

Kent and Medway ICB

# Administration of Medicines Guide in Care Homes

Best Practice Guidance

## Version History

Version	Status	Date	Approved by	Comments
1.0	Approved	August 2019	East Kent Prescribing Group	
2.0	Approved	June 2024	IMOC	Policy updated for Kent and Medway system-wide best practice.

NHS Kent and Medway - Integrated Care Team	Approval date: June 2024	Version: 2.0	Review date: May 2026
	Approved by: IMOC Status: <b>APPROVED</b>		

This policy covers the administration of all medicines within a care home setting. This includes prescribed medication, medication obtained over the counter, and any homely remedies authorised for the resident.

Care home providers must ensure that designated staff administer medicines **only when they have had the necessary training and are assessed as competent**. Care home providers must ensure that staff who do not have the skills to administer medicines, despite completing the required training, are NOT allowed to administer medicines to residents.<sup>1</sup>

Staff involved in administering medication MUST ensure they are giving the right medicines to the right person. A robust system must be in place for patient identification such as resident photographs.

A flow chart summarising the process of administering medication is shown in Appendix 1.

Medication administration should be carried out one resident at a time. Once the resident has received all the medication due to be administered and all the entries have been made on the MAR chart the procedure should be repeated with the next resident.

## Consent and refusal

Always ask the resident (if appropriate) if they want their medicines before they are removed from the packaging. All residents should be assumed to have capacity to make decisions unless their mental capacity has been assessed and confirmed otherwise.

- If the medication is refused the resident should NOT be forced to take it and neither should it be given covertly by hiding it in food or drink unless a covert care plan is in place and agreed by the multidisciplinary team. Instead it should be offered again a little while later.
- If a resident does have a covert care plan in place, please refer to the home's Covert Administration policy. The Best Practice Guidance on Covert Administration can be used to support the Care Home's policies on covert administration.
- If the resident continues to refuse their medication the lead carer/care home manager should be informed. The GP may also need to be informed if the resident continues to refuse their medicines.
- If the resident is refusing high-risk medication the GP should be informed **as soon as possible** (for example, medicines for epilepsy, medicines for Parkinson's disease, anticoagulants), as there may be significant risks to health if these medicines are not given. Please see the Kent and Medway Critical Medicines List for a full list.

NHS Kent and Medway - Integrated Care Team	Approval date: June 2024	Version: 2.0	Review date: May 2026
	Approved by: IMOC Status: <b>APPROVED</b>		

# The administration process

All equipment should be assembled and ready before starting the medicines round. This will include:

1. All medication to be given at that time of day including fridge items and PRN medicines.
2. Medicine pots, water, cups, gloves, and any measuring devices required
3. The medicine administration record (MAR) charts (either paper or electronic)
4. Do not disturb apron/tabard if used within the home

Ensure the resident's **allergies** are checked with every medicine administration to ensure they are not prescribed any medicine that they are allergic to. Any medicines prescribed where there is a documented allergy should be investigated before the medication is given, and the GP consulted if the resident cannot take the medication due to allergies.

When administering medication, the following should be considered:

- Remember the 6 R's of administration<sup>1</sup>:
  - RIGHT resident
  - RIGHT medicine
  - RIGHT route
  - RIGHT dose
  - RIGHT time (and frequency)
  - RIGHT to refuse
- Correctly make a record of the administration as soon as possible
- What to do if the resident is having a meal
- What to do if the resident is asleep

Ensure that the label on the medication matches that on the MAR chart in all respects (e.g., drug name, strength, directions, and form (tablets, capsules, liquid)). Ensure both the label on the medication and the MAR details are

- Legible, clear and accurate, clearly showing the prescribed dose
- Signed by the care home staff where needed
- Have the correct date and time (i.e., the MAR chart covers the current time period)
- Are completed as soon as possible after administration
- Avoiding jargon and abbreviations

Formulations of medicines should be prepared as follows:

- Tablets/capsules should be prepared by a clean method. That is, they should be pushed out of their packaging directly into the preferred method of administration for that resident e.g. medicine pot, spoon, directly into the residents hand. They should then be handed to the person.

NHS Kent and Medway - Integrated Care Team	Approval date: June 2024	Version: 2.0	Review date: May 2026
	Approved by: IMOC Status: <b>APPROVED</b>		

- Syrup or mixtures should be administered using the spoon or measuring device provided by the pharmacy.
- Some medicines can be harmful on direct contact with the skin in which case plastic gloves should be worn. This includes cytotoxic drugs for chemotherapy, some hormones and antiviral drugs, and medication used for benign prostatic hyperplasia - finasteride and dutasteride
  - NOTE: this is not a complete list - please refer to the patient information leaflets and information on the dispensing label.

Ensure the resident has a drink of water or preferred drink of choice (providing the fluid does not interact with the medication) to assist them in taking their medication. If fluids need to be thickened for a resident then this should be discussed with the GP / pharmacist to confirm suitability of thickening medication.

- Access to thickening powders **MUST** be restricted to trained and competent members of staff, due the risk of asphyxiation from accidental ingestion of thickening powders. Refer to the Patient Safety Alert for more information:  
<https://www.england.nhs.uk/wp-content/uploads/2015/02/psa-thickening-agents.pdf>

## Recording on the Medicines Administration Record

Observe the resident taking their medicines. Once the resident has taken the medicine, sign the Medicines Administration Record (MAR) in the correct column by the correct medication and administration time. If the medication has been refused the MAR chart should also be endorsed with the appropriate code as indicated on the bottom of the MAR chart additionally, if necessary a note should be made on the back of the MAR chart explaining why it was refused.

- If a mistake is made on the MAR chart, this should be corrected with a single line through the mistake followed by the correction and a signature, date, and time. Correction fluid should not be used.<sup>1</sup>

If the medication has a variable dose (e.g., 1 or 2 tablets) the quantity given must be endorsed on the MAR chart

## Time-sensitive medication

Time-sensitive medicines are those that need to be given or taken at a specific time. A delay in receiving the dose, or omission of the dose, may lead to serious patient harm. Ensure these medicines are highlighted on the MAR and care plan, and ensure there is a process in place to make sure these medicines are given at the correct time. Some time-sensitive medicines are included below - please note that this is not an exhaustive list:

NHS Kent and Medway - Integrated Care Team	Approval date: June 2024	Version: 2.0	Review date: May 2026
	Approved by: IMOC Status: <b>APPROVED</b>		

- Insulins
- Medicines for Parkinson's Disease
- Medicines that must be given before or after food

## "As required" (PRN) medication

If the directions say 'as required', ensure that you understand the circumstances under which they should be offered by referring to the residents PRN protocol.

- For example, if the medication is for pain relief, establish whether the person has any pain before offering them.

Ensure that the medication has not already been administered by another staff member by checking the MAR chart and on the reverse.

If a dose of a PRN medicine is administered this must be recorded on the MAR chart (front and back ensuring all details are completed and follow up is documented). Please check your medication policy for further information regarding documentation of PRN medications that are not required.

## Additional factors to consider outside of the administration process

Once the medicine round is complete, ensure the drugs trolley is clean and tidy ready for the next person to use. Any spillages should be cleaned up immediately and according to local COSHH (Control of Substances Hazardous to Health) regulations. Store the medicines trolley safely and securely by ensuring it is tethered to the wall.

If you notice a resident's medicine is getting low, ensure that this has been ordered or requested from the GP practice in good time so that the resident does not miss doses waiting for the medication.

If a resident experiences an adverse reaction to an administered medication, procedures must be in place to ensure the safety of the resident, and to ensure the adverse reaction is reported appropriately. The GP should be informed, and the adverse reaction should be reported via the MHRA yellow card reporting: <https://yellowcard.mhra.gov.uk/>.

Dispose of any rubbish/unused medicines appropriately. Discarded medicines should be disposed of as per local policy. If they are to be returned to the dispensing pharmacy use the process detailed by them. Any confidential waste (medicine boxes with labels on) should be disposed of via a confidential waste bin and should not be disposed of in general household waste. Be aware of cytotoxic/static and controlled drug disposal requirements.

NHS Kent and Medway - Integrated Care Team	Approval date: June 2024	Version: 2.0	Review date: May 2026
	Approved by: IMOC Status: <b>APPROVED</b>		

## Additional resources

For guidance on specific areas within medicines administration please refer to the Kent and Medway Best Practice Guidance for the following:

- Controlled Drug Management
- When Required Medications
- Covert Administration
- Critical Medicines List

Guidance for residents who self-administer medication in a care home is available from the CQC, which can be found at:

<https://www.cqc.org.uk/guidance-providers/adult-social-care/self-administered-medicines-care-homes>

## References

1. National Institute of Health and Care Excellence (2014) Managing medicines in care homes. SC1. Available at: <https://www.nice.org.uk/guidance/sc1>

NHS Kent and Medway - Integrated Care Team	Approval date: June 2024	Version: 2.0	Review date: May 2026
	Approved by: IMOC Status: <b>APPROVED</b>		

**Appendix 1: Summary of medicines administration process**

