Managing Medicines in Care Homes

Caredemy
Online Training Academy

CAREDEMY
ONLINE SKILLS FOR CARE

Course Name:

- *Managing Medicines in Care Homes*

Course Description:

- *This course will give an overview of recommendations for good practice on processes and systems for managing medicines in care home facilities.*

Course Learning Objectives:

At the end of this course, the learner will be able to:

- *Understand the development and review of policies for safe and effective use of medicines in care homes*
- *Describe how to support residents in making informed decisions*
- *Describe accurate medication record keeping*
- *Understand the principles of safeguarding*

Target Audience:

- *Health and social care workers working in care home facilities*

Course Requirements:

- *Participants must complete all learning modules and pass the multiple-choice course assessment.*

Core Clinical Framework:

- *This course meets the outcomes of the framework.*

Person-Centred Care

Care home residents and heath professionals each have rights set out in the NHS Constitution for England and NICE guidelines. The care and treatment provided should take individual needs and preferences into account. Each care home resident should have the ability to make informed decisions regarding their care and treatment in partnership with their health and social care practitioners. Family or carers should be given information and support to help a child under the age of 16 make decisions about their treatment. The Mental Capacity Act and the code of practice on deprivation of liberty safeguards should be followed if a person does not have capacity to make decisions.

Involving Others

The views of residents in care homes about who is involved in their care is important and should be respected. If the resident does not have capacity to decide, the health and social care team should act in the resident's best interests. Good communication between health and social care workers and residents, their family members, or carers is important for residents to receive the support they need. Information should be evidence-based and offered in a form that meets the unique needs of each resident. Information regarding care and treatment should be culturally appropriate and in form that is accessible for those with physical, cognitive, or sensory disabilities, or for those who do not speak English.

Safeguarding

Safeguarding is defined as 'ensuring that people live free from harm, abuse, and neglect, and, in doing so, protecting their health, wellbeing, and human rights.' In relation to managing medicines, a safeguarding issue should be withholding medicine without a valid reason, intending to cause harm with medicines, or incorrect medicine.

Safe and Effective Use of Medicines

Commissioners and providers should review their processes, policies, and local governance arrangements to ensure it is known who is accountable and responsible for using medicines effectively and safely in care homes. Care home providers should have a care home medicines policy in place that is up-to-date and based on the current legislation and best practices. The policy should include:

- Sharing information about a resident's medicines
- Ensuring records are up-to-date and accurate
- Identifying, reporting, and reviewing medicines-related problems
- Safeguarding
- Medicines reconciliation
- Medication review
- Ordering medicines
- Receiving, storing and disposing of medicines
- Helping residents with medicines self-administration
- Care home staff administering medicines to residents, staff training, and competence requirements
- Covert administration
- Care staff giving non-prescription and over-the-counter products to residents

Supporting Informed Decisions

Care home residents should be given the same opportunity to be involved in decision-making about their care and treatment as any one else. Residents made require support to help them take part in decision making. A health professional or staff member should record the resident's informed consent in their care record. Consent is not needed each time a medicine is given, but a record of administration should be made on the medicines administration record. If a person refuses a medicine, the circumstances and reason should be recorded.

Medicines and Capacity

Health care workers prescribing a medicine should:

- Assume that care home residents have the capacity to make decisions
- Access a resident's mental capacity with the Mental Capacity Act 2005 in mind
- Record any assessment of mental capacity in the resident's records

If capacity fluctuates or is temporary, mental capacity may need to be reviewed again when a decision needs to be made.

Mental Capacity Act in Practice

The Mental Capacity Act helps to ensure that residents are involved in best interest decisions. Health and social care workers should:

- Find out about the person's past/present views, wishes, feelings, beliefs, and values
- Involve them in meetings where decisions are being made about medicines when possible
- Talk to people who know the person well
- Deliver care and treatment in a manner that empowers the resident to be involved in decisions and limits restrictions to care

Sharing Information about Medicines

There should be a process for managing information about a resident's medicines, especially when a resident transfers care. The process for sharing accurate information about a resident's medicines should be recorded and transferred when a resident moves from one setting to another. An electronic discharge summary should be sent, or a printed discharge summary sent with the resident when care is transferred. Check to ensure information is complete and accurate prior to a transfer or during a shift changeover.

Accurate Records

Health and social care workers should ensure records about medicines are accurate and up-to-date, following the processes set out in the care home medicines policy. The process should cover:

- Recording information in a care plan
- Recording information in the medicines administration record
- Recording information from correspondence and messages about medicines, such as emails or text messages
- Recording information in transfer of care letters and summaries about medicines when the resident is away for a short time
- What do to with copies of prescriptions and records of medicines ordered for patients

Identifying Medicines-related Problems

A process should be in place for identifying, reporting, reviewing, and learning from medicines errors. Working with relevant stakeholders, health and social care workers should develop a locally agreed action plan in line with local and national governance. These processes should work to improve the safety of residents and reduce medication errors in care homes. All suspected adverse effects from medicines should be recorded and sent to the health professional who prescribed the medicine. Details in the resident's care plan and the supplying pharmacy should be recorded.

Safeguarding

Commissioners and care providers should be aware of local arrangements for notifying suspected or confirmed medicines-related safeguarding incidents. A process should be in place for reporting medicines-related safeguarding incidents under local safeguarding processes and to the CQC. The policy should state:

- When the CQC should be notified
- Which medicines-related safeguarding incidents should be reported and when
- That safeguarding incidents are recorded as soon as possible for investigation and reporting purposes

All medicines-related safety incidents, including 'near misses' should and incidents that did not cause harm should be recorded.

Safeguarding Investigations

The local safeguarding process should investigate reports of medicines-related safeguarding incidents, monitoring reports for trends. Arrangements should be made to send feedback to care homes about reporting medicines-related incidents to promote shared experiences and learning. The root cause of medicines-related incidents should also be investigated. Based on the root cause, additional staff training may be needed. All residents should also be able to use advocacy and independent complaint services when they have a concern regarding medicines.

Medicines Reconciliation

A care home manager or the person responsible for a resident's transfer of care should coordinate the accurate listing of a resident's medicines as part of a needs assessment and care plan. The resident, family members/carers, and a pharmacist should be involved.

Medicines Reconciliation and Transfers

The following information should be made available for medicines reconciliation on the day that a resident transfers into or from a care home:

- Resident details (name, date of birth, NHS number, address, weight)
- GP's details
- Details of relevant contacts
- Known allergies and reactions to medicines or ingredients
- Medicines the resident is currently taking, including name, strength, form, dose, timing, route of administration, indication, and frequency
- Changes to medicines and reason for change
- Date and time the last does of a medicine was taken
- Other information related to medicines

Medication Review

GP's should ensure arrangements have been made for patients who are residents in care homes. A health professional who is responsible for medication reviews should be identified. Medication reviews should involved the resident and their family/carers, and the multidisciplinary team of health and social care professionals. This may include:

- A pharmacist
- Member of care home staff
- Practice nurse
- Social care practitioner

The interval between medication reviews should be no more than a year.

Carrying Out a Medication Review

During a medication review, health and social care professionals should discuss:

- Purpose of the medication review
- What the resident thinks about their medicines and how much they understand
- The resident's concerns, questions, or problems with medicines
- All prescribed, over-the-counter, and complementary medicines that the resident is taking or using and what they are for
- How safe the medicines are, how well they work, how appropriate they are, and whether use is within national guidance
- Monitoring tests needed
- Side effects the resident may have
- Medicines adherence
- Further information or support needed

When Medicines are Prescribed

When a care home resident is prescribed a medicine, health and social care workers should ensure that everyone involved knows when medicines have been started, stopped, or changed. Records should be updated to contain accurate information about changes to medicines. If a change to a prescription is made over the phone, the care home staff should ensure this is supported in writing (fax/email) before the next dose is given.

Ordering Medicines

Care home providers should ensure medicines prescribed for a resident are not used for another resident. Staff should have protected time to order and check medicines delivered to the care home, with at least 2 staff members having been trained on ordering medicines.

Receiving, Storing, and Disposing of Medicines

Adult care homes must comply with the Misuse of Drugs Act 1971 when storing controlled drugs. Every care home should have a processes for storing medicines safely, including:

- How and where medicines are stored, including monitored dosage systems, medicines looked after by residents, controlled drugs, and medicines stored in a refrigerator
- Secure storage with only authorised staff having access
- Temperatures for storing medicines and how storage conditions should be monitored

An assessment should be completed for each resident on storing medicines in a way that meets the resident's needs, choices, and risk. Prior to disposing of a medicine, staff should find out if it's still within its expiry date and if it's still within its shelf-life. Records should be kept of medicines that have been disposed of or are waiting for disposal.

Helping Residents Look After Medicines

Care home staff should assume a resident can look after and self-administer medicines themselves unless a risk assessment has indicated otherwise. An individual risk assessment will help staff discover how much support a resident needs to look after and self-administer medicines themselves. The risk assessment should consider:

- Resident choice
- If self-administration is a risk to the resident or others
- If the resident can take the correct dose at the right time and in the right way
- How often the assessment should be repeated
- How medicines should be stored
- Responsibilities of care home staff

Records of residents being supplied and self-administering medicines should be completed.

Administering Medicines to Residents

When staff members are administering medicines to residents, they should remember the 6 R's of administration:

1. Right resident
2. Right medicine
3. Right route
4. Right dose
5. Right time
6. Resident's right to refuse

A record should be made of administration as soon as possible. Processes should indicate what to do if the resident is having a meal or is asleep.

Medicines When Required

If a medication is administered 'when required', the following information should be recorded in the resident's care record:

- Reasons for giving when required medicine
- How much to give if a variable dose is prescribed
- What the medicine is expected to do
- Offering the medicine when needed
- When to check with the prescriber about any confusion about which medicines or doses are to be given
- Recording when required medicines in the care plan

When required medicines should be kept in their original packaging.

Covert Administration

Medicines should not be administered to a resident without their knowledge if the resident has the capacity to make decisions about their treatment. Covert administration should only occur in the context of existing legal and good practice frameworks to protect both the care home staff and the resident. The process for covert administration of medicines should include:

- Assessing mental capacity
- Holding a best interest meeting
- Recording reasons for presuming mental incapacity
- Planning how medicines will be covertly administered
- Reviewing if covert administration is still needed regularly