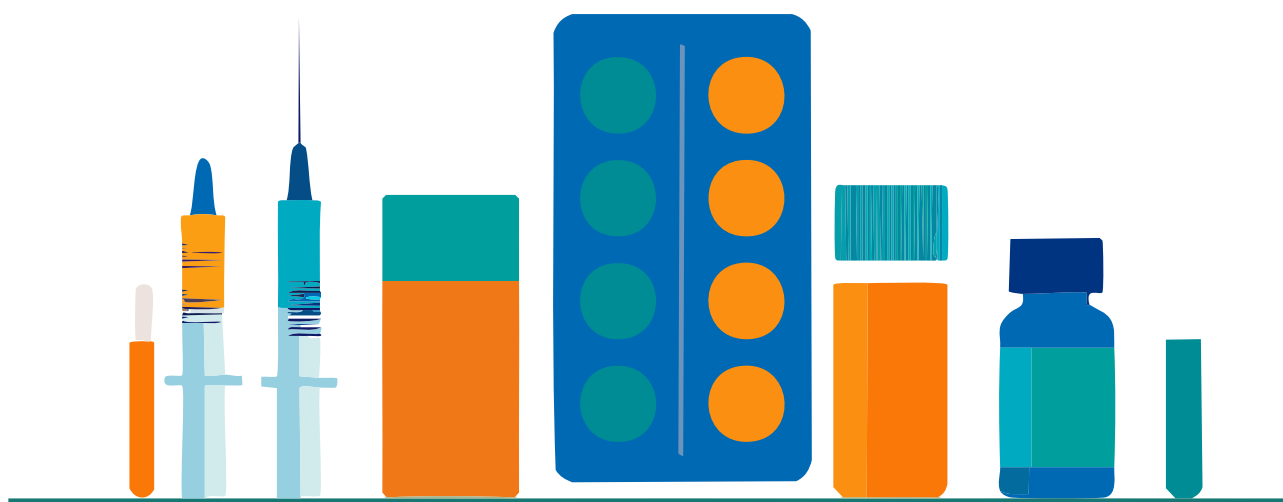


Checklist for medicines management training in adult social care



Introduction

This guide and checklist have been developed for people who are responsible for purchasing and/or checking the quality of external or in-house medicines management training for care workers and managers.

We frequently hear care providers are investing in costly training that does not meet their requirements. This checklist has been developed to support care providers to assess their medicines management education and training to ensure that it is safe and effective. For example, the checklist could be used to quality assure training that's developed and delivered in-house or given to a training provider to confirm the training they offer covers all required elements in sufficient detail.

Who may find the checklist useful?

- Care providers
- Registered managers
- Commissioners
- Training providers
- Social care professionals
- Quality assurance leads



Care providers should use this tool as a guide to assure the quality of medicines management training. This could support internal quality assurance processes, and/or provide assurance to commissioners/regulators.

The checklist may also be useful for training providers to check the training they offer covers all required elements in sufficient detail and support quality improvement.



Why we created this checklist

Social care organisations should nurture a culture that values access to quality training for the workforce. Staff should have an opportunity to develop a thorough understanding of medicines management and administration for the health, safety, and wellbeing of the people they support and the workforce themselves.

The quality and content of training is important to support the confidence and competence of staff as this will directly impact on the way staff handle medicines. Failure to adequately train staff can be costly and may increase the likelihood of medicine errors which can have severe consequences for the person, staff member(s) and the organisation.

It is one of a suite of resources within the NHS's '[Interactive Guide to What good looks like for assisted medicines taking](#)' [\[3\]](#) and has been extracted with permission from the NHS as a helpful tool to support social care providers and a detailed framework against which training and educational material could be assessed.

Helping to meet the Care Quality Commission (CQC) requirements

The CQC Regulation 12 of the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) [\[3\]](#) is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

The CQC Regulation 18 of the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) [\[3\]](#) sets out the requirements for staffing, training, qualifications, competence and skills. It is essential that organisations follow legislation and work to the expected standards such as the CQC [Single assessment framework](#) [\[3\]](#).

Ensuring medicines management training covers all required elements in sufficient detail may help care providers to work towards meeting some of the CQC Single assessment framework quality statements.

For example:

[Safe and effective staffing - Quality statement](#) [\[3\]](#):

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.

What this quality statement means: Staff receive training appropriate and relevant to their role.

We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

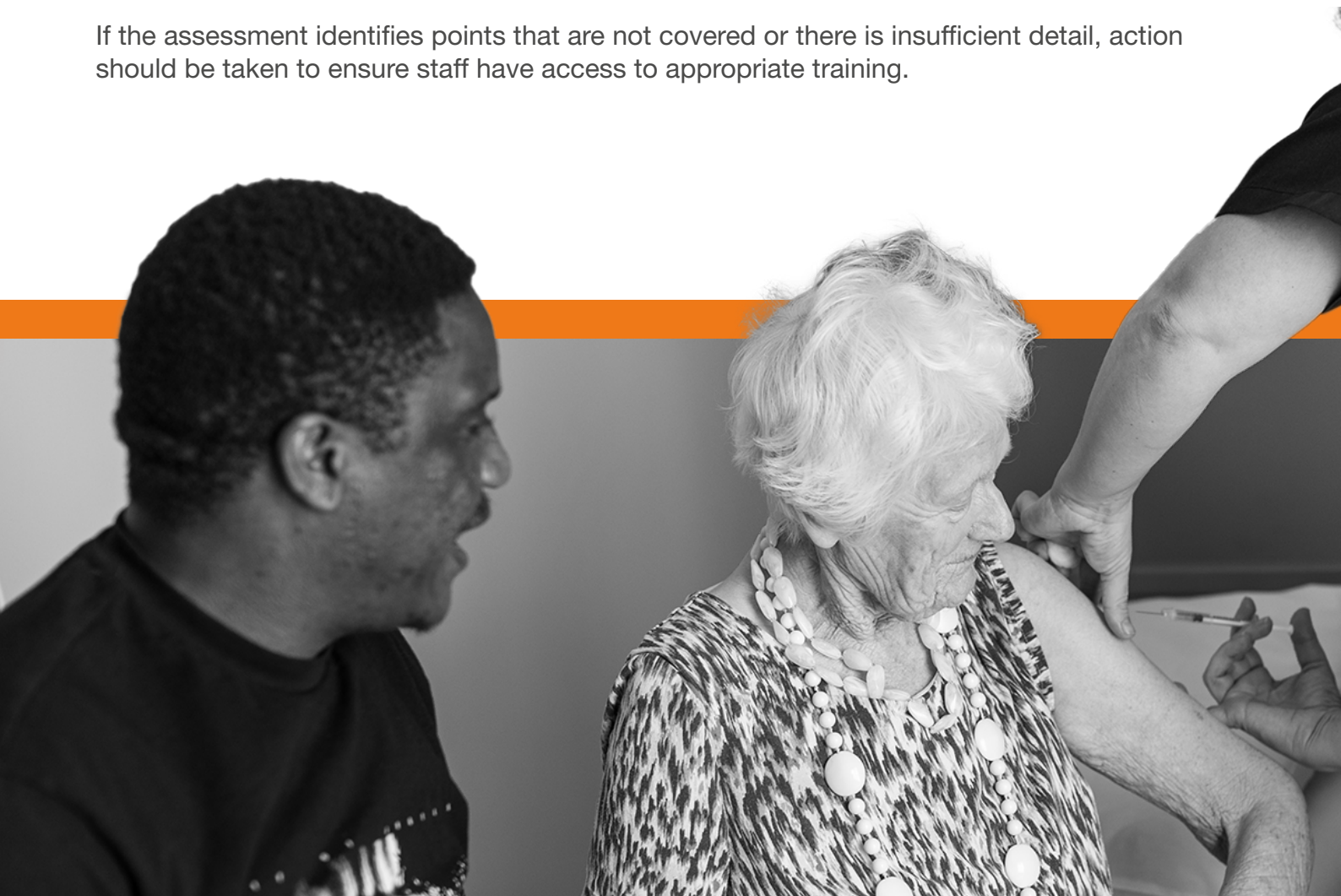
What this quality statement means: The approach to medicines reflects current and relevant best practice and professional guidance.

How should this checklist be used?

The person using the tool should consider what checks will be required, and what resources they need to complete the assessment. For example, they may need to:

- observe training sessions
- view course contents
- cross check content against the 'Checklist for medicines management training in adult social care'
- access relevant legislation
- talk to learners
- sample learner's work.

If the assessment identifies points that are not covered or there is insufficient detail, action should be taken to ensure staff have access to appropriate training.



What good looks like for care providers:

- Ensure their medicine management training processes are robust (by using a quality assurance checklist for medicine management training processes).
- Ensure that any training delivered (online or in person) is high quality and covers all required elements of the checklist in sufficient detail.
- Have a robust induction process for staff that will be managing and/or administering medicines.
- Provide training that addresses the specific requirements of the staff members' role(s).
- Make training relevant to the type of care setting staff are working in and the activities undertaken.
- Ensure training is accessible, and all relevant staff* are supported to take part.
- Provide education that allows care staff to support people to maintain their independence regarding their medicines.
- Train staff to administer medicines without the reliance on multi-compartment compliance aids (MCCAs).
- Maintain a record of staff competency assessments (this could be supported by using a standardised competency assessment tool).
- Ensure that training provision is reviewed regularly to make sure it is up to date and supports learning from any medicines related incidents.
- Review staff knowledge, skills and competency annually and use this to help determine future support and training requirements.
- Empower staff to identify and escalate their learning needs regarding medicines management and administration.
- Provide training and guidance on competency assessments for any staff responsible for assessing the competency of other staff.
- Provide training on local risk management and assessment processes and reviewing medicine incidents for staff in management roles.
- Ensure all relevant staff undertake medicines management training which involves theoretical knowledge-based training but also involves practical training and competency assessment in the place of work.

Additional advanced training is recommended for staff who require it, for example:

- service managers and supervisors who need a higher level of knowledge than those they provide advice and guidance to
- staff responsible for assessing the competency of other staff
- staff whose role includes quality and risk assessments, reviewing medicine incidents and completing medicines management audits.

Find more information in [‘An interactive guide to: What good looks like for assisted medicines taking’¹⁷](#).

Please note: This editable checklist has been created so it can be adapted to suit your organisation's requirements, however we advise you to exercise caution against any risks arising from uncontrolled changes.

* Staff will vary per care provider, ensure this includes all staff responsible for managing and/or administering medicines including Health professionals (such as registered nurses) where applicable

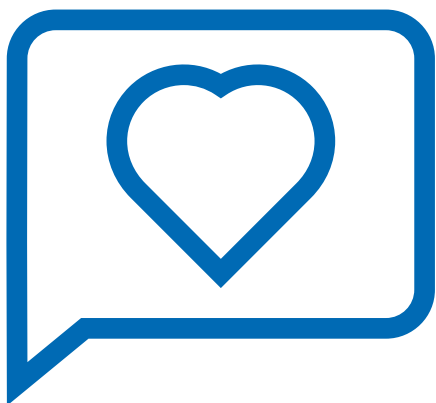
Bibliography

- NICE SC1 - Managing medicines in care homes [Overview | Managing medicines in care homes | Guidance | NICE](#) [↗](#)
- NICE NG67 – [Overview | Managing medicines for adults receiving social care in the community | Guidance | NICE](#) [↗](#) March 2017.
- [CQC Medicines information for adult social care services](#) [↗](#)
- The Royal Pharmaceutical Society ‘[Improving patient outcomes - The better use of multi-compartment compliance aids](#) [↗](#)’ July 2013
- The Royal Pharmaceutical Society ‘The Handling of Medicines in Social Care’ 2007*.

*Please note: This guide has been archived, but a copy can be requested by contacting: support@rpharms.com [↗](#)

Acknowledgement and thanks

- Katherine O’Loughlin – Wider Workforce, Practice Learning Facilitator, NHS England – North West
- Stephen Doherty - Head of Foundation School, School of Pharmacy and Medicines Optimisation, NHS England – North West
- Karen O’Brien MBE, Regional Chief Pharmacist and Controlled Drugs Accountable Officer, NHS England - North West
- Simon Hill - Medicines manager at the Care Quality Commission (CQC)
- Kim Toon, Clinical Leadership Fellow, Health Education England
- Umesh Patel, Pharmacy Advisor, NHS England
- Lindsey Mallory, Specialist Commissioner Homecare, Trafford CCG
- Julie Lonsdale, Programme Manager, Lancashire & South Cumbria ICS
- Connie Sharrock, Programme Manager Medicine Safety and Optimisation, Innovation Agency
- Pauline Deeming, Regulated Care Sector Champion, East Lancashire CCG
- Allison Pye, Clinical Leadership Fellow, Health Education England
- Jennifer Johnston, Lead Pharmacist/Care Home Lead for Medicine Management, South Sefton CCG
- Karen Hallsworth, Medicine Optimisation Care Homes Pharmacy Technician, Trafford





Checklist for medicines management training in adult social care

For this checklist, we have used the CQC terminology of:

- Care home, which covers both residential care homes and nursing homes (unless otherwise stated).
- Residential care home which covers care homes without nursing.
- Nursing home which covers care homes with nursing.
- Homecare agencies, which covers home care.

The principles of the checklist will also apply to other social care settings such as supported living and shared lives schemes.

CQC have several medicines management guides for care providers. Where possible we will share a link to the relevant guide. Alternatively, visit the CQC webpage [Medicines information for adult social care services](#)  as all of their guides are listed there.

Does the medicines management training programme include:	Answer
<p>Accountability and responsibility Key points:</p> <ul style="list-style-type: none"> ■ Clear message that accountability is about taking responsibility for your actions. ■ Possible consequences of not following laws and best practice. ■ Everybody has responsibility for duty of care. ■ Clear link to the company’s medicines management policy and procedures. ■ Importance of knowing how to access advice about medicines. 	
<p>Confidentiality Key points:</p> <ul style="list-style-type: none"> ■ Must be in line with Data Protection Act 2018  and General Data Protection Regulation (GDPR). ■ How this links to the adult social care setting e.g. ensuring records such as MAR charts are stored securely, how to share information securely such as via NHS.net, etc. 	

Does the medicines management training programme include:	Answer
<p>Consent Key points:</p> <ul style="list-style-type: none"> ■ Personal care plan should detail what level of support the person has consented to receive. ■ If the person is unable to give informed consent due to an assessed lack of mental capacity a best interests discussion must take place and be documented. 	
<p>Person's personal preference Key points:</p> <ul style="list-style-type: none"> ■ People may have certain preferences relating to how they receive their medicines. For example, gelatine capsules may not be suitable for a vegetarian. A person who observes religious festivals by fasting may prefer not to have medicine given at certain times. These people must be supported e.g. by asking the pharmacy or GP for advice/support. In addition, some people may prefer to take their medicines a certain way such as from a spoon, placed into their hand, placed onto a saucer so it's easier to pick up, etc. Personal preferences are to be clearly documented and followed. 	
<p>Dignity Key points:</p> <ul style="list-style-type: none"> ■ Importance of ensuring the environment chosen to administer medicine maintains the person's dignity e.g. Even though some people do not mind being given medicine in public, many would prefer to do these things in private and other people may not wish to see medicines given to other people i.e. while they are having a meal. 	

Does the medicines management training programme include:	Answer
<p>Supply of medicines Key points:</p> <ul style="list-style-type: none"> ■ Importance of knowing: <ul style="list-style-type: none"> ■ which pharmacy or dispensing doctor supplies the persons' medicines ■ how to obtain medicines (Inc. out of hours). 	
<p>Ordering medicines Key points:</p> <ul style="list-style-type: none"> ■ The reorder process must ensure adequate amounts of medicine are available to ensure people don't go without. Include how to manage monthly and mid-month/interim medicine orders. ■ The reorder process should also include waste management (to prevent over stock and unnecessary waste). <p>There is a CQC guide available on this topic for homecare agencies.</p>	
<p>Receiving medicines Key points:</p> <ul style="list-style-type: none"> ■ When safe storage is required, ensure medicines are stored safely when they first arrive until the order can be fully processed. ■ In residential and nursing homes, prioritise Controlled Drugs (CD's) i.e. the transfer to the CD cabinet and entry in the CD register as soon as possible on the same day. ■ Prioritise fridge items when they arrive and transfer to the fridge to ensure the cold chain is not broken. ■ Booking medicines can be a lengthy process and protected time should be given to staff booking in medicines. ■ When receiving a person's medicines, staff should: <ul style="list-style-type: none"> ■ record when medicines have been supplied ■ check for any discrepancies ■ take appropriate action if a discrepancy is noted between the medicines ordered and those supplied ■ act in a timely manner to ensure the person doesn't go without their medicine. <p>There is a CQC guide available on this topic.</p>	

Does the medicines management training programme include:	Answer
<p>Storage of medicines Key points:</p> <ul style="list-style-type: none"> ■ Safe storage of medicines (including security of keys). ■ Store medicines as per manufacturer’s instructions. ■ Storage considerations for ‘when required’ emergency medicines (e.g. safe but accessible quickly when needed). ■ Storage at room temperature. Daily temperature monitoring in care homes (below 25°C). ■ Refrigerated medicines storage. Daily temperature monitoring in care homes (between 2°C and 8°C). ■ What action to take if the temperature is out of range. <p>There is a CQC guide available on this topic for care homes.</p>	
<p>Disposal of medicines Key points:</p> <ul style="list-style-type: none"> ■ For homecare agencies and residential care homes, medicines that are no longer needed must be returned to the community pharmacy for disposal. ■ For nursing homes, medicines that are no longer needed must be consigned to a suitably authorised waste management facility. ■ NICE recommends that in care home settings medicines for disposal should be stored securely in a tamper proof container until they are collected or taken to the pharmacy. ■ Disposal of sharps must be in a sharps bin. ■ Medicine must never be disposed of in domestic waste. ■ There should be records of medicines that have been disposed of or are awaiting disposal. <p>There is a CQC guide available on this topic for homecare agencies. There is a CQC guide available on this topic for care homes.</p>	

Does the medicines management training programme include:

Answer

Controlled drugs (CDs)

Please note: When medicines support is being provided by a home-care agency there is no need to keep a register of CDs and there is no need for double witness signatures for administration or support.

Report incidents related to CDs (including loss or theft) to the local Controlled Drugs Accountable Officer (CDAO).

Key points for care homes:

- Must be in line with Misuse of Drugs Act 1971 and other associated regulations.
- Secure storage (Inc. controlled drugs cabinet).
- Record receipt and all other movement of CD's (Inc. controlled drugs register)
- Administering and recording (by two trained and competent staff members).
- Returning of CDs to the pharmacy – residential care homes.
- Denaturing of CD's – nursing homes (by two staff members - one to denature and one to witness) before handing to the waste disposal company.
- Reporting CD incidents (including loss or theft) to the local Controlled Drugs Accountable Officer (CDAO).

There is a [CQC guide available on this topic](#) for care homes.

Oxygen

Key points:

- Oxygen is a medical gas and should be treated as medicine.
- Plus, the importance of:
 - details regarding prescribed oxygen clearly recorded in the person's care plan
 - monitoring of oxygen saturations and response in line with their care plan
 - knowing who your local home oxygen specialist team is and how to contact them
 - following the manufacturer's instructions regarding the use of the equipment (Inc. cannular and/or mask and tubing)
 - safe storage of oxygen in line with manufacturer's instructions (Inc. fire hazard)
 - placing statutory hazard notices in areas where oxygen is stored
 - including oxygen in the fire risk assessment of the service.

There is a [CQC guide available on this topic](#) for care homes.

There is a [CQC guide available on this topic](#) for homecare agencies.

Does the medicines management training programme include:

Answer

Safe administration of medicines by staff

Key points:

- Check records such as communications diary/support plan for changes/relevant instructions (including how consent to receive medicines is obtained/managed for the person being supported).
- Check MAR to ensure the person has not already received their medicine.
- Prepare Inc. washing hands and any other utensils before use, collection of other equipment required such as drinking water, disposable non-latex gloves when appropriate, etc.
- Communication with person, are they ready to receive their medicines.
- Manage consent as per care plan.
- Support only one person at one time with administration of medicine.
- Take medicine to the person using a safe method.
- Medicines administration must be conducted in a dignified manner within a suitable location.
- Check six rights of administration (right person, right medicine, right route, right dose, right time, person's right to decline).
- Check details on the MAR chart Inc. allergy status.
- Check expiry date of medicine to make sure it is safe to administer.
- Check and follow cautionary warnings e.g. take with food.
- Have a way to keep track of where staff are up to while administering medicines e.g. prepare the dose then dot the MAR sheet (dot and pot).

There is [guidance published by NICE available on this topic](#) for care home.

There is [guidance published by NICE available on this topic](#) for homecare agencies.

Does the medicines management training programme include:	Answer
<p>Record-keeping Key points:</p> <ul style="list-style-type: none"> ■ Poor record keeping can put people receiving medicines support and care worker at risk. ■ Securely maintain accurate and up-to-date records in line with Data Protection Act 2018 and General Data Protection Regulation (GDPR). ■ Care workers must record the medicines support given to a person for each individual medicine on every occasion in line with Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. ■ MAR to be signed (or appropriate MAR code used) after administration but before moving to support the next person or completing another task. 	
<p>Giving medicines into the mouth (tablets, capsules, liquids) Key points:</p> <ul style="list-style-type: none"> ■ Encourage the Person to adopt an upright position where possible. ■ Offer a drink to take medicine (preferably water unless care plan states otherwise). ■ Importance of using the correct graduated measuring devices and staff need to know the value of each graduation marking to ensure correct volume prepared. ■ When using a measuring pot, place on a flat surface, check at eye level. Measure to the bottom of the meniscus (include description and/or diagram of what a meniscus is). ■ When using an oral syringe remove air gaps. ■ Using a medicine spoon; correct dose measured, and no spillage occurs when administered. ■ The difference between medicines that are to be swallowed and medicines that are to be absorbed in the mouth such as Buccal (in the cheek) and Sublingual (under the tongue) including sprays such as glyceryl trinitrate (GTN). 	

Does the medicines management training programme include:	Answer
<p>Giving ear drops/spray Key points:</p> <ul style="list-style-type: none"> ■ Training to include a detailed step-by-step description of how to administer or include a physical demonstration such as a video. ■ Plus, the importance of: <ul style="list-style-type: none"> ■ knowing the correct ear(s) to be treated ■ effective communication to explain the ear drop application with the person (for assurance) ■ encouraging the person to sit with their head slightly tilted to the side OR the person is helped to lie down on a bed with the ear being treated facing up ■ ensuring nib does not touch any part of the ear or ear canal ■ encouraging the person to remain lying or sitting, with their head tilted for around 5 minutes or if comfortable. 	
<p>Giving nose drops/spray Key points:</p> <ul style="list-style-type: none"> ■ Training to include a detailed step-by-step description of how to administer or include a physical demonstration such as a video. ■ Plus, the importance of: <ul style="list-style-type: none"> ■ knowing the correct nasal cavity is being treated. ■ effective communication to explain the nasal drop/spray application with the person (for assurance) ■ preparing/priming the device (as per PIL) to ensure effective administration ■ encourage the person to gently blow their nose prior to administration (where practically possible) ■ encourage the person to adopt the correct position to receive the medicine. 	

Does the medicines management training programme include:	Answer
<p>Giving eye drops/ointment/spray Key points:</p> <ul style="list-style-type: none"> ■ Training to include a detailed step-by-step description of how to administer or include a physical demonstration such as a video. ■ Plus, the importance of: <ul style="list-style-type: none"> ■ knowing the correct eye(s) to treat ■ effective communication to explain the eye drop/ointment/spray application with the person (for assurance) ■ the dropper is placed a safe distance from the eyeball to ensure the nib does not touch the eye ■ the person is encouraged to close the eye for a few seconds after application ■ the risk of blurred vision after application/falls risk. 	
<p>Giving inhalers Key points:</p> <ul style="list-style-type: none"> ■ Training to include a detailed step-by-step description of how to administer or include a physical demonstration such as a video. ■ Examples videos can be found at Asthma + Lung UK and RightBreathe. ■ Plus, the importance of: <ul style="list-style-type: none"> ■ the device is prepared (as per PIL) to ensure effective administration ■ when a personal spacer device is used this must be damage free, clean, and dry ■ effective communication is used to explain the use of the device with the person (for assurance and to ensure correct inhaler technique) ■ encouraging the person to adopt a suitable position to receive their medicine ■ the person being supported to rinse their mouth out or brush their teeth (after using steroid inhaler) ■ replacing the cap on the mouthpiece of inhalers and spacers. 	

Does the medicines management training programme include:

Answer

Topical medicines such as creams and ointments

Key points:

- Training to include a detailed step by step description of how to administer or include a physical demonstration such as a video.
- Plus, the importance of:
 - wearing disposable non-latex gloves when administering creams, ointments etc.
 - when a person is prescribed two or more external products for the same area, 15-30 minutes must be left between administering each product, unless directed otherwise by the prescriber
 - some creams and ointment need to be applied thinly; this should be stated on the label
 - when applying emollients (moisturising treatments) these can be applied liberally
 - emollients should be smoothed, not rubbed, into the skin gently in the same direction the persons hair grows
 - having information available for staff to know what the external product is for, where to apply, how much to apply when to apply and how long for
 - applying external products to clean skin, and only to the area it has been prescribed for
 - body maps can be used to indicate where the product should be applied
 - record administration (including prescribed non-medicated topical products applied by care staff during personal care)
 - emollients are flammable/risk assessment required.

There is a [CQC guide available on this topic](#) and [on the fire risk from use of emollient creams](#).

Does the medicines management training programme include:

Answer

Giving inhalers

Key points:

- Training to include a detailed step-by-step description of how to administer or include a physical demonstration such as a video.
- Examples videos can be found at [asthma UK](#) and [RightBreathe](#).
- Plus, the importance of:
 - the device is prepared (as per PIL) to ensure effective administration
 - when a personal spacer device is used this must be damage free, clean, and dry
 - effective communication is used to explain the use of the device with the person (for assurance and to ensure correct inhaler technique)
 - encouraging the person to adopt a suitable position to receive their medicine and consent is obtained
 - the person being supported to rinse their mouth out or brush their teeth (after using steroid inhaler)
 - replacing the cap on the mouthpiece of inhalers and spacers.

Transdermal patches

Key points:

- Training to include a detailed step-by-step description of how to administer or include a physical demonstration such as a video.
- Plus, the importance of:
 - selecting and applying the correct PPE (i.e. disposable non-latex gloves if applicable)
 - checking the body map to establish the current patch location
 - document the removal and dispose of the current patch (as per social care provider's waste policy and manufacturer's instructions)
 - checking the body map to establish where to apply the new patch (to ensure patch site rotation as per PIL)
 - encouraging the person to adopt a suitable position to have their patch applied
 - not to touch the adhesive part of the patch
 - explaining to the person what they are doing (for reassurance)
 - the application site has been recorded on the body map
 - regularly checking that patches are still in place e.g. during personal care.

There is a [CQC guide available on this topic](#).

Does the medicines management training programme include:	Answer
<p>Thickening products Key points:</p> <ul style="list-style-type: none"> ■ Thickening powder can be prescribed for people with dysphagia. ■ Thickening powder is added to foods and liquids to bring them to the right consistency/texture so they can be safely swallowed. ■ Risk assessed safe storage of thickening products. ■ Plus, the importance of: <ul style="list-style-type: none"> ■ people requiring an assessment ■ consistency levels in dysphagia care plans ■ staff (including kitchen staff) completing training on the use of thickeners ■ recording ■ monitoring ■ consideration for the need to thicken medicines. <p>There is a CQC guide available on this topic.</p> <p>Related patient safety alert: Risk of death from asphyxiation by accidental ingestion of fluid/food thickening powder.</p>	
<p>Expiry dates/open dates Key points:</p> <ul style="list-style-type: none"> ■ Every pharmaceutical product has an expiry date that is stated on the packaging, pharmaceutical products must not be used after their expiry date. ■ Some medicines expiry date will shorten after opening such as: liquids, eye drops, creams, ointments, etc. these must have the opening date recorded on the product when first opened and they must not be used after their new expiry date. ■ Some medicines expiry dates shorten if their storage condition changes such as removal from the fridge to be stored at room temperature e.g. insulin. ■ When staff are uncertain of the date/shelf-life of a medicine (Inc. once opened) they must check the information supplied with the medicine or contact a pharmacist for advice. 	

Does the medicines management training programme include:	Answer
<p>Administering medicines from original packaging</p> <p>Key points:</p> <ul style="list-style-type: none"> ■ Training should ensure staff are trained to administer from original packaging. ■ Staff should understand how to support people who self-administer medicines by using reasonable adjustments such as: <ul style="list-style-type: none"> ■ reminder charts ■ winged bottle caps ■ large print labels ■ alarms (such as notifications on mobile phones) ■ tablet splitters and “poppa” devices ■ multi-compartment compliance aids (MCCA). 	
<p>Amendments to MAR’s and MAR charts generated by the care provider</p> <p>Examples may include medicines transcribed onto MAR charts (by hand or entered onto electronic MAR charts) and/or amendments made by care staff to MAR’s due to changes authorised in writing by the prescriber.</p> <p>Key points:</p> <ul style="list-style-type: none"> ■ Transcribed MARs and amendments should be produced only in exceptional circumstances. ■ The medicine must be transcribed, exactly as it appears on the pharmacy label, ensuring the quantity, drug name, strength of medicine, form of medicine, dose, directions and any special instructions about how the medicine should be taken (such as before, with or after food) are clearly transcribed onto the MAR chart. ■ The persons full name, date of birth, any known allergies, name of the persons GP practice, the start date and any stop or review dates must also appear on the MAR chart. ■ In care home settings the MAR chart and medicine must be passed to a staff member who is medicines trained for a second check to confirm all of the details are correct. ■ In care home settings two signatures should appear for transcribed items and only when these two signatures are present, should this medicine be administered. ■ In social care settings where only one member of staff is present, they should write the MAR chart, take a break and complete a different task, then recheck before administering the medicine or providers should ensure a second check is facilitated/available. 	

Does the medicines management training programme include:	Answer
<p>Covert administration Key points:</p> <ul style="list-style-type: none"> ■ Must be in line with The Mental Capacity Act 2005. ■ Covert administration is when medicines are given in a disguised form without the knowledge or consent of the person receiving them. ■ Person-centred approach. ■ Link to Deprivation of Liberty Safeguards (DoLS). ■ The decision is specific to each medicine prescribed. ■ Process to cover: <ol style="list-style-type: none"> 1. Last resort – all other options exhausted. 2. Mental Capacity Assessment relating to the specific task at the specific time and clearly documented. 3. Best interest discussion with a multi-disciplinary team (MDT) outcome clearly documented. 4. Medicines review by HCP to ensure that only essential medicines are given covertly. 5. Advice from a pharmacist to instruct on how to safely administer each of the persons’ individual medicines covertly (drug specific and clearly documented). 6. When to review. <p>There is a CQC guide available on this topic.</p>	
<p>Quality assurance Key points:</p> <ul style="list-style-type: none"> ■ Medicines management audits must be completed by a member of staff who is trained and competent in relation to medicines management in the care setting. ■ When an internal audit identifies areas of improvement action should be taken to rectify the issue and changes should be embedded to prevent reoccurrence in the future. If the audit identifies safeguarding issues these must be reported as per the local agreement. 	

Does the medicines management training programme include:

Answer

PRN

Key points:

- Medicines with a PRN (pro re nata) or 'when required' dose can treat many different conditions.
- PRN medicines should be administered to the needs of the person when they require it as per their personal care plan. This will often fall outside of the 'normal' medicines' 'round'.
- A care plan should contain enough information to support staff to administer 'when required medicines' as intended by the prescriber. This should include:
 - Details about what condition the medicine is prescribed for.
 - Dose instructions. This includes the maximum amount to take in a day and minimum interval between doses. Where a variable dose is prescribed there should be clear directions as to what dose should be given.
 - Signs or symptoms to look out for and when to offer the medicine, include if the person can ask for the medicine or if they need prompting or observing for signs of need. For example, non-verbal cues.
 - Appropriate alternative support and interventions to use before medicines.
 - Where more than one when required medicine is available for the same condition, they know what order they will be administered.
 - When to review the medicine and how long the person should expect to take it. For example, what to do if the medicine is taken regularly or not used for a long period of time.
 - When to check with the prescriber if there is any confusion about which medicines or doses to give.

There is a [CQC guide available on this topic](#).

Does the medicines management training programme include:	Answer
<p>Time critical/time sensitive Key points:</p> <ul style="list-style-type: none"> ■ Some medicines are time critical which means that they must be given within a specific time frame. For example: Parkinson medicine, Antiepileptic agents, Insulin, Opiates, Antipsychotics (list is not exhaustive). ■ A delay in administration could pose a risk to the person. ■ Where the prescriber has specified times on the directions e.g. 'take one at 11.30am', this must be adhered to. ■ Care homes often have a regular medicine "round" but as time critical medicines may be outside of the normal round a personalised approach must be taken. ■ Reminders can be used to help staff remember to give the time critical medicine on time, every time. ■ If it is not possible to administer the medicine at the specified time seek advice from the prescriber. ■ Some medicines require a set amount of time between doses to be given safely. For example: Paracetamol requires at least 4 hours between doses and no more than 4 doses in 24 hours. ■ If it is not possible to administer the medicine with the required time gaps seek advice from the prescriber. ■ Some medicines are not required every day such 72hr patches, weekly tablets, etc. 	
<p>Medicines reconciliation Key points:</p> <ul style="list-style-type: none"> ■ Trained and competent staff should carry out the medicine's reconciliation. ■ Medicines reconciliation should be completed as soon as possible when people are admitted into a service (e.g. discharged from hospital, arrive from another care setting) or when their treatment changes. ■ An up to date list of medicines should be compared with the medicines the person is taking. ■ Recognise and resolve any discrepancies and document any changes. ■ Record the information from medicines reconciliation in the medicines care plan. <p>There is a CQC guide available on this topic.</p>	

Does the medicines management training programme include:	Answer
<p>Sharing relevant information about medicines when a person is transferred from one care setting to another</p> <p>Key points:</p> <ul style="list-style-type: none"> ■ Relevant information about medicines should be shared with people, and their family members or carers, where appropriate, and between health and social care practitioners when a person moves from one care setting to another. ■ The process should include how the current care provider shares complete and accurate information about the person’s medicines with the new care provider. ■ The process should include how the new care provider receives and documents this information, and acts on it. ■ Care providers should proactively share complete and accurate information about medicines ideally within 24 hours of the person being transferred and in the most effective and secure way. <p>There is guidance published by NICE available on this topic.</p>	
<p>Administering medicines when a person is away from their usual care setting</p> <p>Key points:</p> <ul style="list-style-type: none"> ■ Decisions about using medicines while a person is away from their usual care setting should be in a care plan. (including any ‘when required’ emergency medicines). ■ Secondary dispensing is not good practice. An alternative should be sought wherever possible due to associated risks. ■ Where there is a need for secondary dispensary, a standard operating procedure and risk assessment should be in place. ■ People should have appropriate information to help them to take their medicines safely. ■ Staff should have a clear understanding of their role in supporting people to take their medicines when they are away from the home. ■ A risk assessment to identify and minimise any potential problems should take place. This may consider points such as: medicines liable to abuse. how to supply medicines safely, how to store medicines including those which require refrigeration, how to record supply and return of any unused medicines, etc. <p>There is a CQC guide available on this topic.</p>	

Does the medicines management training programme include:	Answer
<p>Non-prescribed medicines/Homely remedies Key points:</p> <ul style="list-style-type: none"> ■ Used to treat minor ailments. ■ They are purchased over the counter. ■ Only administered for minor self-limiting ailments, which would not normally require consultation with a doctor. ■ Process to include taking advice on the suitability of homely remedies for individuals from an HCP in advance of or at the time of need. ■ If care staff are responsible for administration, administration should be recorded on the MAR. ■ Homely remedies should be clearly identifiable as a ‘homely remedy’ and should be stored securely but kept separate to prescribed medicines. <p>There is a guide published by NICE available on this topic for care homes.</p> <p>There is a guide published by NICE available on this topic for homecare agencies.</p>	
<p>Reporting medicine-related incidents (safeguarding, medicines errors, near miss, adverse drug reactions) Key points:</p> <ul style="list-style-type: none"> ■ In all cases, the safety of the person should be the primary concern, seek medical advice from HCP when necessary. ■ Staff to be encouraged to report medicines errors and near miss incidents, without delay (as soon as they are discovered). <p>Importance of having a robust process for recording accurate details of incident and learning from incidents in a timely manner.</p> <ul style="list-style-type: none"> ■ Be aware of national (i.e. CQC) and local arrangements for reporting safeguarding incidents. ■ Report incidents related to controlled drugs (including loss or theft) to your local NHS Controlled Drugs Accountable Officer. <p>There is a CQC guide available on this topic.</p> <p>There is guidance published by NICE available on this topic for care homes here and here.</p> <p>There is guidance published by NICE available on this topic for homecare agencies.</p>	

Does the medicines management training programme include:

Answer

Self-administration (when a person can manage their own medicines partly or fully)

Key points:

- The important of maintaining the person's independence.
- People have the right to choose to manage their own medicines.
- The person's choice needs to be considered and whether there is a risk to themselves or others.
- Storage arrangements, ordering arrangements and recording processes to support self-administration.

There is a [CQC guide available on this topic](#) for care homes.

There is [guidance published by NICE available on this topic](#) for care homes.

Homecare, please note: CQC guidance 'Medicines administration records in adult social care' states: 'When the person is fully managing their medicines themselves, the care plan should clearly state this. You do not need to record individual doses taken by the person'.

Basic principal for delegating the administration of medicines which require invasive or specialist administration

Key points:

- Some medicines cannot be routinely administered by care staff e.g. injections (such as insulin) or medicines administered via a feeding tube are clinical or nursing tasks.
- A registered nurse (RN) or appropriately trained and competent healthcare professionals can delegate the administration of these medicines to a member of staff.
- Staff will need extra and more specific training and competency checks before undertaking these tasks.
- The delegator must be confident that the staff member is competent to take on this task.
- Delegation must always be in the best interest of the person.
- Providers should also obtain consent.
- Must be in line with [The Nursing and Midwifery Council \(NMC\) code](#).

Skills for Care have [guiding principles and supporting resources for delegated healthcare activities](#).

There is a [CQC guide available on this topic](#).

The Royal College of Nursing has [published some guidance on this topic](#).

Does the medicines management training programme include:	Answer
<p>Adverse effects and allergies Key points:</p> <ul style="list-style-type: none"> ■ A drug allergy is the abnormal reaction of the immune system to a medicine. ■ The most common signs and symptoms of drug allergy are hives, rash, or fever. ■ Some allergic reactions are extreme such as anaphylaxis. ■ If an extreme allergic reaction occurs the staff must call 999 immediately. ■ The Persons care plan and Medicine Administration Record (MAR) must detail their allergy status including No Known Drug Allergy (NKDA). ■ An adverse effect is an unwanted or unexpected negative reaction to a medicine or treatment that is used in an approved manner. ■ Adverse effects of medicines should be reported to the Medicines and Healthcare products Regulatory Agency's via the Yellow Card Scheme. 	
<p>Drug interactions Key points:</p> <ul style="list-style-type: none"> ■ A drug interaction can occur when two or more drugs react with each other. ■ Some medicines react with food, drinks, and herbal products. ■ Staff must ensure they read medicine labels and follow any additional instructions or warnings. ■ Failure to read and follow any additional instructions or warnings could result in the person being harmed or medicines being less effective. 	

Does the medicines management training programme include:

Answer

Anticoagulant therapy

Key points:

- Anticoagulants treat and prevent blood clots.
- Examples of anticoagulants include:
 - warfarin
 - non-vitamin K antagonist oral anticoagulants (also known as DOACs or NOACs). This includes apixaban, rivaroxaban, edoxaban and dabigatran
 - injectable anticoagulants (also known as low molecular weight heparins).
- The common side effect of all anticoagulants is bleeding. NOACs do not carry the same level of bleeding risk as warfarin.
- People taking and/or administering anticoagulants should have enough information to use them safely and effectively.
- The NICE guideline on venous thromboembolic diseases says that people should know:
 - how to use anticoagulants
 - how long to take anticoagulation treatment
 - possible side effects of anticoagulant treatment and what to do if these occur
 - the effects of other medicines, foods, and alcohol on oral anticoagulation treatment
 - how to monitor their anticoagulant treatment
 - how anticoagulants may affect their dental treatment
 - what to do if they are planning pregnancy or become pregnant
 - how anticoagulants may affect activities such as sports and travel
 - when and how to seek medical help.

There is a [CQC guide available on this topic](#).

Does the medicines management training programme include:	Answer
<p>Safe handling of cytotoxic medicines Key points:</p> <ul style="list-style-type: none"> ■ In line with The Control of Substances Hazardous to Health Regulations 2002 (COSHH). ■ ‘Cytotoxic’ medicines contain chemicals which are toxic to cells. ■ ‘Non-cytotoxic Hazardous’ medicines are deemed to pose a potential risk in the event of occupational exposure. ■ Occupational exposure can occur when preventative measures are inadequate e.g. if you do not use Personal Protective Equipment (PPE). ■ Exposure may be through skin contact, skin absorption, inhalation of aerosols or drug particles and ingestion resulting from the following activities: drug preparation, drug administration, handling people’s waste, waste disposal and cleaning spills. ■ It is the employer’s responsibility to provide appropriate PPE. ■ Staff should inform their manager if they believe they are a high-risk worker (e.g. expectant mothers), the employer should then make sure a risk assessment takes place. 	
<p>Crushing or splitting tablets Key points:</p> <ul style="list-style-type: none"> ■ There may be exceptional circumstances when staff are required to alter the form of the medicine, for example crushing or splitting a tablet or opening a capsule, because the medicine cannot be administered in their original form. ■ Medicine must not be crushed or opened without the written instruction from a pharmacist and authorisation from the prescriber. ■ Any person giving crushed tablets or opened capsules to a person without written instruction and authorisation could be held liable for any harm caused. ■ If a device is used to alter the form, for example a crushing device, these should be person specific and cleaned and maintained as per the manufacturer’s instructions. 	

Does the medicines management training programme include:	Answer
<p>Groups of medicines Key points:</p> <ul style="list-style-type: none"> ■ Medicines can be grouped and named according to the body part or system they affect, or by the type of illness, condition, or disease they treat. ■ Training should contain some examples of the more common types of medicines. ■ Within the training these could be grouped according to the type of illness, condition, or disease they treat. ■ There are brand names and generic names of medicines. 	
<p>Forms of medicines Key points:</p> <ul style="list-style-type: none"> ■ The 'form' describes the delivery system of a medicine and may refer to the 'appearance' of the medicine. ■ Training should provide an explanation of the common forms of medicines e.g. tablets, capsules, oral liquids, dispersible tablets, creams, ointments, gels, shampoos, inhalers, drops, sprays, transdermal patch, etc. ■ Training should include a description of compound drugs, modified release medicines, and highlight possible risks of 'Look alike sound alike' medicines. 	
<p>Routes of administration Key points:</p> <ul style="list-style-type: none"> ■ The 'route' of administration is the way in which a drug is taken into the body. ■ Training should provide an explanation of the common non-invasive and non-specialist routes e.g. oral, topical, inhaled, ocular, aural, and nasal). 	
<p>Cautionary and advisory labels Key points:</p> <ul style="list-style-type: none"> ■ Cautionary and advisory labels are additional instructions or warnings, and these should be printed on the pharmacy label and MAR. ■ Staff must ensure they read medicine labels and follow any additional instructions or warnings. ■ Failure to read and follow any additional instructions or warnings could result in the person being harmed or medicines being less effective. 	

Does the medicines management training programme include:	Answer
<p>Bulk Prescribing (optional extra if applicable to care service) Key points:</p> <ul style="list-style-type: none"> ■ Training should include detailed step by step description of how to manage 'bulk' prescribing. ■ Definition: 'A 'bulk' prescription' is an order for two or more people in a care home of at least 20 beds, where at least 10 people are under the same GP practice. 	
<p>Proxy Ordering (optional extra if applicable to care service) Key points:</p> <ul style="list-style-type: none"> ■ Training should include detailed step by step description of how to manage repeat medicine ordering using GP online services ■ Proxy access refers to access to online services by somebody acting on behalf of the person and with the person's consent. 	

Reflect on the answers.

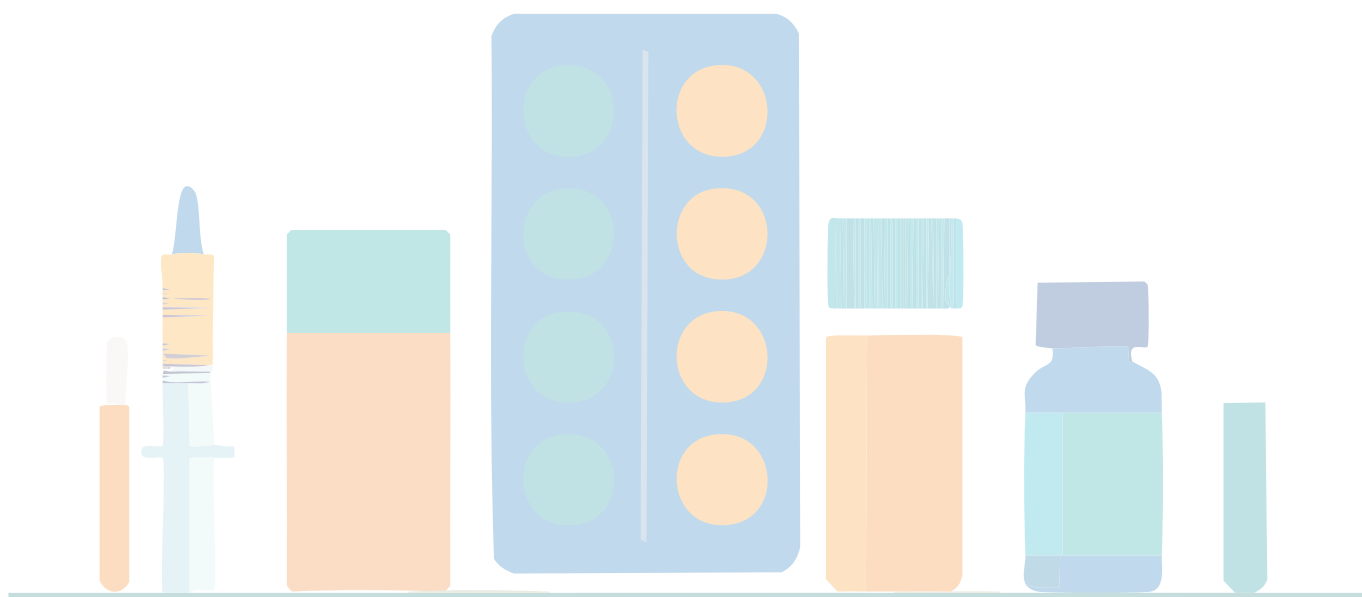
Detail here if any improvements are required to ensure that any training delivered (online or in person) is high quality and covers all required elements in sufficient detail. Please include what action will be taken and when improvements should be achieved by.

Name of care provider or training provider:

Name of staff member completing the checklist:

Job title of staff member completing the checklist:

Date(s) checklist was completed:



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