daily plan | <input type="checkbox"/> daily care |
| <input type="checkbox"/> Care notes story | <input type="checkbox"/> care notes chart | <input type="checkbox"/> care notes per day | <input type="checkbox"/> care hours per chart |
| <input type="checkbox"/> happiness chart | <input type="checkbox"/> fluid chart | <input type="checkbox"/> activities chart | <input type="checkbox"/> hygiene chart |

I understand that I can amend this decision at any time and that any decision regarding my care plan can be reviewed as appropriate.

Print Name of Resident:

Signature of Resident: Date:

Abbeyfield The Dales Ltd

Lasting Power of Attorney Consent Form (Without Capacity)



Signature of Lasting Power of Attorney (LPA) for Health and Wellbeing or 'best interest' decision.

Is there an LPA for Health and Wellbeing in place: Yes No

Scanned copy of LPA on PCS? Yes No Scanned copy of LPA is required for evidence of authority.

Print LPA Name:

Relationship:

To be completed by LPA:

Care Plan & Delivery

- I have been consulted with and participated in completing the care plan
- I give permission for the care plan to be reviewed every month
- I give permission for the care plan to be viewed and discussed by care professionals with Abbeyfield The Dales staff.
- I consent to share personal data with organisations associated with health and social care where it is considered there may be potential benefit to the individuals health and social care, e.g doctor, hospitals, local authorities, podiatrist and that I consent for the data to be used securely for 8 years after I leave the service or longer if the Law requires it.
- I wish to be informed if the individual is involved in an accident /incident/ admitted to hospital
- I wish to be informed of the individuals wellbeing / changes in my medical condition.
- I give permission for ATD to provide the treatment and personal cares as detailed in the individuals care plan.
- I agree to the individual's photographs being used in my personal records.
- I understand that I can access the individuals' personal records at any time.

Medication

- I consent to Abbeyfield The Dales Care staff obtaining, storing, administering and returning ALL the individuals medication on their behalf and in line with their medication Administration Chart.
- I consent to Abbeyfield The Dales Care staff obtaining, storing, administering and returning SOME the individuals medication on their behalf and in line with my medication Administration Chart. (Self-Medication assessment to be completed on PCS).
- I will administer the individual's medication and understand the risks in doing so (Self Medication assessment to be completed on PCS).

I will ensure that all medication under my control is stored appropriately. I agree to periodic reviews of the medication under my control to ensure compliance with the homes policy for administration of medication. I understand that in the event of any physical or mental circumstances changing, it may be necessary for ATD staff to assume the responsibility for the administration of all the individuals medication.

Relatives Gateway

I wish to view the following information via the Relatives Gateway:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Care plan document | <input type="checkbox"/> Care plan summary | <input type="checkbox"/> daily plan | <input type="checkbox"/> daily care |
| <input type="checkbox"/> Care notes story | <input type="checkbox"/> care notes chart | <input type="checkbox"/> care notes per day | <input type="checkbox"/> care hours per chart |
| <input type="checkbox"/> happiness chart | <input type="checkbox"/> fluid chart | <input type="checkbox"/> activities chart | <input type="checkbox"/> hygiene chart |

I understand that I can amend this decision at any time and that any decision regarding the care plan can be reviewed as appropriate.

Signature of LPA:

Date:

Appendix 2: Tasks that can be undertaken following appropriate training

Abbeyfield The Dales Ltd

Performing medication tasks after appropriate training



Basic Skills

Outline of tasks that can be completed by staff following basic medication training.

Procedure	Detail
Oral Medication	Administration of: <ul style="list-style-type: none"> • Tablets • Capsules • Medication • Liquid medications
Topical Medication	Application / administration of: <ul style="list-style-type: none"> • Creams / ointments to skin • Eye drops, eye ointment • Nasal drops • Ear drops
Transdermal patches	<ul style="list-style-type: none"> • Preparation of skin • Application of patch • Disposal of old patch
Inhaler devices	Provide assistance to use prescribed inhaler device
Application of dressing	<ul style="list-style-type: none"> • First aid measure whilst medical advice sought • One off simple dressing covering a minor wound as an interim measure prior to health input

Enhanced Skills

For any enhanced skills a check must be made to ensure there is appropriate insurance cover.

Where care workers have received additional training from health care workers to undertake specific tasks, for a person receiving support, they can complete the following tasks. (There will need to be an explicit joint plan and agreement as to how health and social care professionals monitor and provide feedback).

Enhanced Skills

Procedure	Detail
Blood Samples	<ul style="list-style-type: none"> • Obtain capillary blood sample and measure blood glucose level using a glucometer
Percutaneous Endoscopic Gastrostomy (PEG) feeding	<ul style="list-style-type: none"> • Cleaning PEG site • Administration of prescribed medication via PEG tube • Administration of bolus feeds via PEG tube • Administration of continuous feed via PEG tube using pump
Nasogastric Feeding	<ul style="list-style-type: none"> • Cleaning of area around tube • Administration of bolus feeds using syringe
Oxygen Administration	<ul style="list-style-type: none"> • Provide assistance to user • Connect oxygen tubes and mask to oxygen supply • Check correct flow rate
Nebuliser Use	<ul style="list-style-type: none"> • Provide assistance to user • Connect mask and tubing to nebuliser • Empty prescribed dose of medication into reservoir
Injections	<ul style="list-style-type: none"> • Administration of subcutaneous insulin injection to person receiving support with stable diabetes using pre-filled pen
Emergency Medication	Administration of : <ul style="list-style-type: none"> • Rectal diazepam • Buccal midazolam • Subcutaneous injection of adrenaline
Enema and Suppositories	<ul style="list-style-type: none"> • Administration of prescribed micro enema or suppository as part of a regular bowel management care plan for identified person receiving support

Abbeyfield the Dales Ltd. Registered Charity Number: 1160258, Company No: 9008680, Home England No: 5066

Reviewed by: Philip Birkinshaw (Chief Executive)

Approved by ATD Board: 28/07/2023

Appendix 3: Competency Assessment tool to be completed by Registered Managers

Abbeyfield The Dales Ltd

Staff Medication Competency Audit



Employee Name:

Site / Location:

Training & policy

Has the member of staff completed training on the safe handling of medicines? Yes No

Does the member of staff know how to access the medication policy if they wish to check any information? Yes No

Administration of medicines

Preparation & hygiene

Did the member of staff make sure that everything was properly prepared before starting to administer the medication, E.g. prepare a drink for the person Yes No

Did the member of staff wash their hands before starting to administer any medication and follow appropriate hygiene measures whilst administering the medication? E.g. wear gloves when applying creams. Yes No

Consent

Before preparing or administering the medication did the member of staff obtain the person's consent? Yes No

If consent was not obtained was this part of a documented protocol for this person, such as covert administration, and is the member of staff satisfied that the correct procedures have been followed in the best interests of the person? Yes No None seen

Selection & preparation of medication

Before selecting, preparing or administering any medication did the member of staff read the MAR chart accurately? Yes No

Did the member of staff check whether a dose had already been administered/taken by the person or if the medication had been cancelled? Yes No

If any directions are unclear or illegible on the MAR did the member of staff take appropriate steps to clarify the directions? Yes No None seen

Was the medication selected checked against the correct MAR chart including checking the person's name on the label and MAR? Yes No

If the directions on the MAR chart differed from those on the label did the member of staff take the appropriate steps to satisfy themselves as to the correct dose to be given? Yes No None seen

Was the correct medication and dose selected at the correct time? Was consideration given to timing in terms of food or other directions on the label? Yes No

Was the medication prepared according to the directions and information on the MAR chart or any accompanying protocol? Yes No

Did the member of staff use the appropriate measure for any doses of liquid medication? E.g. oral syringe, graduated measuring cup? Yes No Not Req'd

Abbeyfield The Dales Ltd. Registered Charity Number: 1160258, Company No: 9009680, Home England No: 5066

Staff Medication Competency Audit

Administration

Did the member of staff offer information, support and reassurance throughout to the person, in a manner which encourages their co-operation, promotes dignity and which is appropriate to their needs and concerns? Yes No

Was the medicine administered correctly and a glass of water offered where appropriate? Yes No

Please tick the items you have witnessed being administered.

- | | | |
|---|--|--|
| <input type="checkbox"/> Tablets / capsules | <input type="checkbox"/> Liquids | <input type="checkbox"/> Sachets & powders |
| <input type="checkbox"/> Inhaler devices | <input type="checkbox"/> Eye drops | <input type="checkbox"/> Eye ointment |
| <input type="checkbox"/> Ear drops | <input type="checkbox"/> Nose drops | <input type="checkbox"/> Nasal spray |
| <input type="checkbox"/> Creams & ointments | <input type="checkbox"/> Transdermal patches | |

Was the medicine administered correctly and a glass of water offered where appropriate? Yes No

If the medication was not taken was the appropriate advice sought and documented? Yes No
 None seen

If the medication was not taken was it dealt with as given in the medication policy? Yes No
 None seen

Record keeping

Did the member of staff sign the MAR chart immediately after the medication was administered? Yes No

If the medication was not given was an appropriate code entered on the MAR chart? N/A Yes No

Were the MAR charts kept in the file or returned to the file after the administration was complete. Yes No

Stock control

Did the member of staff check that there was sufficient medication at the person's home for at least one week? Yes No

If there are shortages in medication noted did the member of staff take appropriate action to ensure the stock was replaced? E.g. alert the person/representative that more medication was required using the agreed process for that person or initiate the reordering process as appropriate for the individual Yes No
 None seen

Was all medication returned to the agreed place once the process had been completed and placed tidily? Yes No

Did the member of staff check the storage requirements for medicines and alert the person to any special requirements, if necessary? E.g. cold storage Yes No

Staff Medication Competency Audit

Thickening

- Is the member of staff aware of how to identify residents who are prescribed thick and easy? Yes No
- Before preparing thickened drinks did the member of staff read the MAR chart accurately? Yes No
- Measure the amount of liquid & prepare in the usual way (i.e. add milk & sugar to tea, coffee, etc)? Yes No
- Measure the correct number of level scoops using the scoop provided. Yes No
- Sprinkle the thickening powder into the drink. Yes No
- Stir briskly for 30 seconds with a fork or whisk until the powder dissolves. Yes No

Non prescribed medication

- Is the member of staff aware of what action to take if a person wants to take 'over the counter' medication? Yes No
- Is the member of staff aware of what to do if a person has a minor ailment? E.g. refers to pharmacist, GP as appropriate. Does not offer advice. Yes No
- If staff are to administer a non-prescribed medication did they check if this had been agreed with the pharmacist/GP and that this agreement was documented? Yes No
 None seen
- If a non-prescribed medication was administered was this from the original container as purchased and was the dose the person wanted to take within the directions given on the packaging? Yes No
 None seen
- If a non-prescribed medication was administered did the member of staff record this correctly on the MAR chart? Yes No
 None seen

Accessing advise and information

- Does the member of staff know who to contact if they need advice on medication? Yes No
- Did the member of staff refer the person to the patient information leaflet or to an appropriate health care professional if the individual wants advice on medication? Yes No
 None seen

Dealing with errors

- Can the member of staff describe the correct process for what to do if they make an error? Yes No
- Can the member of staff describe the correct process for what to do if they discover an error made by another member of staff? Yes No

Staff Medication Competency Audit

Any other information

Please record any discussions held the member of staff

Outcome of assessment

Considering the information from the assessment the member of staff has been assessed as:

- Demonstrating competence at this assessment to administer medication unsupervised.
- Demonstrating competence at this assessment to administer medication unsupervised with the exceptions identified below.
- Requiring further supervision or training in order to administer medication unsupervised at this time.

Action / exceptions identified

Abbeyfield The Dales Ltd. Registered Charity Number: 1160258, Company No: 9008680, Home England No: 5066

Staff Medication Competency Audit

Assessor details

Name of assessor:

Assessor's signature:

Assessors job title:

Date of assessment:

 / /

Staff signature

Signature of staff member assessed:

RM comments:

Named Resource Workers / START worker who will provide support

Name of Worker	Date added to list, (by whom)	Date Trained	Date Competency Assessed

Appendix 5: Anticipatory Medication Statement

ATD understands that anticipatory medicines are those intended for prompt relief of distressing symptoms for a person who is receiving palliative care for a terminal illness. Anticipatory medicines, which will usually include controlled drugs, will be most frequently used in the last stages of a person's life. The medicines are made available in advance of their need so that they can be accessed as soon as they are needed.

The medicines will usually be prescribed by the person's GP or nurse practitioner, for use during the out-of-hours periods when access to the patient's own general practice and regular pharmacy may not be possible, but immediate relief is required. Anticipatory medicines could cover a range of terminal illnesses or potentially fatal conditions, notably cancer, but also heart, neurological and respiratory conditions.

It is understood that anticipatory prescribing will make sure that there is a supply of suitable medicines or drugs in the home with any equipment needed to administer them. They can then be made available to an attending medical practitioner or someone who is authorised to administer them after it has been clinically assessed that they should be given.

Once prescribed, the medicines belong to the patient and have the same legal status as other prescribed medicines, including controlled drugs.

It is understood that anticipatory medicines are usually supplied in specially marked containers, commonly called "just in case" boxes. The provision of such boxes usually provides good opportunities to discuss with the ill person and others involved in their care the likely process of the illness that could result in their use.

The contents of "just in case" boxes will be decided in terms of individual needs and local agreements and protocols for prescribers and pharmacists. The protocols should indicate such things as:

- the normal starting doses and how they will be made known to users
- the contents of the boxes
- the quantities to be supplied
- their duration with reference to expiry dates, after which unused medicines will need to be disposed of
- who should be notified of their having been prescribed
- who is authorised to administer them
- their storage and security, pending use.

Implications for ATD

Anticipatory medicines in the form of "just in case" boxes might be prescribed when a person prefers to spend their final days in their own home and it has been agreed that they should do so.

It is understood that the medical practitioners involved in a person's end-of-life care will be responsible for the prescribing and oversight of any anticipatory medicines and for authorising their use. ATD will be responsible for their safe storage, security and, where agreed, disposal in line with its medication administration policy and procedures.

ATD senior care staff will note and record that the medicines have been prescribed for the individual person and the details will be recorded on their (end of life) care plan. It will also

report to the responsible medical practitioners any changes in the person's condition that could result in permission for the medication to be used.

The plan will state which medicines have been prescribed and under what circumstances they will be used and by whom.

The plan will also include any precautions to be taken in relation to any risks involved in their administration.

The medicines will be stored in a secure box or container in a safe place, which should only be opened by a named authorised person or persons when they are needed and after a clinical assessment that they should be used (for example, by a GP or nurse with due authority).

Relevant care staff will be informed of their existence and availability to the health care professionals who can administer them.

Training

Care staff involved in the end of life care of a person will be instructed in the purpose and use of any "just in case" medicines and the protocols associated with their administration for the named person.

Appendix 6: Use of Oxygen Statement

Oxygen Risk Assessment



Name of Resident _____

Hazards	Risks	People at risk	Control Measures
Smoking	Fire Facial burns	Community Nursing Staff, Residents, Staff, Visitors	<ul style="list-style-type: none"> Instruct residents, staff and visitors not to smoke in any part of the house where oxygen is used Arrange for removal of any oxygen equipment not in regular use Fire breaks never to be removed from tubing supplied by oxygen provider Ensure smoke detectors are fitted and in working order
Exposure to naked flames from open/gas fires/candles and cooking appliances.	Explosion and fire	Community Nursing Staff, Residents, Staff, Visitors	<ul style="list-style-type: none"> Ensure resident is a safe distance from fires and naked flame appliances as instructed by oxygen provider Oxygen must be positioned and stored as directed by oxygen provider
Kinking or entrapment of tubing in/under furniture, doors, wheels	Restriction of or no Oxygen supply	Resident	<ul style="list-style-type: none"> Check there are no kinks in the tubing Check that the tubing is not trapped between furniture or trapped e.g. under bed wheels Only tubing supplied by the oxygen provider is to be used on cylinders and concentrators Encourage piped oxygen if there is excessive tubing
Alcohol hand rubs/gels	Combustion	Community Nursing Staff, Resident and Staff	<ul style="list-style-type: none"> Ensure hands are adequately dried after the use of alcohol gels.
Use of oil based emollients	Local burning of affected area	Resident	<ul style="list-style-type: none"> Instruct resident/staff not to use oil based emollients on resident's nostrils
Resident/staff not aware of how to obtain replacement cylinders	Running out of oxygen	Resident, Staff	<ul style="list-style-type: none"> Ensure resident/staff has information leaflet from company supplying oxygen Check resident/staff has contact details on how to obtain/replace oxygen cylinder.
Tubing	Trips and falls	Community Nursing Staff, Resident, Staff	<ul style="list-style-type: none"> Advise staff to check position of tubing daily to minimise risks of falls Advise staff to check position of tubing, particularly if resident is using a walking frame etc Current oxygen tubing must be of an appropriate length to meet the needs of the resident
Power supply cut off to concentrator	No oxygen supply	Resident	<ul style="list-style-type: none"> Check resident has a back up cylinder Staff not to use back up cylinder unless there is power failure to concentrator
Unauthorised adjustment of flow rate on oxygen equipment	Worsening respiratory failure in oxygen sensitive patients	Resident	<ul style="list-style-type: none"> Educate resident/staff on the reason for oxygen Inform staff of the prescribed flow rate and hours of use Ensure resident/staff understand how to operate equipment safely Inform resident/staff on the importance of not adjusting oxygen flow rate without seeking appropriate clinical advice and assessment Very oxygen sensitive patients will be issued with an alert card and appropriate oxygen mask and tubing for use in ambulance transfers
Non compliance with assessment and/or review process	Risks will not be identified or managed. Oxygen prescription may not be appropriate for the patient's clinical need.	Resident	<ul style="list-style-type: none"> All except terminally ill patients should be formally assessed prior to commencing oxygen therapy. Residents will be recalled for review according to national guidance Assessment and review will be undertaken at a mutually convenient time and place.
Non compliance with oxygen prescription	Hypoxia remains untreated	Resident	<ul style="list-style-type: none"> Resident/staff will be educated on when and how to use oxygen at the time of prescribing. Reason for oxygen will be discussed at each review. Significant carers, family and other healthcare professionals involved with the resident to be educated on why oxygen has been prescribed.

Oxygen Risk Assessment



		Yes / No	Comments / Actions taken
Suppliers			
1	Has the supplier undertaken a written risk assessment for the installation of oxygen supplies and equipment?		
2	Has written information and instruction about the safe use of oxygen, connection of supply, handling of equipment, storage, cleaning and maintenance been provided to the resident and staff?		
3	Have suppliers advised and provided a record of a system of routine inspection, maintenance checks and supply for replacements?		
4	Does the supplier provide routine reports for the monitoring and support of residents on oxygen therapy which takes into account the user's ability or condition for continued safe use of oxygen therapy?		
5	Has the supplier provided emergency procedural information and contact numbers?		
Residents			
1	Has each resident using oxygen therapy been assessed for their ability to use it safely by suppliers and staff?		
2	Is each resident's ability for continued use of oxygen therapy routinely monitored by suppliers and staff?		
3	Is a system in place to notify suppliers of any deterioration in a resident's health affecting their safe use of oxygen?		
4	Are residents informed of smoking restrictions/prohibition when using oxygen therapy?		
Staff			
1	Have staff been instructed and trained to supervise, monitor, check and provide replacements for different types of oxygen therapy used by the resident?		
		Yes / No	Comments / Actions taken



Oxygen Risk Assessment

2	Are sufficient numbers of designated staff trained in the use of oxygen therapy on duty to provide 24-hour cover?		
3	Have designated staff been provided with suitable training in safe manual handling techniques for replacing oxygen supplies?		
4	Do designated staff routinely monitor oxygen equipment and its safe use by the resident?		
5	Are all staff provided with general information and instruction on oxygen safety in emergencies, such a fire, leaking oxygen, saturation of clothing/bedding?		
6	Are designated staff trained and routinely assessed for their competence in the transfer of liquid oxygen for ambulatory purposes?		
Management			
1	Is oxygen equipment routinely inspected to check it is working effectively?		
2	Are oxygen delivery flow meters routinely checked and recorded to ensure the correct flow is being administered?		
3	Are delivery tubes, face masks or nasal cannula routinely checked to make sure there are no kinks or blockages?		
4	Are delivery tubes, face masks or nasal cannula routinely changed or cleaned to prevent contamination or infection?		
5	Are base units for liquid oxygen base units visually checked to ensure there are no cold parts exposed?		
6	Are procedures and directions in place for emergency services such as fire brigades to ensure they can quickly locate oxygen therapy users and supplies within the home?		
7	Are warning signs and notices displayed for oxygen therapy use and the prohibition of smoking or ignition sources?		
		Yes / No	Comments / Actions taken

Oxygen Risk Assessment



8 Are oxygen supplies safely stored and under strict limited stock control measures?

Date of Assessment: _____

Name of Assessor: _____

Review Date: _____

Manager's Signature _____

Print Name _____

Date _____

Appendix 7: Warfarin and Anticoagulant Statement

Statement

Abbeyfield believes that every service user has the right to the highest possible quality of safe, personalised care in the management of their health needs.

This document is intended to set out the values, principles and policies underpinning ATD's approach to the care of those requiring anti-coagulant therapy.

Anticoagulants are one of the classes of medicines most frequently identified as causing preventable harm and admission to hospital. They must therefore be administered and managed with extreme caution and with appropriate safeguards in place. This policy is designed to be compliant with best practice guidance, including National Patient Safety Agency NPSA alert 18: *Actions that Can Make Anticoagulant Therapy Safer*.

Fundamental Standards Compliance (from April 2015)

From April 2015 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 will apply, replacing the Essential Standards.

ATD understands that the incoming regulations contain the following with respect to healthcare.

Regulation 9: person-centred care

This requires service providers to ensure that the care and treatment of service users must be appropriate, must meet their needs, and must reflect their preferences.

Regulation 12: Safe care and treatment

This includes a requirement for care and treatment to be provided in a safe way for service users and for service providers to assess any risks to health and safety and do all that is practicable to mitigate such risks. This regulation stresses the need for staff to follow agreed care plans and pathways and for the administration of medications to be timely and ensure that service users are not placed at risk.

Regulation 10: dignity and respect

This requires that service users be treated with dignity and respect, including being treated in a caring and compassionate manner. Personal preferences, lifestyle choices and choices relating to care and treatment of service users must be respected by staff at all times.

Regulation 11: need for consent

This requires that care and treatment is provided only with the consent of the relevant person. ATD understands that inspectors are prompted in the Key Lines of Enquiry published by the CQC to ask how service users receive personalised care that is responsive to their needs. This will form part of the five-key-question test to rate how caring the service is.

When looking for evidence of compliance, inspectors are prompted to ask people and/or their relatives for their views and experiences of person-centred care. This should include how much they are asked for their views, given choice and control, get the right care, treatment and support when they need it, and have their diversity and/or disabilities taken into account.

Background

ATD understands that certain people are prescribed anticoagulant therapy where they are at risk of their blood clotting within their blood vessels and disrupting the flow of blood around the body (thrombosis). Such an event may lead to other serious medical conditions such as:

1. Strokes
2. Transient ischaemic attacks (TIAs)
3. heart attacks
4. deep vein thrombosis (DVT)
5. pulmonary embolism.

Thrombophilia

Thrombophilia refers to the blood having an increased tendency to form clots. People with thrombophilia are particularly at risk of developing a DVT or a pulmonary embolism.

Warning signs of a DVT include:

1. Pain, swelling and tenderness in a legs (usually the calf)
2. A heavy ache in the affected area
3. Warm skin in the area of the clot
4. Redness of the skin, particularly at the back of the leg below the knee.

The symptoms of a pulmonary embolism are:

1. Chest or upper back pain
2. Shortness of breath
3. Coughing, usually dry but may include coughed-up blood or mucus containing blood
4. Feeling lightheaded or dizzy
5. Fainting.

Service users experiencing any of these symptoms should be encouraged to see their GP immediately.

There are different types of thrombophilia. It is diagnosed by having blood tests which look for anticoagulant deficiencies. Those diagnosed with thrombophilia may be referred to a haematologist, a specialist in diagnosing and treating blood disorders.

In mild thrombophilia treatment may not be needed.

Those who develop a blood clot will need treatment to disperse the blood clot and to prevent further clots. This will usually take the form of warfarin tablets or an injection of heparin. In some cases people will be encouraged to take a low-dose of aspirin which also works to reduce the risk of blood clots.

Warfarin and Heparin

Warfarin and heparin are anticoagulants which interfere with the clotting process and are commonly used to treat or prevent DVT and pulmonary embolisms. Warfarin is usually prescribed for clot prevention. A heparin injection is usually given where somebody needs instant treatment for an existing clot.

To maintain safety, the dose of warfarin will need to be adjusted for each person so it prevents the blood from clotting too easily but does not raise the risk of bleeding problems, the main risk with such medication. Under-treatment can result in thrombosis (clot formation), which can be life threatening. Equally, over-anticoagulation can result in haemorrhage (bleeding), which can be fatal and outweigh the benefits of preventing the thrombosis.

The adjustment will usually be made by the service user's GP or anticoagulant clinic on the basis of a regular blood test, called the International Normalised Ratio (INR), which measures blood clotting ability while taking warfarin. Blood tests are usually monthly and an INR of two to three is usually the aim.

Anticoagulant or an antiplatelet treatment may be prescribed for people who have recently undergone some kinds of surgery or who have suffered a reduced flow of blood in the veins of the leg caused by long periods of not being able to move.

Warfarin is taken once a day, usually in the evening, and should be taken with a full glass of water.

A service user's GP should be contacted immediately if any of these side-effects appear:

1. prolonged nosebleeds (longer than 10 minutes)
2. blood in vomit or sputum
3. blood in the urine or faeces
4. passing black faeces
5. severe bruising

6. bleeding gums
7. unusual headaches.

Other side-effects include:

1. sudden severe back pain
2. difficulty breathing or chest pain
3. rashes
4. diarrhoea
5. nausea and vomiting
6. jaundice (yellowing of the eyes or skin).

Prevention

Those with thrombophilia should be made aware of the symptoms of a blood clot. To lower their risk of blood clots they should be advised to:

1. lose weight if overweight
2. stop smoking if they smoke
3. eat a healthy, balanced diet and exercise regularly
4. avoid being immobile for long periods (this can cause a DVT).

Self-care of Warfarin

ATD understands that a key component of the care of service users with health needs is the empowerment of people to look after themselves as far as is possible or as much as they wish to do. This is also a key element in CQC compliance and in enabling people to live with dignity, self-determination and independence.

This policy therefore encourages service users to retain control over their medication wherever it is safe for them to do so and where they wish to.

Assessment and Screening

All service users will be assessed on admission for their capability in being able to self-care, self-medicate and determine what support they require.

Where a service user develops anti-coagulant medication needs during their residency an assessment will be conducted in partnership with their GP and with any specialist healthcare services involved.

The initial assessment should be designed to elicit exactly how much support the service user will need in coping with their condition and to identify who should do what in providing care.

The results of the assessment should be entered into the service user's agreed plan of care. It should be compliant with all CQC requirements and with all evidence based best practice in the prevention of blood clot complication and the administration of anticoagulant therapy.

The assessment should identify one or more of the following typical patterns of care:

1. service users who safely maintain control of their condition and medication but who might require monitoring
2. service users who can take partial control over some aspects of their anticoagulant care and who will need support and monitoring by care staff
3. service users who need support on a temporary basis but will be able to resume control as soon as this is possible
4. service users who are unable to take full control of their medication.

Care Protocol for Service Users Taking Warfarin

Each service user who requires anticoagulant therapy and is prescribed warfarin can expect:

1. to be encouraged to play an active role in their own care relative to their own wishes and overall level of independence
2. to have an individualised care plan which they themselves have played a key part in developing along with any members of their family and/or advocates that they wish to be involved

3. to have an annual review involving their GP and other essential members of the community health team and care home staff
4. to have support and assistance from a named and suitably trained care staff who will act as a key worker for their care management, assisting them in monitoring their healthcare needs and in managing their medication as required in the plan of care and in compliance with the policy on medication administration
5. adequate information about warfarin therapy
6. care staff to work closely with local healthcare teams and provide access to local specialists for advice, support and educational material, including relevant community health professionals
7. access to consultant specialist care by direct referral from the general practitioner or by an agreed community health professional
8. assistance, if required, in attending specialist hospital outpatients or clinics for INR blood monitoring tests and other treatment.

Care staff administering medication should always double check the most recent INR report when giving a dose of warfarin. It is essential that dosages are not given from old INR reports. This would raise the risk that an improper dose of warfarin is given. To mitigate this risk there must be an established process for ensuring blood tests are taken at the correct time, that INR results are received by the service user and that the correct dose is transcribed on to their Medication Administration Record (MAR chart).

ATD Senior Care staff will ensure that the warfarin dose is correctly recorded as milligrams (mg) of dose rather than numbers of tablets. ATD senior care staff will work closely with the pharmacy and GP involved to ensure that all doses are correct and that any changes are actioned immediately and accurately recorded.

Warfarin should be administered from original packs and should not be included in Monitored Dosage Systems (e.g. nomad or dosette boxes). It should be taken at the same time each day with a full glass of water.

The following procedures are in place to ensure that high-quality care is provided safely for service users who require support with their anticoagulant therapy.

1. Appropriate facilities, resources and support will be provided for residents requiring anti-coagulant therapy.
2. Care staff will comply with the medication management policy and with current NICE (National Institute of Health and Care Excellence) guidelines (SC1) regarding the administration of medication, such as warfarin, and the recording of medicines taken
3. Care staff will have received appropriate training and education in the management of warfarin within care settings, including training in:
 1. recognition of the symptoms of DVTs and pulmonary embolism
 2. risk assessment of thrombophilia
 3. management of warfarin and anti-coagulant therapy.
4. An agreed protocol of anticoagulant care and warfarin management will be in place, having been agreed in partnership with local community nursing staff, with local specialists, and with local GPs.
5. Suitable information on warfarin therapy will be provided for both service users and families in a format that can be understood.
6. All new residents will be fully assessed for healthcare needs on admission, conducted in partnership with their GP, and providing the basis of their care plan.
7. Service users requiring anticoagulant therapy will be enabled and supported to attend their regular INR blood tests.
8. The date when the next INR blood test is required will be clearly recorded in the relevant plan of care to ensure that service users are enabled to have their blood tests on the specified date.

9. All warfarin dose changes necessary after an INR test result will be confirmed by the prescriber in writing (e.g. by fax).
10. Warfarin doses will not routinely be changed on a verbal request only.
11. INR results sheets and any confirmation records will be stored with the service user's MAR chart for cross-referencing.
12. Where an INR result is not provided automatically by the GP practice or clinic, ATD senior care staff will follow up the appointment and ask for the result.
13. It is safe practice to attach the written oral anticoagulant dosage supplied by the GP practice/clinic to the MAR chart.
14. If there are any concerns that the INR result for a service user is out of date, staff will contact the relevant GP/anticoagulation service for advice.
15. Service users who are transferred to another care setting will be accompanied by all relevant records about their anticoagulant treatment, including their MAR chart containing their warfarin administration record.
16. Before using over-the-counter medicines, service users will be advised to get advice from their pharmacist or GP. Oral anticoagulants interact with a variety of other medicines, such as commonly prescribed antibiotics and painkillers.
17. If a dose is missed, a note will be made on the MAR chart. An extra dose will never be given to "catch up". If a service user accidentally takes an extra dose or takes the wrong dose of warfarin, care staff will contact the service user's GP immediately for advice.
18. ATD senior care staff will recognise that careful monitoring is required while people are taking warfarin. Any service user experiencing excessive bleeding or any other side-effects should be seen by their GP.

Care Planning

Each service user with a healthcare need related to anticoagulant therapy will have an individual personalised care plan agreed between the service user (or relative), their GP and care staff. It will include input from specialist agencies involved in the care of the person where necessary.

The plan will include:

1. the identification of a designated and appropriately trained member of care staff to function as a key worker
2. the identification of a designated doctor (usually the GP) to take overall medical responsibility for the anticoagulant care
3. a full list of medications and anticoagulant treatment, including dosage and frequency information, and arrangements for the administration of the medication (i.e. whether self-administered or administered by care staff)
4. arrangements for regular monitoring and an annual review
5. measures to minimise the risk of both long-term and short-term complications, including DVT and stroke, and arrangements to screen regularly, e.g. signs and symptoms of DVT, blood tests, etc.

Staff Training

ATD believes that the education and training of care staff in modern anticoagulant care and in the administration of warfarin is fundamental for the provision of high-quality care services, for the prevention of complications and for the early identification of problems.

Training in warfarin administration will include side-effects and contraindications of warfarin therapy. Staff administering medication should be aware of the different colours and strengths of warfarin tablets.

All new staff are encouraged to read this policy as part of their induction process as well as any associated policies and care protocols. Existing staff will be offered additional training covering anticoagulant care and blood clot prevention.

APPENDIX 8: How to Apply a Transdermal Patch

1. Overview

A transdermal patch is a patch that attaches to the skin and contains medication. The drug from the patch is absorbed into the body over a period of time. A patch can be used instead of a pill or an injection, a patch may be a more comfortable option for taking some medications.

Transdermal patches are used to deliver a range of drugs into the body. Some of the drugs more often used in patches include:

- fentanyl to relieve pain
- nicotine to help with quitting smoking
- clonidine to treat high blood pressure

Transdermal patches are easy to use, but for them to work well, it's important to use them properly.

2. Step-by-step instructions

Preparing

Read all instructions that come with the patch, or the direction given by the pharmacy that has been given by the GP. The instructions will tell you where to place the patch, how long to wear it, and when to remove and replace it; often a body map is provided in conjunction with the instruction to show the exact placement of the patch each time it is administered.

An old patch already in situ is removed by peeling back an edge of the patch and then gently pulling off the rest of the patch. Fold the patch in half with the sticky sides pressed together. Dispose the folded patch as directed.

Decide where the new patch will be placed. The GP's instructions and the drug's label or package insert should give information on where to put it. For instance, certain patches should be applied to the upper chest or the upper, outer arm. Others should be placed on the lower abdomen or hip; a body map may be provided to indicate the correct placement of the patch for each administration.

Prepare and clean the skin to remove any dirt, lotions, oils, or powders. Clean the skin using warm water alone or with a clear soap. Avoid scented soaps or soaps that contain lotion. Dry the skin with a clean towel or paper towel.

Applying the patch

Open the package carefully by tearing it open or using scissors. Avoid tearing or cutting the patch itself. If the patch becomes torn, don't use it. Throw away the damaged patch as directed above.

Take the patch out of the packaging. Remove the protective liner on the patch as directed by the patch instructions. Be careful not to touch the sticky side of the patch. Note: If the patch's protective liner contains two parts, first peel off one part of the liner. Apply the exposed sticky part of the patch to the skin and press down. Next, peel back the second part of the liner and press the entire patch down.

Place the patch, sticky side down, onto the clean area of skin. Using the palm of your hand, press down on the patch to make sure the patch is firmly attached to their skin.

Use your fingers to press along the edges of the patch. The patch should be smooth, with no bumps or folds.

Finishing up

Throw away the patch's packaging as directed, and wash your hands well with soap and water to remove any medication.

3. Helpful tips

Follow these tips to help your patch work well:

Place the patch carefully

When placing a patch, choose a spot where the patch will attach well. Avoid skin that:

- has open cuts or sores
- creases
- gets sweaty
- gets rubbed a lot
- has a lot of hair (if needed, trim the hair in that area with scissors)
- recently shaved (wait 3 days after shaving before applying a patch to an area)
- will be covered by a belt or clothing seam

Follow the instructions

Keep in mind that the skin isn't the same everywhere on a resident's body. Be sure to place the patch according to instructions from the GP, the MAR or the package.

Placing the patch on skin that's too thin or too thick could cause the resident's body to absorb too much or too little of the drug. This could lead to increased side effects or prevent the drug from working well.

Rotate locations

The GP may suggest that the locations where a patch is applied is rotated. This is because placing a new patch in the same place as the old one may cause an irritation.

When rotating patches, stay in the same area of the body. For instance, if you're told to use the patch only on your hips and lower abdomen, rotate the patch locations within those areas.

Don't overlap patches

If more than one patch is being used at a time, don't overlap them, and don't place one patch on top of another. The entire sticky side needs to be in direct contact with your skin.

Take care of loose patches

If the patch loosens or falls off, refer to the GPs or the label instructions. In general, you can use the palm of your hand to press a loose patch back onto the skin.

If one edge of the patch becomes loose, use tape or a sticky adhesive film to secure the loose edge. If the patch falls off completely, don't try to reapply it. Throw it away and apply a patch at the next scheduled time.

It's important to make sure the patch remains secure; a loose patch can adhere to other individuals with whom you're in close contact, including children.

Don't soak the patch

A resident is able to shower as usual and to get the patch wet. However, the patch should not be submerged for long periods of time.

Store patches carefully

Carefully store unused patches and dispose of used ones. Both used and unused patches contain an active drug, so keep them away from children and pets.

Avoid heating pads

Artificial heat should not be applied to a resident as this can cause the patch to release its drug faster. And that could cause an overdose.

Appendix 9: NHS Guidelines for Thickening Liquids

Speech and language
therapy services

Imperial Patient Safety
Translational Research Centre


National Institute for
Health Research

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Information leaflet
for people who require
thickened liquids

Guidelines for thickening liquids

Imperial College Healthcare 
NHS Trust

What are thickened liquids?

Thickened liquids are made by mixing a thickening powder with your usual drinks. There are different brands of thickening powder available but they all do the same thing.

Thickening powders do not add extra calories or essential nutrients to your drinks. Thickening powders may cause choking and obstruction if swallowed dry, so make sure the powder is always mixed with fluid before serving. Keep out of reach of small children or adults with cognitive or learning disabilities.

Why do I need thickened liquids?

Your speech and language therapist (a healthcare professional with specialist knowledge of swallowing problems) has assessed your swallowing and recommended that you thicken your liquids to make them safer and easier to swallow.

When you have a swallowing problem (also called **dysphagia**), drinking liquids can be more difficult than usual. This is because thin liquids move more quickly in the mouth and throat, so they are harder to control. Imagine how hard it is to hold water in your hands—it runs and spills everywhere. Now imagine how much easier it would be to hold cream, custard or yoghurt.

Because they are thicker they move more slowly so you are able to control them better. This is the same in the mouth.

If you cannot swallow thin liquids safely, drinks can go down into your windpipe and lungs. This is called **aspiration**. Aspiration may cause you to cough or choke when eating or drinking. However sometimes a person does not cough when drinks go down the wrong way. This is called **silent aspiration**.

Aspiration can seriously affect your health by causing a chest infection. This is referred to as **aspiration pneumonia**. It can be very serious, so reducing the chances of it happening is important. Increasing the thickness of your drinks is one way of helping to prevent or reduce aspiration. Your speech and language therapist will explain why you are experiencing swallowing problems and will discuss the options for managing the problem with you.

There are different causes of swallowing problems. Certain medical conditions can affect your swallowing, either by affecting the nerves and muscles that control swallowing, or due to anatomical changes. Age can also affect swallowing. As we get older, the swallowing muscles in the mouth and throat often become weaker, slower or less efficient. This can be made worse when you are ill.

Where do I get the thickener?

In hospital, the nursing staff on the ward will give the thickener to you. You will have your own tin of thickener by your bedside. If you are able to mix up your own drinks, you will be shown how to do this. If not, the nursing staff will do it for you. We can also show your family or carers how to thicken your drinks, so that they can support you.

If you are discharged home or to a care home and still require thickened liquids, you will be given a tin of thickener to take with you. Once you leave the hospital, your GP will prescribe the thickener for you alongside your other medications. You may be referred to your community speech and language therapy team if you have ongoing swallowing problems so they can continue to advise and support you as your condition changes.

Will I always need to have thickened drinks?

This depends on the cause of your swallowing problem. Many conditions, such as a mild stroke or an infection in an elderly person, cause swallowing problems for a short time but get better quickly. Other conditions do not improve quickly and so thickened liquids may be required for longer. In some cases, swallowing may get worse over time. The speech and language therapist works closely with you and your doctor to decide on the best way to manage your swallowing problems.

Which liquids do I need to thicken?

To make sure you are swallowing safely, you need to thicken all liquids to the thickness level prescribed by your speech and language therapist. This may include: **water or water-based drinks** e.g. squash/cordial **tea, coffee, hot chocolate, milk or milky drinks** e.g. Horlicks, Ovaltine, **fizzy drinks, fruit juice, fruit smoothies or yoghurt drinks, alcoholic drinks, nutritional supplements**, e.g. Ensure®, Fortisip®.

Liquid food such as broth, soups, gravies or sauces which are very runny or watery also need to be thickened.

If you are having milk in your cereals, either thicken the milk to the correct thickness (see page 12) or make sure the milk has been fully absorbed by the cereal before you eat it.

You may be advised to avoid eating ice cream, ice lollies, sorbet or jelly. Although they look like solid food, they melt in the mouth very quickly and turn back into liquids, so you may not be able to swallow them safely.

How thick do I need my liquids?

There are four different levels of liquid thickness. Your speech and language therapist will tell you which thickness level is right for you. Always read the instructions on the tin, as different brands can have slightly different methods and quantities. You can also download the **Thickened liquids** app on your smartphone or tablet device.



Slightly thick (level 1)

Thicker than water (e.g. single cream). Leaves a trace amount of residue on a spoon. Can be drunk through a straw.



Mildly thick (level 2)

Pours quickly from a spoon but slower than water (e.g. syrup). Can be drunk from a cup. Can be drunk through a straw with a little effort.



Moderately thick (level 3)

Pours slowly from a spoon (e.g. custard). Drops through the prongs of a fork. Can be drunk from a cup. Difficult to drink through a straw.



Extremely thick (level 4)

Holds shape on a spoon and cannot be poured (e.g. thick yoghurt). Falls off a spoon when tilted. Cannot be drunk from a cup or with a straw. Must be eaten with a spoon.

How do I make a thickened liquid?



Measure the amount of liquid & prepare in the usual way (i.e. add milk & sugar to tea, coffee, etc).



Measure the correct number of level scoops using the scoop provided.



Sprinkle the thickening powder into the drink.



Stir briskly for 30 seconds with a fork or whisk until the powder dissolves.



Leave to stand for 1-5 minutes to allow the liquid to thicken. Do not add more powder.



Test the liquid is the correct thickness before serving.

Hints and tips

Always thicken your liquids so that they look like the descriptions on page 7 rather than according to the number of scoops. The number of scoops is given as a guide because the thickness of a liquid is also influenced by other factors, such as temperature or fat content.

Liquids refers to thin soups, broths, cereals, thin sauces, gravy, oral nutritional supplements and liquid medications.

Thickened drinks stay on the tongue for longer so they may taste stronger. You may need to make drinks slightly weaker than usual.

Some liquids are already naturally thick, for example, thick milkshakes, fruit smoothies, yoghurt drinks, and some nutritional supplement drinks (for example Ensure®, Fortisip®).

Stirring the powder with a spoon causes lumps. Use a fork or whisk instead.

Just as hot liquids get cold over time, thickened liquids may get thicker or thinner over time. If the liquid becomes too thick, add more liquid to make it the correct thickness. If the liquid has been standing for a long time, it may become too thick or even too thin. You may need to make the drink again.

Don't leave your spoon to stand in the liquid as saliva on the spoon will cause the thickened liquid to thin down.

Allow hot drinks to cool slightly before adding the thickener.

What can family, carers & friends do to help?

Family, carers and friends can help by showing a positive attitude toward thickened liquids. It may help them to read this booklet and to try the drinks for themselves. It is important for them to remember the reason for having thickened liquids is to make swallowing safer and easier by reducing the risk of liquids going down the wrong way (**aspiration**).

Family, carers or friends may make thickened liquids after they have read this leaflet and spoken to a healthcare professional so that they can prepare the liquid in the correct way. They should also read the instructions on the tin of thickener.

Can I use straws or cups with spouts?

You might think that drinking through a straw or a cup with a spout will be easier. However, this may send the drink further back into the mouth or throat before you have started swallowing. Using straws or spouts when drinking may increase the risk of liquid going down the wrong way into your windpipe or lungs.

As a general rule, you should not drink through straws or spouts if you have a swallowing problem unless your speech and language therapist has told you that this is safe for you.

Am I drinking enough?

It is important to make sure you are drinking enough because your body needs water and other fluids to work properly. Water makes up about two-thirds of our body weight and it is important for this to be maintained because most of the chemical reactions that happen in your body need water. You also need water for your blood to be able to carry nutrients around the body. Most people need to drink 6–8 large glasses, cups or mugs of fluid (around 2 litres) every day to keep hydrated. You may need more on a hot day or if you are more active.

How do I thicken milk, milky drinks and nutritional supplements?

Thickening liquids that contain fat is slightly different. To thicken milk, milky drinks and nutritional supplements such as Ensure® or Fortisip®, follow the steps outlined below.

To make 200ml (7oz) of the drink:

1. When you're making a liquid with milk instead of water, such as milky tea or coffee, Horlicks, Ovaltine or hot chocolate, make this in a cup first without the thickener according to your taste.
2. Pour a quarter (50ml / 1.8oz) of your drink into a separate cup.
3. Add the scoops of thickener needed (see page 7) and mix into a smooth paste using a fork or small whisk.
4. Whisk in the rest of your drink up to 200ml / 7oz until the drink is completely smooth. Another option is to use a drinks shaker to mix the liquids together.
5. Leave to stand for at least 5 minutes to allow the liquid to thicken. If the liquid looks too thick after this time, whisk in a little more liquid until you achieve the right thickness.



Small tumbler:
150ml / 5.3oz
(approx.)



Standard mug
200ml / 7oz
(approx.)

How do I swallow my tablets?

In general, if you have been advised to take thickened liquids, you should not take your tablets with an unthickened (i.e. thin) drink.

Please ask your doctor, pharmacist or speech and language therapist for advice about this. Each person's needs are different and the advice will be based on your individual circumstances.

What if I notice a change in my swallowing?

You should speak to your doctor or speech and language therapist if you notice any changes in your swallowing. Do not be tempted to change the thickness level of your liquids without first discussing it with a healthcare professional. Your speech and language therapist may need to assess your swallowing again to determine the correct level of liquid thickness for you as your condition changes.

Contacts for more help or information

Please do not hesitate to contact us if you have any queries or concerns:

Speech and language therapy service

Charing Cross Hospital

Fulham Palace Road
London W6 8RF

T 020 3311 1764

Speech and language therapy service

Hammersmith Hospital

Du Cane Road
London W12 0HS

T 020 3313 3076

Speech and language therapy service

St Mary's Hospital

Praed Street, London W2 1NY

T 020 3312 6189

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the **patient advice and liaison service (PALS)** on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at pals@imperial.nhs.uk. The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to express your concerns in writing to:

Complaints department

Fourth floor
Salton House
St Mary's Hospital
Praed Street
London W2 1NY

Alternative formats

This leaflet can be provided on request in large print, as a sound recording, in Braille, or in alternative languages. Please contact the communications team on **020 3312 5592**.

We have a free and premium wi-fi service at each of our five hospitals. For further information please visit our website www.imperial.nhs.uk

Produced by: Speech and language therapy services

Published: January 2016

Review date: January 2019

Reference no: 2609v1

Based on the International Dysphagia Diet Standardisation Initiative (IDDSI) Drinks Levels 0–4 (September 2015)

The National Institute for Health Research (NIHR) Imperial Patient Safety Translational Research Centre is a partnership between the Imperial College Healthcare NHS Trust and Imperial College London.

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