LINCOLNSHIRE CARE HOMES MEDICINES MANAGEMENT POLICY AND PROCEDURES

Lincolnshire Care Homes
Medicines Management
WORKING IN PARTNERSHIP WITH HEALTH AND SOCIAL CARE

Version	1
Issue Date	November 2023
Review Date:	November 2024

In Cooperation with

AMENDMENT RECORD

Date	Version	Details of amendment / revision	Amended/ revised by

Review date and Ownership of Policy

Version control via current Medicine Management Working Group (See Appendix 1 at the bottom of this Policy) which will meet every six months to discus and seek consultation for potential changes that support Policy and Procedures.

Where the need for advice and guidance in and from the group, this will be completed and circulated through the Chair of the Medicine Management Working Group or on the recommendation of a member of the group.

NICE Guidelines

This policy includes recommendations identified by NICE Managing medicines in care homes: Published date: March 2014

on

- developing and reviewing policies for safe and effective use of medicines
- supporting residents to make informed decisions and recording them
- sharing information, record-keeping and medicines reconciliation
- safeguarding and medicine-related problems
- reviewing, prescribing, ordering and dispensing medicines, and receiving, storing and disposing of them
- helping residents to take their own medicines
- care home staff administering medicines (including covert administration) and non-prescription products
- training and competency of care home staff

1. Aim and Scope

This is a model policy that needs to be adapted locally by the Care Home to reflect their local care setting.

Cross Ref into Procedures:

1.1 This policy sets out [Care Home] commitments to ensure the safe handling of medicines to meet the individual needs and requirements of the residents in line with their care plan. This policy should be followed by all staff working at [Care Home] who are required to read and sign to acknowledge their agreement to abide by it.

19;

1.2 This policy will be reviewed annually by the Registered Manager to ensure that it reflects current working practices, legislation, and standards.

1.3 The Policy is underpinned by associated procedures and processes which evidence [Care Home] commitment to the safe handling of medicines [Care Home] will identify which of these procedures are relevant to their practice with the use of the Procedures Index – see annex A.

12; 13;

8;

2. Policy Statement

5; 5.1-10: 2.1; 12; 17; 19; 20;

2.1 Statutory Requirements

2.1.1 [Care Home] will comply with all legislation, regulations and guidance relating to medicines, including (but not limited to): Medicines Act 1968, Health and Social Care Act 2008, The fundamental standards set by the CQC, Royal Pharmaceutical Society Guidance (The Handling of Medicines in Social Care 2007), Mental Capacity Act 2005, Guidance set by any Professional Bodies and NICE Guidance for Care Homes 2014. Human Rights Act 1998 and General Data Protection Regulations 2018.

3.3; 5; 5.1-10: 16; 18;

2.1.2 For care homes providing nursing care, the guidance “The Administration of Medicines in Care Homes (with Nursing) for Older People by Care Assistants” (Department of Health, April 2016) will be followed.

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2.2 Residents who Manage their own Medication [Self Administration]

2.2.1 It will be assumed that a resident can self-administer unless their individual risk assessment indicates otherwise. The level of support provided should be recorded in the resident’s care plan.

2.2.2 When a resident self-administers, [Care Home] may provide assistance to order medicines on their behalf, if requested. Prescription requests may only be completed by a suitably trained and competent member of [Care Home] staff.

1; 1.1;16;

2.2.3 [Care Home] care staff will provide appropriate help and encouragement to enable residents to manage their own medicines.

3;

Cross Ref into Procedures:

3.1;

2.3 Residents who need Assistance with Self Administration

2.3.1 [Care Home] care staff may provide physical assistance where required to those who have the mental capacity to self-administer, with the informed consent of the resident. The resident retains responsibility for the administration of their medicine.

2.3.2 The [Care Home] manager or senior designated person in consultation with the resident and where agreed with the resident and their relatives and the appropriate clinician will determine which level of support is appropriate.

2.4 Consent

2.4.1 [Care Home] takes a person-centred approach and respects the dignity and independence of residents.

2.4.2 Wherever possible, the relevant information about the medicines being prescribed will be made available to the resident or those acting on their behalf.

2.4.3 Consent is always required for medicines on administration. Residents that are deemed to lack capacity regarding their care and treatment in relation to medicines must have a mental capacity assessment in place that clearly defines the role of staff when supporting the resident. If the resident is deemed to lack capacity regarding their care and treatment in relation to medicines, then the following applies:

- Staff must ensure that the MCA principles are followed with regard to best interest decisions and the use of covert administration of medicines – this will be in line with The Mental Capacity Act Code of Practice (2007).
- Deprivation of liberty authorisation is required from the supervisory body for any covert administration of sedative or controlling medicine – this will be updated annually as a minimum.

2.4.4 [Care Home] will seek consent from residents regarding any additional support that they might require with the administration of their medicines, they will work with the resident to decide on the most appropriate plan for them.

2.5 Responsibility for Medicines

2.5.1 [Care Home] acknowledges that:

- prescribed medicines are the property of the person to whom they have been prescribed and dispensed; and,
- the primary responsibility for the prescribing of medicines rests with the prescriber, in consultation with other members of the primary healthcare team and the resident.
- The care home has a role in supporting prescribers to identify and monitor the effect and any side effects or adverse effects of medicines, especially where the person prescribed for cannot report these themselves.

2.5.2 Wherever possible, residents will be responsible for obtaining, holding, and taking their own medicines.

2.6 Administration of Medicines by Staff

Cross Ref into Procedures:

2.6.1 [Care Home] staff will only provide assistance with medicine where this is within their competence and in accordance with this policy and accompanying procedures. The level of support to be provided by each member of staff to each resident will be agreed with the resident or the person lawfully acting on their behalf and be clearly documented.

2.6.2 [Care Home] must administer medicines to residents where this has been agreed in the residents care plan.

2.6.3 Where residents require administration of their medicines, [Care Home] will ensure that medicine is administered safely and appropriately following the six rights of administration: *3; 3.1; 3.2; 7;*

- the **right resident**
- is given the **right medicine,**
- at the **right time**
- in the **right dose**
- via the **right route**
- whilst respecting the resident's **right to refuse**

2.6.4 [Care Home] will ensure that all medicines are administered in a way that respects the dignity, privacy, cultural and religious beliefs of the resident. *3;*

2.6.5 [Care Home] care staff are only authorised to administer prescribed medicines from individual pharmacy-labelled containers or professionally filled and sealed monitored dosage systems following the prescriber's instructions. They are not permitted to administer medicines from dosette boxes filled by others, such as family members. *2;*

2.6.6 [Care Home] recognises the importance of administering medicines and giving protected time to staff to do this.

2.6.7 [Care Home] staff will refuse to administer medicines if they have not received suitable training or do not feel competent in doing so. *16;*

2.6.8 Covert administration of medicines will only be undertaken where this is lawful, is in the resident's best interest and the written support of relevant professionals has been obtained. All best Interest decisions must be in line with [Care Home] MCA Policy. *10;*

2.2;

2.7 Storage of Medicine

2.7.1 Medicines should be stored safely and securely, in line with the manufacturer's recommendations.

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2.8 Confidentiality

2.8.1 [Care Home] will respect the confidentiality of its residents, including their medical history and their medicines. There must be a system in place to manage information including sharing information with the relevant people.

2.9 Training

2.9.1 [Care Home] will ensure that designated staff administer medicines only when they have had the necessary training and are assessed as competent.

2.9.2 [Care Home] will ensure that all care staff complete an induction process, in line with the requirements of the Care Certificate. The induction process should provide clear instruction on the remit for administration of medication, with clear procedures in place to support competency assessment and sign off.

2.9.3 Competency assessment and refresher training should be undertaken in line with the (Care Home) training policy, and more frequently if indicated by audit results and/or a change detected in the resident needs.

2.10 Record Keeping

2.10.1 [Care Home] manager or the person responsible for a resident's transfer into the care home should co-ordinate the accurate listing of all the resident's medicines as part of a full needs assessment and care plan. This will include non-prescribed medication which may be given as needed. The accuracy and completeness of this list should be confirmed with the relevant primary care clinician.

2.10.2 Other than the information already on the Medication Administration Record (MAR) - information regarding medicines and any related assistance, including that related to ordering or administration will be recorded within their individual Care Plan.

2.10.3 [Care Home] will record accurately all medication to ensure the administration and support is given. The Medication Administration Record (MAR) sheet should reflect this.

2.11 Audit and Monitoring

2.11.1 Stock levels of medicines obtained and stored will be closely monitored, to ensure continuity of supply and avoid overstocking.

2.11.2 [Care Home] will monitor all residents who take medicines for changes in their condition, including allergies and side effects. [Care Home] will liaise with health professionals as appropriate.

2.11.3 [Care Home] recognises the importance of medication audits.

Cross Ref into Procedures:

2.11.4 [Care Home] recognises that the effective auditing and monitoring is an integral tool in the management of medications. It is the responsibility of the Registered Manager and Nominated Individual to ensure that there is an effective programme of audit established. Where appropriate, guidance should be sought from monitoring and assurance teams.

2.11.5 [Care home] should ensure that all residents can use advocacy and independent complaints services when they have concerns about medicines.

2.12 Non-Prescribed Medication including Over the Counter and Homely Remedies

2.12.1 [Care Home] will recognise that there are times when residents may need support with medication which has not been prescribed. These are referred to as Non-Prescribed Medication.

2.12.2 [Care Home]- the registered manager will ensure all appropriate professionals, alongside the resident and their representatives are consulted to allow for the safe and effective administration of medicines.

2.12.3 An agreement is made on the particular medicines suitable to be used as homely remedies and the length of time they can be given without recourse back to the GP.

2.12.4 Support with Non-Prescribed Medication will be provided in a safe and effective way. [Care home] will record details of the assessment, homely remedy administered and outcome in the resident's care plans and the Medication Administration Record (MAR) sheet.

2.13 Collaborative Working

[Care Home] will involve all appropriate professionals, alongside the resident and their representatives to allow for safe and effective administration of medicines.

2.14 Escalation

2.14.1 [Care Home] to recognise their responsibility to report any incident that may or did lead to harm, loss or damage related to the administration or storage of medication or has caused a risk to the organisation. Incidents must be reported to the relevant regulatory body and local management.

2.14.2 All medicines-related incidents should be recorded and where appropriate reported in line with Lincolnshire County Council Quality Review Processes and the Lincolnshire Safeguarding Adult Board (LSAB) Safeguarding Adults Policy

2.14.3 All residents of [Care Home] will be supported to access the internal Concerns and Complaints Policy and Procedures and how to escalate further if needed.

Cross Ref into Procedures:

2.15 Medicines Optimisation [Reviews]

2.15.1 [Care Home] recognise the importance of medication reviews in line with the NICE guidelines.

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2.15.2 The GP has the primary responsibility for regular medication reviews as set out in the care plan. [Care Home] will cooperate with these arrangements and will proactively request reviews when they have concerns.

4.3; 20;

2.16 Transfer of Medication on Hospital Admission and Discharge

2.16.1 [Care Home] has a robust and transparent process in place to share complete and accurate information about the residents medication and any known allergies. This must include what is recorded and transferred when residents are admitted to or discharged from hospital.

2.16.2 The manager and staff will work with secondary care colleagues in line with agreed best practice.

2.16.3 [Care Home] should ensure that either an electronic or a printed discharge summary is sent with the resident on discharge. A medicines reconciliation is then carried out for all residents discharged from hospital and any changes to medication are recorded and acted on after transfer.

2.17 Oral Nutritional Supplements

2.17.1 Oral Nutritional Supplements (ONS) are liquids, semi-solids, or powders, which provide macro and micronutrients. They are used within care for individuals who are unable to meet their nutritional requirements through oral diet alone.

2.17.2 ONS may be used outside the scope of this policy as a prescribed item in the short term during acute illness, or support for individuals with long term chronic conditions. These will be used to compliment an individual’s diet through oral food intake and should be monitored as per manufacturer’s instructions.

2.18 Vitamins and Nutrients Supplements

2.18.1 If residents want to take vitamins and minerals for dietary supplementation or as a "pick-me-up" they should be advised that they should be purchased as self-care over the counter with the support of the home’s pharmacist.

2.18.2 Residents should only be prescribed vitamin and mineral preparations if there is an Advisory Committee on Borderline Substances (ACBS) approved indication, i.e. only in the management of actual vitamin or mineral deficiency; they are not to be prescribed as dietary supplements or as a general "pick-me-up".

Sign off/Authorisation for Health Integrated Care Board and Social Care

Policy Signed Off By: Vanessa Wort, Associate Director of Nursing & Quality, on behalf of ICB Clinical Policies Sub-Group.

Organisation: Lincolnshire NHS ICB Policy Board.

Date 23rd November 2023

Review Date: November 2024

Policy Signed Off By: Andy Fox, Consultant in Public Health, Adult Care & Community Wellbeing

Organisation: Lincolnshire County Council Clinical Governance Board

Date: 11th September 2023

Review Date: November 2024

References

Administration Against a Prescription - United Lincolnshire Hospital Trust

Advisory Guidance Administration of Medicines by Nursing Associates -Health Education England – Published December 2017

Care Quality Commission, http://www.cqc.org.uk/standards

Department of Health with University of Leeds – Administration of Medicines in Care Homes [with Nursing] for older people by care assistants – Published April 2016#

Guideline on Oral Anticoagulation with Warfarin – Derbyshire Joint Area Prescribing committee - Published November 2017

NICE - Medicines management in Care Homes, Quality Standard – Published March 2015

Policy Statement: Prescribing of Vitamin and Minerals – Adapted from Swindon CCG Medicine Optimisation Team with input from GWH Nutrition and Dietetic Department - Published August 2018

Professional guidance on the safe and secure handling of medicine, https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines Royal Pharmaceutical Society of Great Britain - Published by 2019

Putting NICE Guidelines guidance into Practice – Published May 2014

Royal Pharmaceutical Society of Great Britain, The handling of medicines in social care: http://rpharms.com/support-pdfs/handlingmedsocialcare.pdf

Safety of Medicines in Care Homes – Homely remedies guide for local adaptation to fit with individual care home medication policies http://careengland.org.uk/sites/careengland/files/Group10_Homely_remedies.

Sample policy and procedure: The safe handling of medicines n care homes – with Nursing – Yorkshire and Humber NHS Commissioning Support – Published April 2015

The Management of Medicine in Care Homes Guidelines – NHS Barnsley Clinical Commissioning Group – Published July 2016

The Professional Guidance of the Safe Administration of Medicines in a healthcare setting co-produced by the Royal Pharmaceutical Society (RPS) and Royal College of Nursing (RCN – Published January 2019

Lincolnshire County Council

NHS Lincolnshire Integrated Care Board

Cross Reference in to the NICE – Managing Medicines in Care Homes	
Recommendations The recommendations for good practice have been developed by the Guideline Development Group (GDG), using relevant legislation, guidance, and policy as the foundation for good practice. See appendix B of the full guideline for a list of key resources used in developing this guideline. When a recommendation is aimed specifically at a person or organisation, this is clearly stated. In most cases the GDG was able to identify which person or organisation was responsible; if this is not specified it will be for organisations to consider and determine locally. The GDG agreed that arrangements will vary depending on local organisational structures, how services are commissioned and provided, and what resources are available.	
	New Policy and Procedure reference number:
1.1 Developing and reviewing policies for safe and effective use of medicines	
1.1.1 Commissioners and providers (organisations that directly provide health or social care services) should review their policies, processes, and local governance arrangements, making sure that it is clear who is accountable and responsible for using medicines safely and effectively in care homes.	Task and Finish Health and Care Group [LinCA WFD]
1.1.2 Care home providers should have a care home medicines policy, which they review to make sure it is up to date and is based on current legislation and the best available evidence. The policy should include written processes for: • sharing information about a resident's medicines, including when they transfer between care settings. • ensuring that records are accurate and up to date. • identifying reporting and reviewing medicines-related problems • keeping residents safe (safeguarding) • accurately listing a resident's medicines (medicines reconciliation) • reviewing medicines (medication review) • ordering medicines • receiving, storing, and disposing of medicines • helping residents to look after and take their medicines themselves (self-administration) • care home staff administering medicines to residents, including staff training and competence requirements. • care home staff giving medicines to residents without their knowledge (covert administration) • care home staff giving non-prescription and over-the-counter products to residents (homely remedies), if appropriate.	2.1, 1.4.17 6 7,11,13 Whole P&P 21.1,17 15 1 2 2.3 and Policy 16 4 6.1, 17 4
1.2 Supporting residents to make informed decisions and recording these decisions	
1.2.1 Health and social care practitioners (care home staff, social workers, case managers, GPs, pharmacists, and community nurses) should ensure that care home residents have the same	Policy, 2.3

opportunities to be involved in decisions about their treatment and care as people who do not live in care homes, and that residents get the support they need to help them to take a full part in making decisions.		
1.2.2 The health professional prescribing a medicine or care home staff should record a resident's informed consent in the resident's care record. Consent does not need to be recorded each time the medicine is given but a record of the administration should be made on the medicine's administration record.	Out of Scope	
1.2.3 Care home staff (registered nurses and social care practitioners working in care homes) should record the circumstances and reasons why a resident refuses a medicine (if the resident will give a reason) in the resident's care record and medicines administration record unless there is already an agreed plan of what to do when that resident refuses their medicines. If the resident agrees, care home staff should tell the health professional who prescribed the medicine about any ongoing refusal and inform the supplying pharmacy, to prevent further supply to the care home.	7	
1.2.4 Health and social care practitioners should identify and record anything that may hinder a resident giving informed consent. Things to look out for include mental health problems, lack of (mental) capacity to make decisions, health problems (such as problems with vision and hearing), difficulties with reading, speaking, or understanding English and cultural differences. These should be taken into account when seeking informed consent and should be regularly reviewed.	3, All 5, 17	
1.2.5 Health professionals prescribing a medicine must: • assume that care home residents have the capacity to make decisions. • assess a resident's mental capacity in line with appropriate legislation (for example, the Mental Capacity Act 2005) if there are any concerns about whether a resident is able to give informed consent. • record any assessment of mental capacity in the resident's care record.	Out of Scope	
1.2.6 Health professionals prescribing a medicine should review mental capacity, in line with the Mental Capacity Act 2005 and the Mental Capacity Act Code of Practice 2007, when a resident lacks capacity to make a specific decision. How often they do this should depend on the cause, as this may affect whether lack of capacity fluctuates or is temporary.	Out of Scope	
1.2.7 Health and social care practitioners should ensure that residents are involved in best interest decisions, in line with the Mental Capacity Act Code of Practice 2007, and: • find out about their past and present views, wishes, feelings, beliefs, and values. • involve them, if possible, in meetings at which decisions are made about their medicines. • talk to people who know them well, including family members or carers (informal or unpaid carers) and friends, as well as care home staff.	2.3	

• deliver care and treatment in a way that empowers the resident to be involved in decisions and limits any restrictions to their care.		
1.3 Sharing information about a resident's medicines		
1.3.1 Care home providers should have a process for managing information (information governance) covering the 5 rules set out in the Health and Social Care Information Centre's A guide to confidentiality in health and social care (2013). This was last edited in March 2022. The process should also include the training needed by care home staff and how their skills (competency) should be assessed.	14, 16	
1.3.2 Commissioners should review their commissioning arrangements with their provider organisations to ensure that any information about a resident's medicines that is transferred contains the minimum information set out in recommendation 1.7.3. Commissioners should monitor this through their contracting arrangements.	Out of Scope	
1.3.3 Providers of health or social care services should have processes in place for sharing, accurate information about a resident's medicines, including what is recorded and transferred when a resident move from one care setting to another (including hospital).	2.1,8,17	
1.3.4 Providers of health or social care services should ensure that either an electronic discharge summary is sent, if possible, or a printed discharge summary is sent with the resident when care is transferred from one care setting to another. See recommendation 1.7.3 for the minimum information that should be transferred.	17	
1.3.5 Health and social care practitioners should ensure that all information about a resident's medicines, including who will be responsible for prescribing in the future, is accurately recorded, and transferred with a resident when they move from one care setting to another.	Policy and Procedures	
1.3.6 Health and social care practitioners should check that complete and accurate information about a resident's medicines has been received and recorded, and is acted on after a resident's care is transferred from one care setting to another (see recommendation 1.7.3 for the minimum information that should be transferred)	6	
1.3.7 Care home providers should have a process in the care home medicines policy for recording the transfer of information about residents' medicines during shift handovers and when residents move to and from care settings.	17	
1.3.8 Care home staff should follow the rules on confidentiality set out in the home's process on managing information about medicines (see recommendation 1.3.1) and only share enough information with health professionals that a resident visit to ensure safe care of the resident.	Policy	
1.4 Ensuring that records are accurate and up to date		
1.4.1 Health and social care practitioners should ensure that records about medicines are accurate and up to date by following the process set out in the care home medicines policy (see recommendation 1.1.2). The process should cover:	All covered by P&P	

• recording information in the resident's care plan • recording information in the resident's medicines administration record • recording information from correspondence and messages about medicines, such as emails, letters, text messages and transcribed phone messages • recording information in transfer of care letters and summaries about medicines when a resident is away from the home for a short time. • what to do with copies of prescriptions and any records of medicines ordered for residents.		
1.4.2 Care home providers must follow the relevant legislation to ensure that appropriate records about medicines are kept secure, for an appropriate period of time, and destroyed securely when appropriate to do so.	covered by P&P	
1.5 Identifying, reporting, and reviewing medicines-related problems		
1.5.1 Commissioners and providers of health or social care services should ensure that a robust process is in place for identifying, reporting, reviewing, and learning from medicines errors involving residents (see also recommendations 1.6.1–3)	9, 13, 15	
1.5.2 Health and social care practitioners should consider working with all relevant stakeholders to develop a locally agreed action plan, in line with other local and national strategies and governance arrangements, for improving the safety of residents and reducing medication errors in care homes.	19	
1.5.3 Care home staff (registered nurses and social care practitioners working in care homes) should report all suspected adverse effects from medicines to the health professional who prescribed the medicine or another health professional as soon as possible; this would usually be the GP or out-of-hours service. Staff should record the details in the resident's care plan and tell the supplying pharmacy (if the resident agrees that this information can be shared).	11, 12, 14	
1.6 Keeping residents safe (safeguarding		
1.6.1 Commissioners and providers of health or social care services should all be aware of local arrangements for notifying suspected or confirmed medicines-related safeguarding incidents.	11	
1.6.2 Care home providers should have a clear process for reporting medicines-related safeguarding incidents under local safeguarding processes and to the Care Quality Commission (CQC) (or other appropriate regulator). The process should be recorded in the care home medicines policy and should clearly state: • when the CQC (or other appropriate regulator) should be notified • which medicines-related safeguarding incidents should be reported under local safeguarding processes and when? • that accurate details of any medicines-related safeguarding incidents are recorded as soon as possible so that the information is available for any investigation and reporting.	Policy	
1.6.3 Commissioners should ensure that reporting requirements are included in commissioning and contracting arrangements.	Out of Scope	

1.6.4 Care home staff should contact a health professional to ensure that action is taken to safeguard any resident involved in a medicines-related safeguarding incident. They should follow a process agreed between health professional(s) and commissioners, which sets out who to contact in normal office hours and out-of-hours.	Policy	
1.6.5 Care home providers should record all medicines-related safety incidents, including all 'near misses' and incidents that do not cause any harm, as a resident safety incident. Where there are notifiable safeguarding concerns these must be reported to the CQC (or other appropriate regulator).	6	
1.6.6 Local safeguarding processes should include the investigation of each report of a medicines-related safeguarding incident and should monitor reports for trends.	Policy	
1.6.7 Local safeguarding processes should include arrangements for feedback to care homes about reported medicines-related incidents to promote sharing of experiences and learning.	Policy	
1.6.8 Care home staff should find out the root cause of medicines-related incidents.	11	
1.6.9 Care home providers should make sure that any training needed by staff to find out the root cause of medicines-related incidents is specified in contracts with commissioners.	16	
1.6.10 Care home staff should give residents and/or their family members or carers information on how to report a medicines-related safety incident or their concerns about medicines, using the care home provider's complaints process, local authority (or local safeguarding) processes and/or a regulator's process.	Policy and Procedure	
1.6.11 Care home providers should ensure that all residents can use advocacy and independent complaints services when they have concerns about medicines.	Policy	
1.7 Accurately listing a resident's medicines (medicines reconciliation)		
1.7.1 The care home manager or the person responsible for a resident's transfer into a care home should coordinate the accurate listing of all the resident's medicines (medicines reconciliation) as part of a full needs' assessment and care plan. The care home manager should consider the resources needed to ensure that medicines reconciliation occurs in a timely manner (see recommendation 1.1.2).	Policy,2.1 15, 17	
1.7.2 Care home providers should ensure that the following people are involved in medicines reconciliation: • the resident and/or their family members or carers • a pharmacist • other health and social care practitioners involved in managing medicines for the resident, as agreed locally.	Policy, 2	
1.7.3 Commissioners and providers of health or social care services should ensure that the following information is available for medicines reconciliation on the day that a resident transfer into or from a care home: • resident's details, including full name, date of birth, NHS number, address, and weight (for those aged under 16 or where appropriate, for example, frail older residents) • GP's details	All 2	

• details of other relevant contacts defined by the resident and/or their family members or carers (for example, the consultant, regular pharmacist, specialist nurse) • known allergies and reactions to medicines or ingredients, and the type of reaction experienced. • medicines the resident is currently taking, including name, strength, form, dose, timing, and frequency, how the medicine is taken (route of administration) and what for (indication), if known • changes to medicines, including medicines started, stopped or dosage changed, and reason for change. • date and time the last dose of any 'when required' medicine was taken or any medicine given less often than once a day (weekly or monthly medicines) • other information, including when the medicine should be reviewed or monitored, and any support the resident needs to carry on taking the medicine (adherence support) • what information has been given to the resident and/or family members or carers. Providers should ensure that the details of the person completing the medicines reconciliation (name, job title) and the date are recorded.		
1.8 Reviewing medicines (medication review)		
1.8.1 GPs should ensure that arrangements have been made for their patients who are residents in care homes to have medication reviews as set out in the residents' care plans (see recommendation 1.8.4).	Out of Scope Policy, 15	
1.8.2 GPs should work with other health professionals to identify a named health professional who is responsible for medication reviews for each resident. This should take into account the clinical experience and skills of the health professional, how much they know about the resident and the resident's condition, and whether they can access the relevant information.	Out of Scope Policy, 15	
1.8.3 Health and social care practitioners should ensure that medication reviews involve the resident and/or their family members or carers and a local team of health and social care practitioners (multidisciplinary team). This may include a: • pharmacist • community matron or specialist nurse, such as a community psychiatric nurse • GP • member of the care home staff • practice nurse • social care practitioner The roles and responsibilities of each member of the team and how they work together should be carefully considered and agreed locally. Training should be provided so that they have the skills needed.	Policy, 15	
1.8.4 Health and social care practitioners should agree how often each resident should have a multidisciplinary medication review. They should base this on the health and care needs of the	15	

resident, but the resident's safety should be the most important factor when deciding how often to do the review. The frequency of planned medication reviews should be recorded in the resident's care plan. The interval between medication reviews should be no more than 1 year.		
1.8.5 Health and social care practitioners should discuss and review the following during a medication review: • the purpose of the medication review • what the resident (and/or their family members or carers, as appropriate and in line with the resident's wishes) thinks about the medicines and how much they understand • the resident's (and/or their family members' or carers', as appropriate and in line with the resident's wishes) concerns, questions, or problems with the medicines • all prescribed, over the counter and complementary medicines that the resident is taking or using, and what these are for • how safe the medicines are, how well they work, how appropriate they are, and whether their use is in line with national guidance. • any monitoring tests that are needed • any problems the resident has with the medicines, such as side effects or reactions, taking the medicines themselves (for example, using an inhaler) and difficulty swallowing. • helping the resident to take or use their medicines as prescribed (medicines adherence) • any more information or support that the resident (and/or their family members or carers) may need.	15	
1.9 Prescribing medicines		
1.9.1 GP practices should ensure that there is a clear written process for prescribing and issuing prescriptions for their patients who live in care homes. The process should cover: • issuing prescriptions according to the patient medical records • recording clear instructions on how a medicine should be used, including how long the resident is expected to need the medicine and, if important, how long the medicine will take to work and what it has been prescribed for (use of the term 'as directed' should be avoided) • recording prescribing in the GP patient medical record and resident care record and making any changes as soon as practically possible • providing any extra details, the resident and/or care home staff may need about how the medicine should be taken. • any tests needed for monitoring. • prescribing the right amount of medicines to fit into the 28-day supply cycle if appropriate, and any changes that may be needed for prescribing in the future. • monitoring and reviewing 'when required' and variable dose medicines. • issuing prescriptions when the medicines order is received from the care home.	Out of Scope	

1.9.2 When prescribing variable dose and 'when required' medicine(s) the health professional prescribing the medicine should:
• note in the resident's care record the instructions for:
  ○ when and how to take or use the medicine (for example, 'when low back pain is troublesome take 1 tablet')
  ○ monitoring
  ○ the effect they expect the medicine to have.
• include dosage instructions on the prescription (including the maximum amount to be taken in a day and how long the medicine should be used, as appropriate) so that this can be included on the medicine's label.
• prescribe the amount likely to be needed (for example, for 28 days or the expected length of treatment)
• liaise with care home staff to see how often the resident has had the medicine and how well it has worked.
	3.2
	3.2
	3.2
	3.2	

1.9.3 Health and social care practitioners should work together to make sure that everyone involved in a resident's care knows when medicines have been started, stopped, or changed.	1, 2, 3, 6, 7, 13	
1.9.4 Care home staff (registered nurses and social care practitioners working in care homes) should update records of medicines administration to contain accurate information about any changes to medicines.	Policy and Procedures	
1.9.5 The health professional prescribing a medicine, care home provider and supplying pharmacy should follow any local processes for anticipatory medicines to ensure that residents in care homes have the same access to anticipatory medicines as those people who do not live in care homes.	4	
1.9.6 Health professionals prescribing medicines should use telephone, video link or online prescribing (remote prescribing) only in exceptional circumstances and when doing so should: • follow guidance set out by the General Medical Council or the Nursing and Midwifery Council on assessing capacity and obtaining informed consent from residents. • be aware that not all care home staff have the training and skills to assist with the assessment and discussion of the resident's clinical needs that are required for safe remote prescribing. • ensure that care home staff understand any instructions. • send written confirmation of the instructions to the care home as soon as possible.	1, 2	
1.9.7 Care home staff should: • ensure that any change to a prescription or prescription of a new medicine by telephone is supported in writing (by fax or email) before the next or first dose is given. • ask that the health professional using remote prescribing changes the prescription. • update the medicines administration record and the care plan as soon as possible (usually within 24 hours) with any changes to medicines made by remote prescribing.	2, 6	
1.9.8 Care home providers should have a process set out in the care home medicines policy for recording the details of text	6	

messages received about a resident's medicines and making sure that the resident's confidentiality is maintained. Text messaging should be used in exceptional circumstances only.		
1.10 Ordering medicines		
1.10.1 Care home providers must ensure that medicines prescribed for a resident are not used by other residents.	1	
1.10.2 Care home providers should ensure that care home staff (registered nurses and social care practitioners working in care homes) have protected time to order medicines and check medicines delivered to the home.	3.1	
1.10.3 Care home providers should ensure that at least 2 members of the care home staff have the training and skills to order medicines, although ordering can be done by 1 member of staff.	16	
1.10.4 Care home providers should retain responsibility for ordering medicines from the GP practice and should not delegate this to the supplying pharmacy.	1	
1.10.5 Care home providers should ensure that records are kept of medicines ordered. Medicines delivered to the care home should be checked against a record of the order to make sure that all medicines ordered have been prescribed and supplied correctly.	6.1	
1.11 Dispensing and supplying medicines		
1.11.1 Pharmacies and doctors supplying medicines to care home providers should ensure they have processes, such as standard operating procedures, in place for all staff who dispense and accuracy check medicines for residents, particularly those who are using monitored dosage systems.	Out of Scope	
1.11.2 Care home providers should determine the best system for supplying medicines for each resident based on the resident's. health and care needs and the aim of maintaining the resident's independence wherever possible. If needed, they should seek the support of health and social care practitioners.	1.1	
1.11.3 Supplying pharmacies should produce medicines administration records wherever possible. See also recommendation 1.14.8.	Out of Scope	
1.12 Receiving, storing, and disposing of medicines		
1.12.1 Providers of adult care homes must comply with the Misuse of Drugs Act 1971 and associated regulations when storing controlled drugs. Providers of children's homes should have robust processes for storing controlled drugs.	Policy,2.2, 3.3	
1.12.2 Care home providers should include the following information in their process for storing medicines safely: • how and where medicines are stored, including medicines supplied in monitored dosage systems, medicines to be taken and looked after by residents themselves (see recommendations 1.13.2 and 1.13.6), controlled drugs, medicines to be stored in the refrigerator, skin creams, oral nutritional supplements, and appliances • secure storage with only authorised care home staff having access. • the temperatures for storing medicines and how the storage conditions should be monitored.	2.2 2.2 2.2	
1.12.3 Care home providers should assess each resident's needs for storing their medicines and should provide storage that meets	2.2	

the resident's needs, choices, risk assessment and type of medicines system they are using.		
1.12.4 Before disposing of a medicine that is still being prescribed for a resident, care home staff (registered nurses and social care practitioners working in care homes) should find out if it is still within its expiry date and if it is still within its shelf-life if it has been opened.	3.1	
1.12.5 When disposing of medicines and removing medicines classed as clinical waste, care home providers should have a process for the prompt disposal of: • medicines that exceed requirements • unwanted medicines (including medicines of any resident who has died) • expired medicines (including controlled drugs).	 9 9 9	
1.12.6 Care home providers should keep records of medicines (including controlled drugs) that have been disposed of or are waiting for disposal. Medicines for disposal should be stored securely in a tamper-proof container within a cupboard until they are collected or taken to the pharmacy.	9	
1.13 Helping residents to look after and take their medicines themselves (self-administration)		
1.13.1 Care home staff (registered nurses and social care practitioners working in care homes) should assume that a resident can take and look after their medicines themselves (self-administer) unless a risk assessment has indicated otherwise (see recommendation 1.13.2).	Policy	
1.13.2 Health and social care practitioners should carry out an individual risk assessment to find out how much support a resident need to carry on taking and looking after their medicines themselves (self-administration). Risk assessment should consider: • resident choice • if self-administration will be a risk to the resident or to other residents • if the resident can take the correct dose of their own medicines at the right time and in the right way (for example, do they have the mental capacity and manual dexterity for self-administration?) • how often the assessment will need to be repeated based upon individual resident need. • how the medicines will be stored • the responsibilities of the care home staff, which should be written in the resident's care plan.	Policy	
1.13.3 The care home manager should coordinate the risk assessment and should help to determine who should be involved. This should be done individually for each resident and should involve the resident (and their family members or carers if the resident wishes) and care home staff with the training and skills for assessment. Other health and social care practitioners (such as the GP and pharmacist) should be involved as appropriate to help identify whether the medicines regimen could be adjusted to enable the resident to self-administer.	3.1	
1.13.4 Providers of adult care homes must ensure that records are made and kept when adult residents are supplied with medicines	Policy and Procedures	

for taking themselves (self-administration), or when residents are reminded to take their medicines themselves.	
1.13.5 Providers of children's care homes must ensure that records are made and kept for residents living in children's homes who are able to look after and take their medicines themselves (self-administer). The following information should be recorded on the medicine's administration record: • that the resident is looking after and taking their medicines themselves (self-administering) • whether any monitoring is needed (for example, to assess ability to self-administer or willingness to take the medicines as prescribed [adherence]) • that medicine has been taken as prescribed (either by seeing this directly or by asking the resident) • who has recorded that the medicine has been taken?	Out of Scope
1.13.6 Care home providers should ensure that medicines for self-administration are stored as identified in the resident's risk assessment (for example, in a lockable cupboard or drawer in a resident's room). Residents should be able to get any medicines that need special storage at a time when they need to take or use them (see recommendations 1.12.1, 1.12.2 and 1.12.3).	Policy and Procedures
1.13.7 Care home providers should ensure that their process for self-administration of controlled drugs includes information about: • individual risk assessment • obtaining or ordering controlled drugs • supplying controlled drugs • storing controlled drugs • recording supply of controlled drugs to residents • reminding residents to take their medicines (including controlled drugs) • disposal of unwanted controlled drugs.	Policy and Procedures
1.14 Care home staff administering medicines to residents	

1.14.1 Care home providers should consider including the following in a medicine's administration process:
• the 6 Rs of administration:
  ○ right resident
  ○ right medicine
  ○ right route
  ○ right dose
  ○ right time
  ○ resident's right to refuse.
• making a record of the administration as soon as possible
• what to do if the resident is having a meal
• what to do if the resident is asleep
• how to administer specific medicines such as patches, creams, inhalers, eye drops and liquids.
• using the correct equipment depending on the formulation (for example, using oral syringes for small doses of liquid medicines)
• how to record and report administration errors and reactions to medicines
	Policy
	
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• how to record and report a resident's refusal to take a medicine(s) • how to manage medicines that are prescribed 'when required' • how to manage medicines when the resident is away from the care home for a short time (for example, visiting relatives) • monitoring and evaluating the effects of medicines, including reactions to medicines. Care homes with nursing care should also include the correct use of infusion and injection devices (for example, syringe drivers).	11	
1.14.2 Care home providers should ensure that a process for administering 'when required' medicines is included in the care home medicines policy (see recommendation 1.1.2). The following information should be included: • the reasons for giving the 'when required' medicine. • how much to give if a variable dose has been prescribed. • what the medicine is expected to do • the minimum time between doses if the first dose has not worked. • offering the medicine when needed and not just during 'medication rounds'. • when to check with the prescriber any confusion about which medicines or doses are to be given • recording 'when required' medicines in the resident's care plan.	3.2 3.4, 5.6 3.2 3.2 3.2 3.2 3.2	
1.14.3 Care home staff (registered nurses and social care practitioners working in care homes) should ensure that 'when required' medicines are kept in their original packaging.	3.2	
1.14.4 The care home provider, health professional prescribing the medicine and pharmacist should agree with the resident the best time for the resident to take their prescribed medicines. Busy times should be avoided.	3	
1.14.5 Care home providers should consider ways of avoiding disruptions during the medicine's administration round, such as: • having more trained and skilled care home staff on duty at that time. • reviewing the times for administering medicines (for example, administering once daily medicines at lunchtime rather than in the morning, if the health professional prescribing the medicine agrees that this is clinically appropriate) • avoiding planned staff breaks during times of medicines administration. • ensuring fewer distractions for care home staff administering medicines.	Policy and Procedure	
1.14.6 Care home staff must have the training and skills to use system(s) adopted in the care home for administering medicines in line with regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 for adult care homes and	16	

regulation 32.3 of the Children's Homes Regulations 2015 for children's care homes.		
1.14.7 Paper-based or electronic medicines administration records should: • be legible, • be signed by the care home staff, • be clear and accurate, • be factual, • have the correct date and time, • be completed as soon as possible after administration, • avoid jargon and abbreviations, • be easily understood by the resident, their family member or carer.	All 3.1	
1.14.8 Care home providers should ensure that medicines administration records (paper-based or electronic) include: • the full name, date of birth and weight (if under 16 years or where appropriate, for example, frail older residents) of the resident • details of any medicines the resident is taking, including the name of the medicine and its strength, form, dose, how often it is given and where it is given (route of administration) • known allergies and reactions to medicines or their ingredients, and the type of reaction experienced. • when the medicine should be reviewed or monitored (as appropriate) • any support the resident may need to carry on taking the medicine (adherence support) • any special instructions about how the medicine should be taken (such as before, with or after food). See also recommendation 1.11.3.	All 3.2	
1.14.9 Care home providers should ensure that a new, hand-written medicines administration record is produced only in exceptional circumstances and is created by a member of care home staff with the training and skills for managing medicines and designated responsibility for medicines in the care home. The new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used.	6.1, 6.2	
1.14.10 Care home providers should ensure that all information included on the medicine's administration record is up-to-date and accurate. They may need support from the health professional prescribing the medicines and the supplying pharmacy to do this.	6.1, 6.2	
1.14.11 Care home staff must record medicines administration, including the date and time, on the relevant medicine's administration record, as soon as possible and ensure that they: • make the record only when the resident has taken their prescribed medicine. • complete the administration before moving on to the next resident.	All 6.1, 6.2, 11	

• recognise that mistakes are less likely if 1 member of staff records administration on the medicine's administration record rather than 2 staff recording. • record 'when required' medicines only when they have been given, noting the dose given and the amount left (where possible), to make sure that there is enough in stock and to reduce waste. • record when and why medicines have not been given. • correct written mistakes with a single line through the mistake followed by the correction and a signature, date, and time (correction fluid should not be used).	
1.14.12 Health professionals who are visiting the care home to administer a medicine(s) to residents should make their record of administration available to care home staff, if asked by the care home. The health professional should also consider seeing the resident with the care home staff responsible for administering medicines to the resident.	Policy and Procedures
1.14.13 Care home staff should keep a record of medicines administered by visiting health professionals on the resident's medicines administration record.	Policy and Procedures
1.14.14 Care home staff responsible for administering medicines should add a cross reference (for example, 'see warfarin administration record') to the resident's medicines administration record when a medicine has a separate administration record.	3.4
1.14.15 Care home staff should ensure that the resident's GP is contacted to find out about any allergies and intolerances to medicines or their ingredients. This information should be accurately recorded on the medicines administration record and shared with the team(s) providing care to the resident.	2.3, 11
1.14.16 Care home staff should make appropriate records of controlled drugs that have been administered to residents. The care home staff responsible for administering the controlled drug and a trained witness should sign the controlled drugs register. The staff member administering the controlled drug should also sign the medicines administration record.	3.3
1.14.17 Care home providers should ensure that the following information is given to the resident and/or their family members or carers when the resident is temporarily away from the care home: • the medicines taken with the resident. • clear directions and advice on how, when, and how much of the medicines the resident should take. • time of the last and next dose of each medicine • a contact for queries about the resident's medicines, such as the care home, supplying pharmacy or GP.	All 8
1.14.18 Care home providers should have a process to ensure that the resident has the medicines they need when they are away from the care home (for example, visiting relatives). Details of the medicines taken should be recorded in the resident's care plan.	8
1.14.19 Health and social care practitioners should be able to access reliable and up-to date information about medicines. Resources may include the patient information leaflet supplied with the medicine and the following websites: • Medicines and Healthcare products Regulatory Agency	14

• NHS choices • NICE Evidence • Patient.co.uk Health professionals may also use the: • British National Formulary (BNF) • British National Formulary for Children (BNFC) • Clinical Knowledge Summaries • Electronic Medicines Compendium		
1.15 Care home staff giving medicines to residents without their knowledge (covert administration)		
1.15.1 Health and social care practitioners should not administer medicines to a resident without their knowledge (covert administration) if the resident has capacity to make decisions about their treatment and care.	10	
1.15.2 Health and social care practitioners should ensure that covert administration only takes place in the context of existing legal and good practice frameworks to protect both the resident who is receiving the medicine(s) and the care home staff involved in administering the medicines.	10	
1.15.3 Health and social care practitioners should ensure that the process for covert administration of medicines to adult residents in care homes includes: • assessing mental capacity • holding a best interest meeting involving care home staff, the health professional prescribing the medicine(s), pharmacist and family member or advocate to agree whether administering medicines without the resident knowing (covertly) is in the resident's best interests. • recording the reasons for presuming mental incapacity and the proposed management plan • planning how medicines will be administered without the resident knowing. • regularly reviewing whether covert administration is still needed.	10 10 10 10 10	
1.15.4 Commissioners and providers of care home services should consider establishing a wider policy on the covert administration of medicines across several health and social care organisations.	Out of Scope	
1.16 Care home staff giving non-prescription and over-the-counter products to residents (homely remedies)		
1.16.1 Care home providers offering non-prescription medicines or other over-the counter-products (homely remedies) for treating minor ailments should consider having a homely remedies process, which includes the following: • the name of the medicine or product and what it is for • which residents should not be given certain medicines or products (for example, paracetamol should not be given as a homely remedy if a resident is already receiving prescribed paracetamol)? • the dose and frequency • the maximum daily dose • where any administration should be recorded, such as on the medicine's administration record.	All 4.2	

• how long the medicine or product should be used before referring the resident to a GP.		
1.16.2 Care home staff who give non-prescription medicines or other over-the-counter products (homely remedies) to residents should be named in the homely remedies process. They should sign the process to confirm they have the skills to administer the homely remedy and acknowledge that they will be accountable for their actions.	All 4.1	
1.17 Training and skills (competency) of care home staff		
1.17.1 Care home providers must ensure that designated staff administer medicines only when they have had the necessary training and are assessed as competent. Care home providers must ensure that staff who do not have the skills to administer medicines, despite completing the required training, are not allowed to administer medicines to residents.	16	
1.17.2 Care home providers should set up an internal and/or external learning and development programme so that care home staff can gain the necessary skills for managing and administering medicines. The programme should meet the requirements of the regulators, the residents and the training needs of care home staff.	16	
1.17.3 Care home providers should consider using an 'accredited learning' provider so that care home staff who are responsible for managing and administering medicines can be assessed by an external assessor.	16	
1.17.4 Care home staff must have induction training that is relevant to the type of home they are working in (adult care homes or children's homes). All care home staff (including registered nurses as part of their continuing professional development) involved in managing and administering medicines should successfully complete any training needed to fulfil the learning and development requirements for their role.	Policy	
1.17.5 Care home providers should ensure that all care home staff have an annual review of their knowledge, skills and competencies relating to managing and administering medicines. Care home providers should identify any other training needed by care home staff responsible for managing and administering medicines. If there is a medicines-related safety incident, this review may need to be more frequent to identify support, learning and development needs.	16	
1.17.6 Health professionals working in, or providing services to, care homes should work to standards set by their professional body and ensure that they have the appropriate skills, knowledge, and expertise in the safe use of medicines for residents living in care homes.	16	

Appendix 1

Membership of Medicine Management Working Group

Senior Responsible Officer		
SRO	Melanie Weatherley (Lincolnshire Care Association Chair/Owner of Walnut Care)	
	Name	**Job Title**
Lead / Chair	Mark Turton (LinCA WFD)	Head of Workforce Development
Stakeholder	**Primary Representative**	
Lincolnshire County Council (LCC)	Anita Briggs	Senior Contracts Officer, LCC
NHS Partners	Emma Danby	Quality Lead Nurse Lincolnshire Community Health Services NHS Trust
	Kerryn Marriot	Senior Locality Project Manager, NHS Lincolnshire Integrated Care Board (ICB)
	Cathy Johnson	Clinical Pharmacist (Clinical Governance) - Medicines Optimisation - NHS Lincolnshire ICB
	Colin Costello	Director of Pharmacy and Medicines Optimisation United Lincolnshire Hospitals NHS Trust
	Gail Colley-Bontoft	Deputy Designated Nurse for Safeguarding Adults, Children and Looked After Children NHS Lincolnshire ICB
	Cherylyn File	Pharmacy Technician - Medicines Optimisation - NHS Lincolnshire ICB
	Claire Hart	Programme Manager - Medicines Optimisation - NHS Lincolnshire ICB
	Amardeep Nahal	Pharmacist - Medicines Optimisation - NHS Lincolnshire ICB[Left the ICB in March 2023].

	Magda Baxter	Project Support Officer - Enhanced Health in Care Homes (EHCH) - NHS Lincolnshire ICB
St Barnabas	Gill Homden	Education Facilitator
Heritage Care	Robert Wells	Regional Manager
Drovers Call Care Home	Lisette Spendlow	Deputy Care Home Manager
Manor Nursing Home	Katrina Smith	Registered Manager
The Orders of St John Care Trust	Gill Clark	Area Operations Manager
Tanglewood Homes	Karen Ingamells	Nurse in Charge
Wispington House Care Home	Elizabeth Harding	Registered Manager
Lincolnshire County Council - Public Health	Emma Marshall	Programme Manager (Healthcare Public Health)
MCA and DoL's Lead LCC	Heather Blow	Mental Capacity Act Lead

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