



HWCGR Care (T/A Segal Gardens)

436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH



Review Sheet

Last Reviewed
17 Dec '19Last Amended
17 Dec '19Next Planned Review in 12 months, or
sooner as required.

Business impact



MEDIUM IMPACT

Changes are important, but urgent implementation is not required, incorporate into your existing workflow.

Reason for this review

Scheduled review

Were changes made?

Yes

Summary:

Content reviewed to ensure that it is in line with best practice guidelines. References have also been reviewed and updated, with further current ones added.

Relevant legislation:

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Medical Act 1983
- Medicines Act 1968
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Misuse of Drugs Act 1971
- Data Protection Act 2018

Underpinning knowledge - What have we used to ensure that the policy is current:

- Author: Royal Pharmaceutical Society, (2018), *Professional guidance on the safe and secure handling of medicines*. [Online] Available from: <https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines> [Accessed: 17/12/2019]
- Author: Royal Pharmaceutical Society, (2018), *Professional Guidance on the Administration of Medicines in Healthcare Settings*. [Online] Available from: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567> [Accessed: 17/12/2019]
- Author: NICE, (2017), *Managing medicines for adults receiving social care in the community*. [Online] Available from: <https://www.nice.org.uk/guidance/ng67> [Accessed: 17/12/2019]
- Author: NICE, (2017), *Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes [NG5]*. [Online] Available from: <https://www.nice.org.uk/guidance/ng5/chapter/1-Recommendations#self-management-plans> [Accessed: 17/12/2019]
- Author: NICE, (2015), *Medicines management in care homes (Quality Standard QS85)*. [Online] Available from: <https://www.nice.org.uk/guidance/qs85> [Accessed: 17/12/2019]
- Author: CQC, (2018), *Safe management of medicines*. [Online] Available from: <https://www.cqc.org.uk/guidance-providers/learning-safety-incidents/issue-5-safe-management-medicines> [Accessed: 17/12/2019]

Suggested action:

- Encourage sharing the policy through the use of the QCS App
- Share 'Key Facts' with all staff
- Ensure relevant staff are aware of the content of the whole policy

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**1. Purpose**

1.1 To ensure compliance with the Overarching Medication Policy and Procedure and the Administration of Medicines Policy and Procedure. This policy should be read alongside all associated medication policies and dovetails with local policies and procedures.

1.2 To ensure accurate medication administration recording to prevent medication errors arising.

1.3 To support HWCGR Care (T/A Segal Gardens) in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
SAFE	S4: How does the provider ensure the proper and safe use of medicines?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?
WELL-LED	W3: How are the people who use the service, the public and staff engaged and involved?
WELL-LED	W4: How does the service continuously learn, improve, innovate and ensure sustainability?

1.4 To meet the legal requirements of the regulated activities that HWCGR Care (T/A Segal Gardens) is registered to provide:

- | The Care Act 2014
- | Care Quality Commission (Registration) Regulations 2009
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Human Rights Act 1998
- | Medical Act 1983
- | Medicines Act 1968
- | Mental Capacity Act 2005
- | Mental Capacity Act Code of Practice
- | Misuse of Drugs Act 1971
- | Data Protection Act 2018

**2. Scope**

2.1 The following roles may be affected by this policy:

- | Registered Manager
- | Other management
- | Care staff

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

- | Service Users

2.3 The following stakeholders may be affected by this policy:

- | Family
- | Commissioners
- | External health professionals
- | NHS

**HWCBS Care (T/A Segal Gardens)**

436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

**3. Objectives**

3.1 To ensure that all Service Users at HWCBS Care (T/A Segal Gardens), including those who self-manage their medication, receive their medicines (both prescribed and non-prescribed) as intended (including controlled drugs and 'as required' medicines) and that this is recorded appropriately.

**4. Policy**

4.1 HWCBS Care (T/A Segal Gardens) acknowledges that the MAR must provide an accurate account of the medicines being administered to the Service User by staff. It must document all prescribed medicines, including externally applied medicines and dressings with a legal classification of 'prescription only' (POM) if applied by a Care Worker.

HWCBS Care (T/A Segal Gardens) also recognises that it is important that MARs are clear, accurate and up-to-date to reduce any risk of error. They may be required as evidence in clinical investigations and court cases.

4.2 HWCBS Care (T/A Segal Gardens) will ensure, through equality and diversity training, that Care Workers understand the importance of protected characteristics and individual preferences in relation to medication administration, and include provision within the Care Plan to support the Service User.

4.3 It is a legal requirement for records of HWCBS Care (T/A Segal Gardens) to be retained within HWCBS Care (T/A Segal Gardens), even when the Service User has left. Records relating to medication will be retained in the same way as Care Plan records and as detailed in the Archiving, Disposal and Storage Policy and Procedure at HWCBS Care (T/A Segal Gardens), which must be adhered to.

4.4 MARs are not required for Service Users who are fully self-managing their own medication. Where a Service User has been assessed as having the capacity to self-manage their medication but needs either verbal reminders or physical assistance, a MAR must be used to record when support is provided against each medication. An agreed code on the MAR will be used that is communicated to all staff involved in medication at HWCBS Care (T/A Segal Gardens). HWCBS Care (T/A Segal Gardens) understands that a MAR is not a prescription, medicine supplies cannot be requested against a MAR.



HWCGS Care (T/A Segal Gardens)

436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH



5. Procedure

5.1 The Medication Administration Record (MAR)

The Medication (or Medicine) Administration Record (MAR) is the formal record of the administration of medicines. It is required for all Service Users receiving support with medicines administration (including reminders for Service Users who are self-medicating) and is a useful tool in improving the quality of administration.

Care Workers understand that a MAR is not a prescription. Medicine supplies cannot be requested against a MAR and the GP should be contacted in the first instance.

The record of medicines taken, including homely remedies, should always be made available to the GP when they visit the individual Service User.

It is good practice to obtain printed MARs from the dispensing pharmacy. HWCGS Care (T/A Segal Gardens) uses the following:

Allied Pharmacy, Unit 18, Bold Industrial Park, Neills road, ST Helens, WA9 4TU

A MAR is a confidential medical record and should therefore not be kept where everyone can see it.

5.2 The Medication Administration Record (MAR) for an individual Service User will include the name of the Service User, their date of birth, weight, any known allergies to medicines or their ingredients and type of reaction (if none, then this fact must also be recorded), the name of the drug, the dose, time to be given, and any special requirements, e.g. with food only.

5.3 The Medication Administration Record (MAR) must record:

- | Which medications are prescribed for the Service User
- | The quantity of any medications received
- | The time they must be given
- | The dose of the medication
- | Any special administration requirements
- | The name and designation of the person making the record
- | Copies of emails, texts and transcriptions of phone messages must be kept and stored with the medications Care Plan
- | If more than one chart is in use, reference to the other charts, e.g. 'chart 1 of 2'
- | "When required" (PRN) medication as a cross reference to the PRN medication chart
- | An up-to-date photograph of the Service User (attached to the MAR and medication folder) is useful to assist staff with identification

5.4 MAR Recording Procedure

- | As medicines are administered or physical assistance/verbal reminders are provided, it must be recorded immediately and signed for by the person providing the medication support before moving on to the next Service User
- | Staff must **never** sign the MAR until the Service User has taken the medication
- | Care Workers must record any medications not taken, with the reason
- | Mistakes will be corrected with a single line through the text, accompanied by a signature and date and time. Never use correction fluid
- | Medicines given by other professionals (such as a visiting health professional) will be recorded
- | Records will be clear, complete, legible, written in black ink, dated and signed to say who has made the record
- | Prescribed doses for Service Users on the MAR should be unambiguous to ensure correct dosage administration
- | Medication with variable doses should be clearly recorded on the MAR with the actual dose given
- | Any medication that has been discontinued on the MAR should clearly state the 'date', 'name' and 'role' of the authorised Care Worker who had the interaction with the prescriber
- | Medication changes (e.g. changes to dose or timings) should be recorded as a new entry in the MAR, with the previous entry discontinued on the MAR

**HWCGS Care (T/A Segal Gardens)**

436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

- | Medication that is obtained from another place, other than the regular dispensing pharmacy, should be recorded on the MAR with two staff signatures
- | Hand-written medication administration records should be produced only in exceptional circumstances and created by a member of staff with the appropriate medicines administration training for the setting. The hand-written record must be checked and verified by a second member of staff with the same training before first use
- | Where records are held on computer, these must comply with data protection regulations, as well as being tamper-proof with clear, legible instructions and indications as to who has made the record entry
- | The codes printed on the bottom of the MAR will be used to explain the reason why any medication was not given and the reverse of the MAR used to record full details
- | If the prescriber's instruction is "take one or two" or "take 5ml or 10ml", the reverse of the MAR or an extra sheet must record how much was given on each occasion
- | Where topical administration, injections or patches are required, a body map must be used
- | Care Workers must ensure that, at all times, the MAR includes items which are still currently being prescribed and administered and that it includes all externally applied medicines

5.5 Verbal Orders

- | HWCGS Care (T/A Segal Gardens) must have a written prescription, signed by the prescriber, before the medicines can be given
- | In exceptional circumstances, a prescriber may give a verbal order to give medicines. However, they must authorise the change (by email or fax) before any new dose is administered
- | This must be followed up by the issuing of a prescription as soon as possible, usually within 24 hours of the verbal instruction

5.6 MAR Times

Where specific times are not detailed on the pre-printed MAR but printed as "morning", "lunch", "teatime", "bedtime" (or suitable abbreviations), HWCGS Care (T/A Segal Gardens) will decide what this means for each individual Service User.

For example:

- | Morning means 08:30 to 10:00
- | Lunch means 13:30 to 14:00
- | Teatime means 18:00 to 19:30
- | Bedtime means 22:00 to 23:30

The time bands can be individualised for each Service User and the information kept alongside their medication records, beside their medication storage or within their Care Plan.

5.7 Discontinued Items

- | Where possible, the prescriber should record on the MAR themselves that the medication has been discontinued
- | Where a prescriber is not able to make the changes to the MAR, Care Workers should draw a vertical line through any recording boxes left on the day that the medicine is discontinued and then clearly transcribe the reason why it has been discontinued, for example "course complete", "see note over", "discontinued by Dr Jones, Geriatrician", "see entry in professional visits/care plan dated dd/mm/yy"
- | If the prescriber gives a verbal instruction to stop the item, then ask them to back this up in writing or follow the local procedure at HWCGS Care (T/A Segal Gardens) for verbal instructions
- | Ensure that these entries are dated and identify the staff member who made the change. Record how much stock is left

5.8 Change of Dose

- | Discontinue the original instruction and write a new one
- | Where a prescriber changes the dose remotely, Care Workers should discontinue the original instruction and write a new one and must not amend the dose on the original entry and continue using the same record
- | Care Workers must then ask the prescriber to confirm this in writing or follow the procedure at HWCGS

**HWCGS Care (T/A Segal Gardens)**

436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

Care (T/A Segal Gardens) for verbal instructions

- | When there has been a change of dose (particularly if the dose is increased), it is likely that the prescriber will need to write a new prescription so that additional stock can be supplied. The Care Workers should establish this with the prescriber

5.9 Change of Times or Frequency of Administration

- | Discontinue the original instruction and write a new one
- | Care Workers must not score out or change a time on the original entry and continue using it
- | If the original prescription says "One dose three times a day" and the Service User now wants to go to bed earlier than they used to, then you can bring the dose forward a bit to fit in with their new routine. The GP would not necessarily have to be involved in this decision if the original prescription doesn't have a specific time on it. There should not be multiple entries at 22:00 recorded as "not taken" because the person was asleep. The time of administration should have been brought forward. If the frequency is being changed, then ask the prescriber to confirm this in writing or follow the procedure for verbal instructions at HWCGS Care (T/A Segal Gardens)

5.10 Changes to "When Required" or for Regular Administration

- | Discontinue the original instruction and write a new one
- | Do not score out or change a time on the original entry and continue using the same record
- | Do not write "PRN" or "when required" on the original
- | Ask the prescriber to confirm this in writing or follow the procedure for verbal instructions at HWCGS Care (T/A Segal Gardens)

5.11 Instructions on Dispensing Labels

- | The MAR is the document which will be kept for a period of time as the record of what medication has been given
- | These records may be needed as evidence in any scrutiny inspection, complaint investigation or legal proceedings
- | If the instruction on the MAR is different from the instruction on the dispensing label, then the information on the MAR should explain why. This might be because the dose was originally to "Take two in the morning" and it has now been changed to "Take one in the morning". As the dose was reduced, there is sufficient supply for the person so there is no need to get another prescription dispensed
- | There is no need to get the medicine re-labelled to reflect the new dosage instructions if the MAR explains the reason for the change
- | Once the medicine is finished, the pack with the dispensing label which says "Take two in the morning" will likely end up in the bin and the MAR is the piece of paper kept for legal reasons

5.12 Reviewing MARs

- | When an item is discontinued, the pharmacy must be notified so that the item is not printed on the next 28-day MAR
- | On a monthly basis, the MARs need to be reviewed to check if creams, ointments, dressings are still being used for the condition for which they were prescribed
- | If no longer used, the pharmacy should be asked to remove the item from the MAR and any remaining stock should be returned to the pharmacy for disposal
- | The Care Plan should be checked for the duration of treatments to ensure that medicines are not continued inappropriately

5.13 Service Users who Self-Manage their Medication

When discussing medicines with Service Users who have chronic or long-term conditions, HWCGS Care (T/A Segal Gardens) will use an individualised, documented self-management plan to support Service Users who want to be involved in managing their medicines. The following must be discussed:

- | The Service User's knowledge and skills needed to use the plan, using a risk assessment if needed
- | The benefits and risks of using the plan
- | The Service User's values and preferences

**HWCGS Care (T/A Segal Gardens)**

436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

- | How to use the plan
- | Any support, signposting or monitoring the Service User needs

Record the discussion in the Service User's Care Plan as appropriate.

When developing an individualised, documented self-management plan, provide it in an accessible format for the Service User and include:

- | The plan's start and review dates
- | The condition(s) being managed
- | A description of medicines being taken under the plan (including the timing)
- | A list of the medicines that may be self-administered under the plan and their permitted frequency of use, including any strength or dose restrictions and how long a medicine may be taken for
- | Known drug allergies and reactions to medicines or their ingredients, and the type of reaction experiences (see the NICE guideline on [Drug Allergy](#))
- | Arrangements for the person to report suspected or known adverse reactions to medicines
- | Circumstances in which the person should refer to or seek advice from a health professional
- | The individual responsibilities of the health professional and the Service User
- | Any other instructions the Service User needs to safely and effectively self-manage their medicines

Review the self-management plan to ensure the person does not have problems using it.

5.14 Procedure for Supporting Service Users to Self-Medicate

MARs are not required for Service Users who are self-managing their own medication without any assistance.

For self-medicating Service Users, the date and name of the Care Worker who gave the Service User their supply of medication must be recorded in the Care Plan and accounted for by their signature.

Medication balances for those Service Users self-administering their medication must be checked on a monthly basis to ensure that the Service User is taking their medicines and that they have a sufficient supply.

**6. Definitions****6.1 MAR**

- | Medication Administration Record

6.2 PRN Medication

- | "PRN" is a Latin term that stands for "pro re nata," which means "as the thing is needed"

6.3 Self-Administer

- | Staff must assume that a Service User can take and look after their medicines themselves (self-administer), unless a risk assessment has indicated otherwise



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- 1 Staff must ensure that Service Users receive their medicines (both prescribed and non-prescribed) as intended, including controlled drugs and 'as required' medicines, and that this is recorded appropriately
- 1 Care Workers responsible for medication administration must ensure that the Service User has been assessed to ensure the level of support needed by the Service User is agreed and recorded. HWCGS Care (T/A Segal Gardens) will not take responsibility for managing a Service User's medicines unless the overall assessment indicates the need to do so
- 1 Service Users with communication difficulties must be given information about their medication in a way that they can understand
- 1 HWCGS Care (T/A Segal Gardens) must carry out medication risk assessments to ensure that Service Users who wish to self-manage their medication can do so safely and can remain as independent as possible
- 1 The medication management training will include how to record medication administration at HWCGS Care (T/A Segal Gardens) and the use of MARs
- 1 The nominated pharmacy will provide clear MARs for each Service User and provide updated MARs when new medication is prescribed
- 1 A MAR is required when a Service User requires physical assistance or verbal reminders with medication



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- 1 You will not require a Medication Administration Record if you are self-managing your own medication without assistance
- 1 You have a right to expect that the staff administering your medication have the skills and competencies to support your needs
- 1 You should feel able to challenge staff if you think if your medication is not correct



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

CQC - Medicines - Information for adult social care services (these pages have replaced the adult social care medicines FAQ):

<https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services>



Outstanding Practice

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

- 1 Service Users receive their medicines on time and in a safe way
- 1 There are effective systems to assure quality and identify any potential improvements to the service. This means that Service Users benefit from a constantly improving service that they are at the heart of
- 1 Audits of MARs are undertaken regularly and corrective action is taken when required
- 1 The wide understanding of the policy is enabled by proactive use of the QCS App



HWCBS Care (T/A Segal Gardens)

436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH



Forms

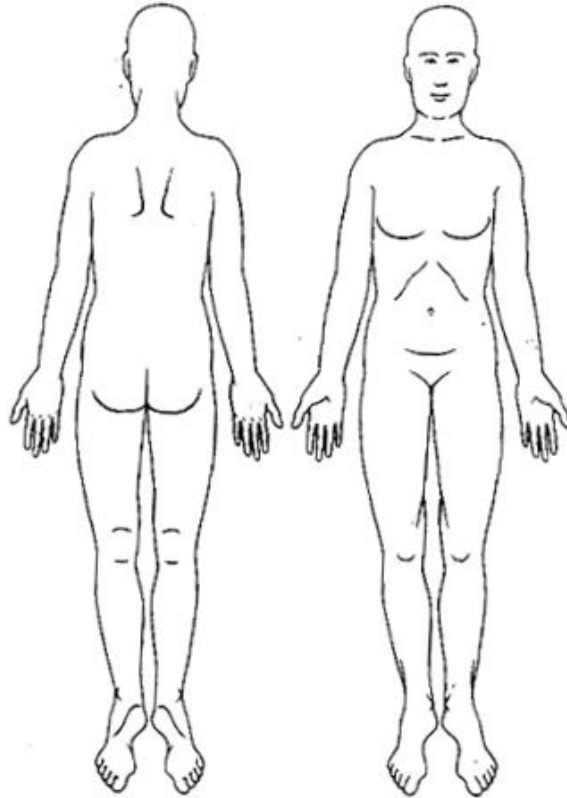
The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Body Map - CM12	When topical medication is required or to indicate injection or transdermal patch sites.	QCS
Self-Administration of Medication Assessment - CM12	When a Service User wishes to self-administer their own medication.	QCS

HWCGS Care (T/A Segal Gardens)
436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

Service User Name:

Use the below body map to indicate where topical medication, injections, or transdermal patches are located.



Notes:

HWCGS Care (T/A Segal Gardens)
436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

Self-Administration of Medication (SAM) Questionnaire		Response (Please circle)	
1.	Does the Service User have responsibility for administering their own medicines currently?	Yes	No
2.	Does the Service User want to self-administer, and has a written agreement been obtained?	Yes	No
3.	Does the Service User have any (temporary or permanent) impairment of their physical, emotional or cognitive state that may affect their ability to self-administer?	Yes	No
4.	Is insulin included in the list of medicines that the Service User will self-administer?	Yes	No
5.	Does the Service User have a history of drug abuse or alcoholism?	Yes	No
6.	Is the Service User confused (particularly if any deficiency in short term memory) or is their judgement impaired?	Yes	No
7.	Is their medicine regimen stable? (Frequent medicine or dose changes will make SAM difficult)	Yes	No
8.	Does the Service User understand the following about their prescribed medication? <ul style="list-style-type: none"> • The purpose of the medicine • The dosage and special instructions • The common possible side effects • What to do if a dose is missed 	Yes	No
9.	Does the Service User have any difficulty in reading the label on their medication packet?	Yes	No
10.	Has the Service User been given an information leaflet about the self-administration of medicines?	Yes	No
11.	Does the Service User understand the principles of safe storage of medicines, including their responsibility for the safekeeping of the medication and storage keys?	Yes	No

Name of Assessor:	
Role of Assessor:	
Date of Assessment:	