

CM11 - Administration of Medicines Policy and Procedure

Category: Medications Management Sub-category: Medications Management

 **Policy Review Sheet**

Review Date: 30/03/17 Policy Last Amended: 28/04/17

Next planned review in 12 months, or sooner as required.

Note: The full policy change history is available in your online management system.

Business Impact:	Low	Medium	High	Critical
		X		
Changes are important, but urgent implementation is not required, incorporate into your existing workflow.				

 Reason for this review:	New Policy
 Were changes made?	Yes
 Summary:	Annual review and updated content. This content was previously part of the CM02 Medications Policy and Procedure.
 Relevant Legislation:	<ul style="list-style-type: none"> The Care Act 2014 Care Quality Commission (Registration) Regulations 2009 The Controlled Drugs (Supervision of Management and Use) Regulations 2013 Data Protection Act 1998 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 The Misuse of Drugs (Safe Custody) Regulations 1973 The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
 Underpinning Knowledge - What have we used to ensure that the policy is current:	<ul style="list-style-type: none"> NICE, (2014), <i>Managing Medicines in Care Homes</i>. [Online] Available from: https://www.nice.org.uk/guidance/sc1 [Accessed: 31/01/2017] RPSGB, (2007), <i>The Handling of Medicines in Social Care</i>. [Online] Available from: https://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf [Accessed: 31/01/2017]
 Suggested action:	<ul style="list-style-type: none"> Notify relevant staff of changes to policy Share key facts with professionals involved in the service Share key facts with people involved in the service Discuss in team meetings Discuss in supervision sessions Confirm relevant staff understand the content of the policy

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1. Purpose

1.1 This policy should be read with the **Overarching Medication Policy and Procedure (CM02)**.

1.2 To support and complement any locally required policies and procedures.

1.3 To ensure Service Users are safeguarded by systems put in place regarding the administration of medication.

1.4 To set minimum standards of practice that must be adopted by all staff involved in the administration of medication.

1.5 The policy, associated policies and procedures apply to all care and any nursing staff working within and should be read and followed.

1.6 To support in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
SAFE	S4: How are peoples medicines managed so that they receive them safely?
RESPONSIVE	R1: How do people receive personalised care that is responsive to their needs?
WELL-LED	W2: How does the service demonstrate good management and leadership?

1.7 To meet the legal requirements of the regulated activities that is registered to provide:

- | The Care Act 2014
- | Care Quality Commission (Registration) Regulations 2009
- | The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- | Data Protection Act 1998
- | 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
- | The Misuse of Drugs (Safe Custody) Regulations 1973
- | The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007

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2. Scope

2.1 The following roles may be affected by this policy:

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

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

- | All service users

2.3 The following stakeholders may be affected by this policy:

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



3. Objectives

3.1 All staff involved in administering medication should diligently observe the '6 rights of administration'

- | Right **P**atients
- | Right **D**rugs
- | Right **D**ose
- | Right **R**oute
- | Right **T**ime
- | Right **D**ocumentation

3.2 To ensure that Service Users receive appropriate help and encouragement to manage their own medication as independently as possible when assessed that this is needed.

3.3 To reduce the risk of medication errors and incidents and to help prevent unnecessary admissions to hospital.

3.4 To ensure Nurses work within the NMC Code and NMC Standards for Medication.

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4. Policy

4.1 General Policy Statement

- | aims to provide safe and reliable care including support, treatment and advice in relation to Medication Administration that maximises Service User's choice and independence
- | Service Users will be treated as individuals and at all times due consideration will be given to their age, beliefs, opinions, experience, ability, cultural needs and any other factors important to them
- | recognises the importance of staff training and supervision and will ensure that all employees involved in the administration of medication are well trained and competent to perform the activities within the remit of their roles

4.2 Medication Administration Principles

- | Service Users will be fully involved in the management and administration of their medication
- | Service Users will be fully involved in decisions regarding their individual medication and its purpose and will have shared with them in a method which promotes their understanding, the medication patient leaflet information provided by the dispensing pharmacist
- | Before any support with medication is provided, an assessment will be undertaken to establish the Service User's capacity to self-manage their medication or the level of medication support required in line with the **Overarching Medication Policy and Procedure (CM02)**
- | Before medication is administered to any Service User, **formal consent** must be obtained
- | Where a Service User is unable to give valid consent due to mental incapacity, best interest meetings will take place and where it is agreed that it is the best interest of the person, including their medical interests, that medication is administered then **formal authorisation** for medication administration will be obtained and evidenced in the Service User's Care Plan and medication records
- | Medication administration must promote Service User independence, choice, privacy, and dignity
- | Medication administration must take account of Service User's cultural and religious values and beliefs
- | Medication must not be used as a form of restraint to sedate people for the convenience of the staff. This is abuse and a breach of Human Rights
- | This policy should be read in conjunction with **Deprivation of Liberty Safeguards Policy and Procedure (CR10)**. This will ensure consideration is given to mental capacity and whether the medication may constitute a Deprivation of Liberty
- | Medication must only be administered to the person who has been prescribed that medication
- | All care staff, including those who are not directly concerned with the administration of medicines, should be trained in the understanding of medications, the main types of medication in use, their administrative procedures, and how to look for and report possible adverse reactions, including changes which may require review of the Service User's medication prescription
- | Only staff who have undertaken 's Medication Training Course and who have been assessed as competent should be involved in the administration of medication
- | will keep an up to date list of all staff who are trained and assessed as competent to administer medicines. This list should be easily accessible
- | Covert medication must not be given to a Service User who has the capacity to give their consent or refusal to medical treatment. Staff should follow the **Covert Medication Policy and Procedure (CM17)**

4.3 Levels of Medication Support

is responsible for assessing and agreeing on the level of medication support required as detailed in the **Overarching Medication Policy and Procedure (CM02)** and ensuring that the appropriate record keeping and training needs are met. The Service User's Care Plan will require review as needs change. Involvement with the wider multi-disciplinary team may be required to ensure the Service User's independence, needs and expectations are met.

In addition to **self-managed**, there are three levels when support is required with Medication Administration

- | **Level 1** – General support or assisting with medicine
- | **Level 2** – Administering medication
- | **Level 3** – Administering medication in specialist areas after receiving further training

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4.4 The 6 Rights of Medication Administration

The following 6 Rights of Medication Administration must be applied where the Service User requires assistance (Levels 1, 2 or 3):

RIGHT PATIENT - The identity of the Service User must be confirmed and checked with the name of the Service User's Medication Administration Record (MAR), the pharmacy label on the medication and by asking the Service User to confirm their name. A photograph not less than 6 months old should be attached to the MAR chart. Any Allergies should be noted.

RIGHT DRUG - The name, form and strength of the medication must be checked during the administration process, i.e. the pharmacy label on the medication should be compared with the MAR chart when, before it is placed with the Service User and before documenting and signing on the MAR chart.

RIGHT DOSE - The dose of medication must be administered in accordance with the prescriber's instructions. Again, the MAR chart and pharmacy label should be checked. If there is any discrepancy between the dose on the MAR chart and that stated on the label, advice must be obtained from the supervisor/GP before the medication is given.

RIGHT ROUTE - Each medication must be administered in its prescribed form, i.e. tablet, capsule, patch, inhaler, etc. and by the prescribed route, i.e. oral, sublingual, topical, etc.

RIGHT TIME - Medication should be given at the time indicated on the MAR chart. If medication is administered more than one hour either side of the time stated, advice may need to be sought from the Registered Manager/GP before the medication is administered.

RIGHT DOCUMENTATION - The documentation for the medication should clearly reflect the Service User name, the name of the ordered medication, date, time, dose, route and frequency of administration. Each medication chart must be signed immediately after administration of the drug. Where a Service User refuses, the correct code should be entered on the MAR Chart, a note made on the daily record sheet, and the supervisor informed. The Service User should never be forced to take their medication and has a **Right to Refuse**.

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●→ 5. Procedure

5.1 Wash and thoroughly dry hands and any assemble any equipment that may be required, e.g. medicine spoons, tablet cutter. Any liquid medication must be measured into a clearly graduated and marked medication pot or by using an appropriately sized syringe which clearly identifies individual millilitre markings.

5.2 To reduce the risk of errors as a result of distractions or interruptions, wearing a brightly coloured tabard /apron is encouraged.

5.3 Where specialised clinical administration is required, undertake preparations and infection control procedures as required.

5.4 Check the Service User identity and allergy status - **6 Rights of Medication Administration.**

5.5 Check the Service User consents to have their medication. Where a Service User lacks capacity, check a best interest decision is in place.

5.6 Check against the Medication Administration Record chart (MAR), Care Plan and risk assessment that the medication has not been changed and confirm which medicines are due noting any time sensitive medication.

5.7 Check the physical state of the medicines, including the expiry date and labelling and that it has been suitably stored. If the Medicines label and MAR chart do not appear to match, then advice should be sought before administration from the manager.

5.8 Check the required dose and any special instructions on the dispensing label (e.g. not to be given with milk or antacids or to be taken with food, etc.) and take appropriate action.

5.9 Contact the manager if there are concerns that the dose has already been given by somebody else.

5.10 Ensure that the Service User is either in a standing position or sitting upright. Staff should not attempt to assist with medication for someone who is in a prone position. Medicines should be swallowed with plenty of water, e.g. 100-150ml of water or at least half a glass.

5.11 Check that the medication has been taken.

5.12 For applications of creams and ointments, disposable powder free gloves must be worn, removed when the activity is completed and hands washed.

5.13 Record on the MAR chart that the medicine has been given or that it has been offered and refused. If medication is refused, complete the daily record chart and report to the manager.

5.14 Return the medicines to a safe storage place as identified on the risk assessment.

5.15 Return the MAR sheet to the Service User's the agreed storage area.

5.16 Remove any tabard /apron and wash hands.

5.17 Administration Do's and Don'ts

- | **Do** only administer medication if you have been trained and assessed as competent to do so
- | **Don't** take medication from its original container and give it to another member of staff to give to the Service User as the person checking the right dose for the right person must also witness the person taking the medication and must be sure that the medication has been taken properly by the Service User
- | **Do** make sure medication is given at the time agreed on the Care Plan and the MAR chart. The timing of medication administration can be crucial and adherence to medication prescription instructions must be followed. This must be clearly indicated in the medication Care Plan and in the medication administration record
- | **Don't** leave out medication for the Service User to take out at a later time

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- | **Don't** leave the drug trolley open and unattended
- | **Do** make sure that medicines are given only to the Service User for whom they are prescribed, following the prescription instructions
- | **Do** give medicines from the container in which they are supplied. Medication doses should not be put out in advance (potted up) as this can lead to errors and accidents
- | **Do** check where Service User's medication is stored before starting medication administration. It may be in the medication trolley, in the refrigerator, or the external medication storage
- | **Do** always check the medication and MAR chart, **Don't** rely on memory
- | **Do** always ask the Service User if they want to take their medication before removing it from the pack. If they refuse to take the medication try again a little later. The refusal must be documented and the GP or pharmacist telephoned for advice
- | If the tablets or capsules are in a monitored dosage pack, **do** open the appropriate section and empty the tablets/capsules into a medicine pot and hand it directly to the Service User
- | **Do** transfer the medication from the bottle or pack into a medication pot and give this directly to the Service User
- | **Don't** handle medication but transfer to the medication pot in a non-handling, clean method
- | **Do** wear disposable plastic gloves where drugs are risk assessed as harmful when handled. This may also apply where the Service User is unable to handle medication and they require extra support, although the handling of drugs should be avoided and medication spoons used to aid administration where difficulties are identified. Where administration by specialised technique is required the use of PPE may be required
- | **Do** have copies of the up to date blood tests results as medication doses may change as a result of the blood test result
- | **Do** make sure any Variable dose or PRN medication is given as indicated in the Care Plan following the **As Required Medication Policy and Procedure (CM18)**
- | **Do** not use part-used medication that has been dispensed for an individual and is no longer required for any other person
- | **Do** make sure that where several Service Users have the same medication, the medication is only administered from the container marked with the Service User's name. This must be clearly accounted for in the drug stock audit
- | **Do** seek advice if a Service User cannot swallow their medication. Advice must be obtained from a health care professional and alternative liquid medication may be able to be prescribed. Medication should not be crushed or split without prior approval from the prescriber as this may affect the way medicines work and can be potentially harmful to the Service User
- | **Do** report any concerns and log any incidents, errors or omissions in line with **Medication Errors and Near Misses Policy and Procedure (CM15)**
- | **Do** mark any medication that has a short shelf life after opening with the date after which it should not be used on the container
- | **Do** hand over all information regarding changes to medications administration during that shift to the incoming staff, and ensure they have received and understood the message

5.18 Splitting Medication

- | Where it is necessary to split a tablet to provide the required prescribed dose, the supplying pharmacy should be asked to supply the medication as split tablets in an appropriate container
- | Where the pharmacist refuses to supply split medication, a tablet cutter should be used
- | Where the tablet is provided in a manufacturer's blister pack, after splitting the remaining tablet must be disposed of because it cannot be stored correctly until the next required dose
- | Disposal should be in line the **Safe Disposal of Medication Policy and Procedure (CM08)**
- | Staff responsible for ordering medication should ensure sufficient quantities of medication
- | Staff should be aware that splitting medication is a last resort as splitting can result in differences in medication fragments altering the therapeutic dose

5.19 Crushing Medication

- | Crushing medication may alter the way in which a medicine is absorbed and its effect on the body
- | Crushing medication invalidates a product license so crushing medication should always be authorised by the prescriber
- | Where it has been assessed with the prescriber that crushing medication is in the Service User's best interest, advice from a pharmacist should be sought

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- | Other alternatives such as the availability of liquids or other forms of medicines should be discussed
- | Written authorisation from the prescriber for each medicine that needs to be crushed, and the period the authorisation applies, must be recorded and retained with the Service User's medication records
- | Where staff are required to give crushed medication via specialised technique, such as via a PEG Tube, they should only administer when trained and assessed as competent to do so

5.20 Timing of Medicines Administration

- | The times of administering medication are essential and there are often set times
- | It is important to know if the medication is required to be taken a specified number of hours apart, as taking some medications too closely together can result in toxicity
- | Medication errors related to the time given often occur during shift changes, it is important to document clearly that medications have been given
- | No double doses should ever be given, e.g. if a Service User refuses one dose do not give two doses the next time around. This should be recorded on the MAR chart
- | Staff responsible for administration of medication should be made aware of any time sensitive medication

5.21 Anti- Psychotic Medication

- | Prior to anti psychotic medication being prescribed the should ensure that a holistic assessment of the Service User's 's health, behaviour and personality should be conducted. This should be used to develop an individual Care Plan that helps staff to develop interventions tailored to Service User's preferences, such as activities that are based on an individual's hobbies and interests.
- | It is possible that these types of medication may need more frequent monitoring and it must be ensured that the prescriber is consulted to determine this. Recommended review cycles are every 3 months. There are serious concerns over the widespread prescribing of antipsychotic medication over long periods of time and therefore must prompt a review if necessary.
- | It is a requirement of the Mental Capacity Act that Service User and those involved in the care of Service User should be available to discuss the situation, such as the risks and benefits of the medication.
- | Directions must be full and complete and Carer must understand when it is necessary to administer the medication.

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6. Definitions

6.1 Covert Administration

- | This is the term used when medications are hidden and given without the consent of the Service User

6.2 PEG

- | Percutaneous Endoscopic Gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate (for example, because of dysphagia or sedation)

6.3 MDT

- | Multi-disciplinary team

6.4 PPE

- | Personal Protective Equipment is equipment that will protect the user against health or safety risks at work. It can include items such as gloves, eye protection, disposable aprons

6.5 Variable Dose

- | Medications are sometimes prescribed to allow variable dose amounts to be administered, up to a maximum total dose in a dose interval. This is specified in the fields "dose" and "frequency" for PRN medications in the medication chart

6.6 The 6 Rights of Medication

- | A mnemonic to remember this is **P**atients **D**o **D**rugs **R**ound **T**he **D**ay
 - | Right **P**atients
 - | Right **D**rugs
 - | Right **D**ose
 - | Right **R**oute
 - | Right **T**ime
 - | Right **D**ocumentation
- | These 6 Rights vary in Definition - NICE guidelines refer to Right to Refuse instead of Right Documentation. This policy uses Right Documentation because of the high rate of errors associated with documentation but refers to the Right to Refuse



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | Where a Service User does not have capacity medication must always be administered as formally agreed to be in their 'best interests'
- | Staff must only administer medication when they have been trained and assessed as competent
- | Staff check the 6 Rights of Medication Administration for any medication every time it is administered
- | Staff must give medication administration their full attention to avoid errors
- | Staff must ensure consent is obtained before administering any medication
- | Service Users should be supported to self-manage medication wherever possible

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Key Facts - People affected by the service

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

- | People have the right to choose to manage their own medicines if they want to, with appropriate support from the care home
- | You should expect to have support with your medication from staff who are trained and competent with medication administration
- | You have a right to refuse medication or treatment
- | We will share with you if we make any errors or omissions with your medication



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:

- | **National Care Forum** - Free resources for supporting the safe use of medications in care facilities: <http://www.nationalcareforum.org.uk/medsafetyresources.asp>
- | **Health and Social Care Information Centre - A Guide to Confidentiality in Health and Social Care:** <http://content.digital.nhs.uk/media/12822/Guide-to-confidentiality-in-health-and-social-care/pdf/HSCIC-guide-to-confidentiality.pdf>
- | **Department of Health & Leeds University, April 2016 Administration of Medicines in Care Homes (with nursing) for older people by care assistants - Evidenced-based guidance for care home providers:** <https://www.gov.uk/government/publications/administration-of-medicine-in-care-homes%20>

Related Policies

- | Recording the Administration of Medication Policy and Procedure
- | Ordering and Receipt of Medication Policy and Procedure
- | Storage of Medication Policy and Procedure
- | Controlled Drugs Policy and Procedure
- | Safe Disposal of Medication Policy and Procedure
- | Homely Remedies Policy and Procedure
- | As Required Medication Policy and Procedure
- | Covert Medication Policy and Procedure
- | Medication Errors and Near Misses Policy and Procedure
- | Warfarin
- | Medication Away from Home Policy and Procedure
- | Training and Competency on Medications Policy and Procedure

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Outstanding Practice

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

- | Recent photographic identity of Service Users is in place (with permission) - Used as part of the check procedure on administration of medicines
- | Appropriate facilities available in rooms for all Service Users able to self-manage their own medication
- | Written evidence in place where pharmacist advice was sought where medicine administration involves crushing tablets, mixing the contents of a capsule with drink and food and where necessary medication given via a PEG
- | Paper evidence of an MDT meeting taking place (including GP, family member, pharmacist) before covert administration is considered. Paperwork must be in date, signed by members of the MDT and include a review date
- | There are increasing numbers of Service Users that are self-managing their own medications
- | Service Users are regularly assessed for capacity, and assessments are made for individual medications as opposed to 'blanket' decisions
- | There is evidence that the use of anti-psychotic medication has been reduced