

SECTION ONE: INTRODUCTION



This book is a distillation of common sense, good practice and an overview of the regulations; it is not designed to be the Gold Standard, or 'the only way', or the 'approved way' but it is a good foundation for you to build your own good practice and try and do even better than the suggestions in the book.



Rules and regulations? Here are some of the main regulations, codes of practice, organisations and Acts of Parliament that cover the management of medicines in UK residential homes:

- Pharmaceutical Services to Nursing Homes (1990)
- The Administration and Control of Medicines in Residential and Children's Homes (1994)
- The Administration and Control of Medicines in Care Homes (2001)
- Medicines, Ethics and Practice: A Guide for Pharmacists
- The Care Standards Act 2000 and the Regulation of Care (Scotland) Act 2001
- The National Care Standards Commission for England (NCSC)
- The Care Standards Inspectorate for Wales (CSIW)
- The Scottish Commission for the Regulation of Care (SCRC) – Care Commission
- Nursing and Midwifery Council (NMC)
- The General Social Care Council for England
- The General Social Care Council for Wales
- The Scottish Social Services Council
- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973 SI 1973 No 798 as amended by Misuse of Drugs Regulations 2001
- The NHS Scotland Pharmaceutical Service (Regulations) 1995
- The Social Work (Scotland) Act 1968 as amended by The Regulation of Care Act 2001
- The Children's Act 1995 and 2001
- The Data Protection Act 1998
- The Care Standards Act 2000
- The Regulation of Care (Scotland) Act 2001
- The Health and Social Care Act 2001
- . . . and probably a lot more that we've missed!
. . . some bedtime reading for you!

Just in case that doesn't excite you, this book should give you a feel for what good, safe, medicines practice is all about.

HERE'S THE BAD NEWS

In March 2004, the National Care Standards Commission (NCSC), a predecessor organisation to the Commission for Social Care Inspection (CSCI) (www.csci.org.uk/), reported on homes' performance on managing medication. The report identified:

. . . significant deficiencies in homes' performance and practice and was instrumental in focusing attention on the need for homes to take urgent remedial action.

What they were most concerned about was:

The wrong medication being given to residents

There was evidence of:

- poor recording of medicines received and administered;
- medicines being inappropriately handled by unqualified staff;
- medicines being stored inappropriately.



The latest report discovered that 'nearly half the care homes for older people and younger adults, providing 210 000 places for residents, (were) still not meeting the minimum standard relating to medication.'

OK, so whose fault is it?

The NCSC say: 'The primary responsibility for this failure rests with the homes themselves.' Ouch! You'd think care homes were one of the safest places on earth, wouldn't you? Apparently not!



So, we know there's a problem, how do we solve it? Easy:

- review policies
- monitoring the practice
- support improvement through staff training.

How? That is what this book is all about!

WHAT DO WE NEED TO THINK ABOUT?

- Privacy and dignity.
- Residents' choice and control over their own lives.
- Cultural and social, spiritual and educational needs being met.
- Health and wellbeing.
- The quality of the physical environment.
- The processes and checks in the system to deliver safe medication.



Exercise

Can you list five ways in which dependency on others impacts on residents' privacy and control over their own lives?

1

2

3

4

5

WHAT DO WE GET WRONG?

Here are the top 10 things that are most frequently messed up:

- 1 wrong drug was administered
- 2 too much medication was given
- 3 too little medication was given
- 4 medication was missed
- 5 medication given too late or too early
- 6 staff administering medication were not adequately trained
- 7 medication was left unattended in a communal place
- 8 medication was lost
- 9 running out of stock of a particular type of medication
- 10 mistakes in records of medicine administration.

The Commission for Social Care Inspection say that training and record keeping are the most important issues that we need to think about.

They say nearly half of care providers, who are required to make changes in the way they manage medicines, fail to do so within the given timeframe.



Take time, think about this:

A woman wanted to look after the tablets and patches that the doctor had given her for pain.

The care home staff insisted that they must keep them in the clinical room and give them to her as the doctor ordered.

Unfortunately, there were times when they forgot and other times ignored her when she asked for them.

How would you prevent this from happening?

CULTURAL ISSUES

The NHS has made a strong commitment to promote ethnicity and diversity:



Exercise

What do we need to do to demonstrate that we are sensitive to residents' cultural needs in matters concerning medicine administration in homes, and how medication is administered to people from different cultures?



Exercise

Where possible service users should be encouraged to be responsible for their own medication.

What policies need to be put in place to ensure this can be achieved safely?

Think about procedures for:

- receipt
 - recording
 - storage
 - handling
 - administration
 - disposal
- . . . of medicines.

SELF SERVICE

If a service user is to take responsibility for their own medication it is necessary to enable them to do so within a risk management framework.

HERE ARE SOME THINGS TO CONSIDER

- Is there a lockable space in which to store medication?
- Which suitably trained, designated care staff may, with the service user's permission, have access.
- What records are kept of all medicines received, administered and leaving the home or disposed of . . . to ensure that there is no mishandling.
- A record is maintained of current medication for each service user (including those self-administering).

😊 Medicines in the custody of a residential home must be handled according to the requirements of: the Medicines Act 1968; guidelines from the Royal Pharmaceutical Society; and the requirements of the Misuse of Drugs Act 1971, and nursing staff must abide by the UKCC Standards for the administration of medicines. So now you know!

CONTROLLED DRUGS

Controlled Drugs that are administered by staff must be stored in a metal cupboard, which complies with the Misuse of Drugs (Safe Custody) Regulations 1973.

The administration of Controlled Drugs must be witnessed by another designated, appropriately trained member of staff.

The training for care staff must be accredited and must include:

- basic knowledge of how medicines are used
- how to recognise and deal with problems in use.



A HORROR STORY

At a home, which Mr X runs with his wife, he checks every prescription that arrives from the doctor and pharmacist for errors.

Because he is a registered nurse, he has some knowledge of the kind of doses that ought to be expected and the drugs that are used.

He tells of the time when he received a batch of drugs which came from the pharmacist – in the wrong dose.

The only way he knew it was incorrect was because he happened to know the higher dose pills were a different colour.

In this case it was his experience and training that told him something was wrong.

However, in many care homes medicines are administered by staff who are not nurses and do not have this experience.

Could such a mistake happen where you work?

In a care home, where the administering of medicine is not carried out by a nurse, it is questionable whether a mistake such as that would have been noticed.

If you are not a nurse and don't have the training, would you have the courage to challenge the pharmacist or the doctor?

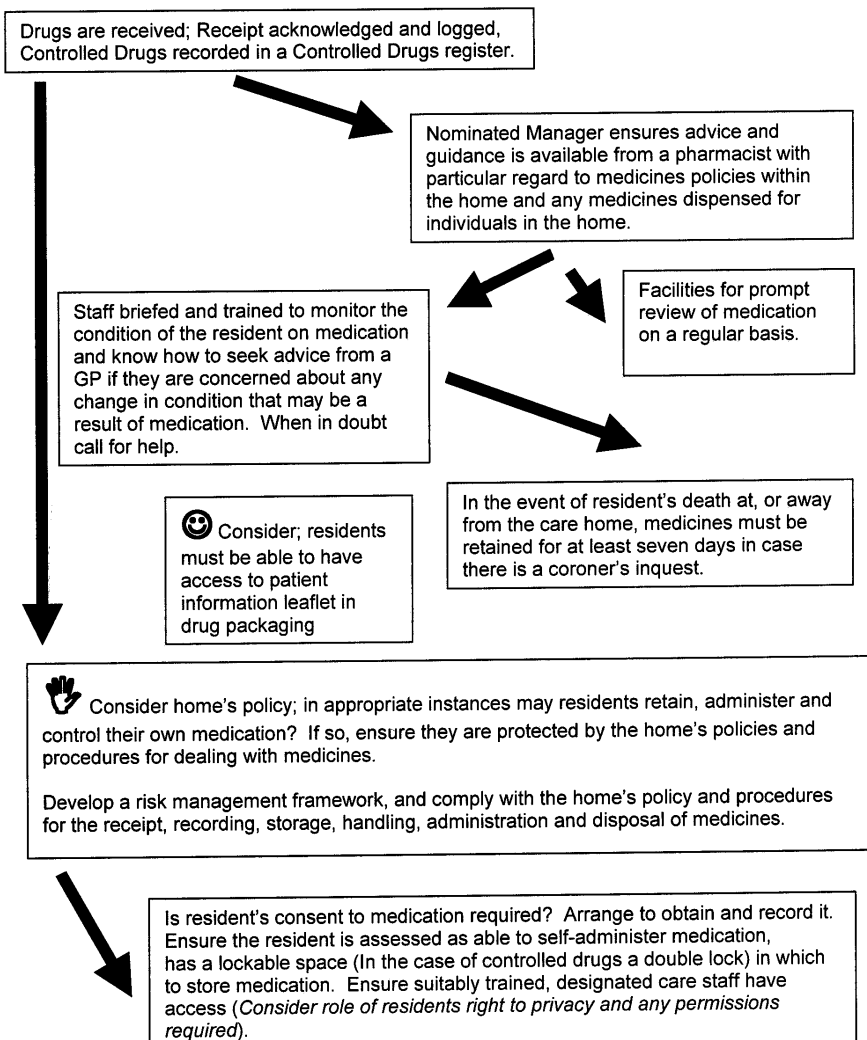
Your answer to this question might save a life . . .

☺ Here's a golden rule;

**Swallow your pride before someone swallows
the wrong medication.**

If you are not sure – ASK!

THE BASICS ON ONE PAGE . . .





Ensure that medicines in the custody of the home are handled according to the requirements of the Medicines Act 1968, guidelines from the Royal Pharmaceutical Society of Great Britain and the requirements of the Misuse of Drugs Act 1971 and that nursing staff abide by the UKCC Standards for the administration of medicines.

Ensure that Controlled Drugs administered by staff are stored in a metal cupboard, which complies with current regulations and guidance issued by the Royal Pharmaceutical Society of Great Britain.

WHOSE JOB IS IT ANYWAY?

Safety is everyone's job. Not just the management or your boss. Safety is everyone's job and it is certainly your job. In the same way that you wouldn't walk past a puddle of water on the floor in a corridor, in case someone slipped and fell, so medicines management is everyone's business.


If you are used to a particular resident and know their regime and what their medication is, and you see something being done that isn't right – the wrong medication, or administered in the wrong way, or to the wrong person, or in the wrong dose, at the wrong time . . . if you are not sure:

Do something. Tell your supervisor; challenge whoever is administering the medicine. Far better to say, 'Please forgive me interfering, it's just that I know Mr Williams always has his little blue pills at around tea time. I haven't seen him have the red pills before?'

Better to be safe than sorry!

If you see the medicines storage cupboard unlocked and unsupervised – better bring it to someone's attention.


And, if you are a manager of a care home it is definitely, undeniably, 24-carat gold, copper-bottomed, bet-your-life-on-it your job to:

 If something doesn't seem right, the chances are that it isn't right – so be prepared to ask the question, raise the alarm and wave the flag!



. . . take all reasonable steps to ensure that at all times the storage, administration and disposal of medicines are strictly controlled and that safety, efficacy and accuracy are maintained.



 Got that? Cut it out and stick it on your desk, notice board or forehead, or someplace you won't forget!

HOW DO WE GET THE MEDICINES AND WHAT DO WE DO WITH THEM WHEN WE'VE GOT THEM?

The first part of the question is easy to answer. The resident's general practitioner must prescribe for the patient. As well as filling out the usual prescription form, in the interests of best practice, they will be asked to make a further note of what they have prescribed on the home's medication register.


When the medicines arrive they must be placed in a secure place. That means the medicine store, cupboard or in some cases the medicine's room. In any event it must be locked.





In the event of an emergency a doctor may give staff instructions over the phone – perhaps to administer a drug that is in the home's medicines store. All of the instructions should, straight away, be added to the Register by a senior member of staff and the doctor asked to sign the entry as soon as possible afterwards and certainly no later than the next visit.


Be sure that all the medicines' labels are read, carefully. Look for:

- Specific storage requirements – for example, does the medicine need to be kept in a refrigerator or in a dark place.
- Interactions with other medicines – some people, particularly the elderly, may be on multiple medications. An interaction between some medicines can make the patient very sick and can be life-threatening.
- Dose instructions – check for the frequency and the amount, such as the number of tablets to be taken at each dose. If the dose rate is not right the medicine may, at best be less effective and at worst be very dangerous.

 If the instructions are not clear or if you are not sure, ask the pharmacy or the prescribing doctor.

 If in doubt, ask!

 By the way. The prescribing doctor should be expected to review each resident's medications at least every six months. However, in particular circumstance a three-month review (or 12-month) might be appropriate. If in doubt, ask.

 **Exercise**

Make a list of all the residents where you work and using the '6 months guide' write down when they last had a medicines review and when they are due for the next one.

How does that compare with the Medicines Register?

WHERE SHOULD THE MEDICINES BE STORED?

Here are the rules:

- in a locked room or locked cupboard
- dry and free from moisture
- away from the light
- free from heat

. . . and

- in their original dispensed packs – just as they come from the pharmacist
- keep all foil or blister unit dose packs unopened in the original dispensed pack until the dose is given – do not decant them into bottles or jars
- do not remove labels from medicine containers.



Is that what happens where you work – go and check . . .

Yes

No


If the answer is no – tell the boss . . .


. . . AND WHILST YOU ARE ABOUT IT

- ✓ Check to see if the medicines should be kept refrigerated

If they do, best practice says there should be a separate fridge, used exclusively for the storage of medicines. Not in with the eggs and bacon and matron's skimmed milk. If that is not possible:

- place the medicines in an airtight container
- place them away from food to avoid any possibility of contamination.

 Keep a daily record of temperatures, using a maximum/minimum thermometer. Record the temperature in the Medicines Register.

 Go and check . . .

Yes No

If the answer is no – you know what to do . . .