



Review Sheet

Last Reviewed
23 Sep '20Last Amended
23 Sep '20Next Planned Review in 12 months, or
sooner as required.

Business 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:

This policy details the auditing and monitoring process in relation to medication. It has been reviewed with minor content changes and references have been updated to ensure they remain current. The reference number of this policy has changed. Previously it was CM39.

Relevant legislation:

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Medical Act 1983
- Medicines Act 1968
- Misuse of Drugs Act 1971

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

- Author: National Institute for Health and Care Excellence, (2017), *Managing medicines for adults receiving social care in the community [NG67]*. [Online] Available from: <https://www.nice.org.uk/guidance/ng67> [Accessed: 23/9/2020]
- 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: 23/9/2020]
- Author: Royal Pharmaceutical Society, (2019), *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: 23/9/2020]
- Author: MHRA, (2018), *Drug safety update 'Drug-name confusion: reminder to be vigilant for potential errors'*. [Online] Available from: <https://www.gov.uk/drug-safety-update/drug-name-confusion-reminder-to-be-vigilant-for-potential-errors> [Accessed: 23/9/2020]
- Author: CQC, (2018), *Medicines: information for adult social care services - These pages have replaced the adult social care medicines FAQs*. [Online] Available from: <https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services> [Accessed: 23/9/2020]
- Author: CQC, (2020), *COVID-19: medicines information for adult social care providers*. [Online] Available from: <https://www.cqc.org.uk/guidance-providers/adult-social-care/covid-19-medicines-information-adult-social-care-providers> [Accessed: 23/9/2020]

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

Equality Impact Assessment:

QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.



1. Purpose

1.1 To ensure compliance with the medication policies and procedures at Inspiring Aspirations Plus Ltd T/A Inspiring Support, legal requirements and best practice; and to ensure that at all times, the Support Workers are meeting the needs of Service Users in relation to medication management.

1.2 To support Inspiring Aspirations Plus Ltd T/A Inspiring Support 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	W4: How does the service continuously learn, improve, innovate and ensure sustainability?

1.3 To meet the legal requirements of the regulated activities that {Inspiring Aspirations Plus Ltd T/A Inspiring Support} is registered to provide:

- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Medical Act 1983
- | Medicines Act 1968
- | Misuse of Drugs Act 1971



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:

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



3. Objectives

3.1 Inspiring Aspirations Plus Ltd T/A Inspiring Support has clear policies and procedures for medicines handling and can evidence through audit that the policies and procedures are adhered to by staff. There is evidence of continual improvement by analysis of themes and trends within medication practice, that are addressed and acted upon in a timely manner.



4. Policy

4.1 Inspiring Aspirations Plus Ltd T/A Inspiring Support understands that monitoring and auditing is an essential part of safe medication management and has the following benefits:

- | It provides a check for Inspiring Aspirations Plus Ltd T/A Inspiring Support, i.e. "Are we actually doing what we think we are doing?"
- | It helps Inspiring Aspirations Plus Ltd T/A Inspiring Support to implement and sustain improvements in our services
- | It provides evidence of current practice against national guidelines, regulation and local policy
- | It provides evidence about the quality of care in a service to establish confidence among stakeholders
- | It helps to reduce the risk of errors and creates a learning culture

4.2 Inspiring Aspirations Plus Ltd T/A Inspiring Support understands the importance of ensuring that the '6 Rights of Medication' have been followed and that there is a documented audit trail from receipt through to administration and/or the disposal of all medicines.

4.3 COVID-19

- | The need for accurate auditing of medication practices may be heightened during the COVID-19 pandemic
- | There is a likelihood that prescribed medications may change significantly when a Service User is symptomatic of, or diagnosed with, COVID-19
- | It has been recognised by CQC, the Government and the NHS that during the COVID-19 pandemic, the approach to medication may need to be more flexible to ensure that Service Users receive the medication they need
- | This flexibility is supported by guidance in the areas of Monitored Dosage Systems, returning drugs to a pharmacy, handwriting prescription details on the MAR sheet and the reuse of named drugs for other Service Users
- | When Inspiring Aspirations Plus Ltd T/A Inspiring Support adapts medication practices to meet the needs of the Service User during the COVID-19 pandemic, it is recognised that additional auditing and monitoring of practice needs to be undertaken
- | The forms attached to the policy provide an additional framework to support auditing during the COVID-19 pandemic



5. Procedure

5.1 Jo Kerley will ensure that there is a complete, documented audit trail from the receipt through to the administration and/or disposal of all medicines.

5.2 Jo Kerley will ensure that policies and procedures for medicines handling are accessible to staff via the QCS App facilities and can evidence through audit that those policies and procedures are adhered to by staff.

5.3 The audit is designed to evidence that the correct medication is administered:

- | To the right person
- | Via the right route
- | At the right dose
- | At the right time
- | On the right date
- | Using the right documentation

There must also be evidence through audit of the Service User's informed consent and that the correct procedure has been followed if a Service User refuses their medication.

This system of auditing seeks to identify failures and eliminate medication errors and other medication-related risks.

5.4 Audit Cycle

The {Field_Care_Supervisor} will be required to undertake audits of medication management. The audit schedule will be agreed by Inspiring Aspirations Plus Ltd T/A Inspiring Support and the schedule cascaded to staff.

As a minimum, 10% of MARs will be audited, the results will be evaluated, and any themes or trends will be identified. A wider audit using the Medication Audit Form of Inspiring Aspirations Plus Ltd T/A Inspiring Support will also be carried out on a selection of Service Users who require support with medication.

The themes or trends will be shared with the Senior Management Team at Inspiring Aspirations Plus Ltd T/A Inspiring Support. Where changes are required to either training, procedure or policy, action will be taken to ensure continuous improvement. Where the audit highlights individual Support Worker concerns, these will be addressed directly with the Support Worker.

The audit schedule will be based upon risk with auditing increased at times of change or exceptional concern, for example, during the COVID-19 pandemic.

5.5 Medication Training

- | Inspiring Aspirations Plus Ltd T/A Inspiring Support must ensure that all staff have an annual review of their knowledge, skills and competencies relating to managing and administering medicines. Records will be retained on staff personnel files
- | Inspiring Aspirations Plus Ltd T/A Inspiring Support must identify any other training needed for staff responsible for managing and administering medicines
- | If there is a medicines-related safety incident, this review may need to be more frequent to identify support, learning and development needs
- | The content of the medication training materials will be reviewed annually to ensure that it is up to date and reflects best practice

5.6 Duty of Candour

Where the medication audit highlights errors, omissions or concerns of poor practice in relation to medication management, Inspiring Aspirations Plus Ltd T/A Inspiring Support has a duty to investigate and follow AR59 - Duty of Candour Policy and Procedure. Where required, Inspiring Aspirations Plus Ltd T/A Inspiring Support may also need to follow its PP03 - Discipline Policy and Procedure and the Suffolk County Council's Safeguarding Policy, making sure that any statutory notifications are made to the CQC.



6. Definitions

6.1 Audit

- | A quality improvement process that seeks to improve care and outcomes through systematic review of care against specific criteria

6.2 Duty of Candour

- | A duty of candour means that professionals must be open and honest with Service Users when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. They must apologise to the Service User or, where appropriate, the Service User's advocate, carer or family



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | Medication auditing seeks to identify failures and eliminate medication errors and other medication risks to make sure that these issues do not arise again
- | There will be a well-documented audit cycle that is adhered to
- | Where an audit highlights that there have been failures or errors, Inspiring Aspirations Plus Ltd T/A Inspiring Support has a duty to be open, investigate what has happened, understand why, apologise and put measures in place so they do not happen again
- | Staff will have access at all times to the QCS app and its suite of medication-related policies and procedures



Key Facts - People affected by the service

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

- | You can be assured that Inspiring Aspirations Plus Ltd T/A Inspiring Support audits and monitors its service in relation to medication management to ensure that it is safe and effective
- | Your feedback is valuable and helps us to learn. Any suggestions you have will be listened to and considered
- | You will be informed if errors occur in relation to 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:

The suite of medication management policies and procedures at Inspiring Aspirations Plus Ltd T/A Inspiring Support

NICE - Managing Medicines in Care Homes (although tailored to care homes, it is a useful resource to review):

<https://www.nice.org.uk/guidance/sc1>



Outstanding Practice

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

- ┆ Audits are carried out regularly, at least once a month, with written/electronic records available
- ┆ Any issues identified are rectified immediately via a robust action plan with clear timelines and accountability
- ┆ Outcomes from audits are shared and any lessons learnt are applied
- ┆ The wide understanding of the policy is enabled by proactive use of the QCS App



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Medication Management Audit Form - CM54	To audit medication processes. Frequency of completion is determined by the Registered Manager.	QCS
MAR Audit - CM54	To audit MARs.	QCS

Inspiring Aspirations Plus Ltd T/A Inspiring Support

Service User Name:					
Ordering – How Medicines Are Ordered					
	Yes ✓	No X	N/A	Action Needed and Comments	Date Action Required
Are repeat prescriptions collected in a safe and efficient manner as part of the agreed Care Plan?					
Is there an agreed method for requesting repeat prescription orders from the GP practice(s)?					
Are there any ordering/stock problems?					
Are medicines ordered in advance so that Service Users do not miss any dosages of their medicines?					
Are there any problems with the pharmacy or GP surgery?					
Are records kept of medicines received?					
Are discrepancies in the above raised with the community pharmacists and/or GP?					
Are medicines clearly labelled by the Pharmacist?					
If medicines are out of stock, is there a process for notifying the GP so that an alternative can be prescribed if necessary?					
Is there a process for ordering prescriptions in the middle of the ordering cycle e.g. for acute medicines or new medicines?					

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Inspiring Aspirations Plus Ltd T/A Inspiring Support

Storage - How Are Medicines Stored?					
	Yes ✓	No X	N/A	Action Needed and Comments	Date Action Required
Are medicines stored safely and securely in an agreed place?					
Is there a risk assessment in place for the storage of medication?					
Are excessive quantities of medication being stored?					
Are expiry dates checked monthly – both prescribed and over the counter medicines?					
Is there a record of expiry date checks?					
Are external medications separated from internal medications where appropriate?					
Where applicable, is there any evidence of borrowing/sharing of medication?					
Are oxygen cylinders stored upright, in a well-ventilated area away from heat, flames or paraffin-based products?					

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Fridge Storage - How Are Fridge Items Stored?					
	Yes ✓	No X	N/A	Action Needed and Comments	Date Action Required
Are items requiring refrigeration put away as soon as they are received?					
Is there a process for stock rotation where the Service User has more than one bottle/box of the same medicine?					
Do staff check that products are not frozen before administering to the Service User?					
Does the fridge have a maximum/minimum temperature?					
Is action taken if the fridge temperatures are outside the normal range 2-8°C?					
Is this action documented and retained?					
Is the fridge cleaned and defrosted regularly?					
Do staff know what to do if the fridge breaks down?					

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Controlled Drugs - How Are Controlled Drugs Managed?					
	Yes ✓	No X	N/A	Action Needed and Comments	Date Action Required
Is there a risk assessment in place for controlled drugs?					
Is the administration of controlled drugs in line with current policy?					
Is anyone else involved with the administration of controlled drugs and is this reflected in the Care Plan and/or risk assessment?					
Are controlled drugs disposed of appropriately?					

Disposal - How is Medication Disposed of?					
	Yes ✓	No X	N/A	Action Needed and Comments	Date Action Required
Is medication for disposal separated from medicines in use?					
Is there evidence that staff know how and when to dispose of medication correctly?					

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Homely Remedies - How Are Homely Remedies Managed?					
	Yes ✓	No X	N/A	Action Needed and Comments	Date Action Required
Are all over the counter medications in date?					
Are over the counter medications stored separately and securely?					
Have any over the counter medications been administered for more than 2 days without contacting the GP?					

Self-Managed Medication - How Are Self-Managing Service Users Supported?					
	Yes ✓	No X	N/A	Action Needed and Comments	Date Action Required
Is there evidence that Service Users are encouraged and supported to self-manage their medication?					
Is a risk assessment in place?					
Are verbal reminders/supervision/monitoring given (and documented) for Service Users who require them?					
Is discreet monitoring and reassessment being carried out?					
Is there evidence that reviews are requested when care needs change?					

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Obtaining Consent for Medication Administration					
	Yes ✓	No X	N/A	Action Needed and Comments	Date Action Required
Is consent recorded if staff administer medication?					
Is there evidence of best interest decisions being taken if Service Users lack capacity?					

Records - How Are Records Managed?					
	Yes ✓	No X	N/A	Action Needed and Comments	Date Action Required
Are all administrations of medicines recorded in the appropriate place, i.e. medicines chart, visit notes?					
Is the administration of medicines recorded as soon as possible after the Service User has taken the medicine?					
Are all omissions of medicines recorded in the appropriate place, i.e. MARs, visit notes?					
Is there a process for verbal orders from a GP?					

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Medication Administration – How Are Medicines Administered?					
	Yes ✓	No X	N/A	Action Needed and Comments	Date Action Required
Are medicines administered from original containers as received from the pharmacy?					
Are labels printed clearly?					
Are dosage instructions clear?					
Have any labels been defaced or changed?					
Are appropriate cautions and warnings clear?					
If a monitored dosage system (MDS) is in use, are appropriate cautions and warnings clear and an appropriate dispensing date on the pack currently being used?					
Is there a risk assessment for each Service User who self-medicates any of his or her medicines?					
Are measures in place to identify Service Users to ensure that they receive the correct medicine?					
Have all staff who are involved with prescribing and/or administering medicines read the suite of medication management policies at Inspiring Aspirations Plus Ltd T/A Inspiring Support?					
Is there a signatory list to demonstrate that staff have read and understood the policy?					
Are allergies checked before a medicine is administered to a Service User?					

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Medication Administration – How Are Medicines Administered? (continued)					
	Yes ✓	No X	N/A	Action Needed and Comments	Date Action Required
Is a drink offered when administering a Service User's medicine?					
Are medicines with short expiry dates e.g. drops, some liquids etc. dated when they are opened?					
Are special instructions observed when administering medicines e.g. before or after food, Service User needs to remain seated after medication?					
Do Service Users have access to counselling on their medicines e.g. inhaler technique?					
Is advice sought from a pharmacist or GP if staff need clarification on a Service User's medicine?					
Do Service Users on repeat medicines receive an annual medication review from their GP?					
Where a Service User has difficulties swallowing and there is no liquid preparation available, is the advice of a GP or pharmacist sought before crushing tablets or opening capsules?					
If a Service User regularly refuses a medicine, is this raised with their GP?					
If Monitored Dosage Systems (MDS) are used, is there a process for highlighting medicines that cannot be put in these systems, i.e. medicines susceptible to moisture e.g. effervescent tablets, liquid medicines, creams, drops etc?					

Continues on next page - Placeholder

Inspiring Aspirations Plus Ltd T/A Inspiring Support

COVID-19 - Are issues being effectively managed?					
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments	Date Action Required
Where the pharmacist has withdrawn the use of Monitored Dosage Systems (Multi-compartment Compliance Aids), are all medicines administered from original packaging?	Yes	No	N/A		
Are all staff trained and competent in the administration of medication from original packaging, rather than the Monitored Dosage System?	Yes	No	N/A		
Is there a record of any changes in medication administration practices being discussed at supervision and team meetings?	Yes	No	N/A		
Are medication risk assessments up to date and do they reflect any change in administration practice?	Yes	No	N/A		
Where drugs are not able to be returned to the pharmacy as regularly as previously, are there appropriate storage, recording and risk assessments completed?	Yes	No	N/A		
Do all handwritten MAR sheets include the full name of the person, their date of birth and any known allergies?	Yes	No	N/A		
Do all handwritten MAR sheets give the name and details of the medication including strength, form, dose, how often it is given, the route of administration and any special instruction about how the medication should be taken?	Yes	No	N/A		
Are all staff writing the MAR sheets trained and competent to do so?	Yes	No	N/A		
Are all handwritten entries signed by a second competent person?	Yes	No	N/A		

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Inspiring Aspirations Plus Ltd T/A Inspiring Support

COVID-19 - Are issues being effectively managed?					
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments	Date Action Required
Do you use medication to sedate individuals to promote social distancing? If you do, is there evidence to support that this decision is in the person's best interests and has been agreed in a multidisciplinary way?	Yes	No	N/A		
Do medication records and Care Plans reflect the person's capacity and the changes that may occur during a period of being symptomatic or diagnosed with COVID-19?	Yes	No	N/A		
Do staff consistently administer medication to Service Users in a person-centred manner?	Yes	No	N/A		
When administering medication, do staff always use the correct PPE and follow all required hygiene protocols to prevent the spread of COVID-19?	Yes	No	N/A		

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Instructions:					
1. Conduct audit monthly with a full month of MARs					
2. Collect MARs and complete audit (take a percentage of your overall number of Service Users and ensure that every Service User has at least one audit as a minimum every 6 months. A review of medication will take place for everyone after 6 weeks from the start of the service)					
3. Complete the "Action Needed" column including realistic target dates					
4. Re-audit as necessary					
A minimum of 10% will be audited per month					
How Are MARs Completed?					
Circle either Yes, No, or N/A for each of the questions below				Action Needed and Comments	Date Action Required
Is the writing on the MAR legible?	Yes	No	N/A		
Are all entries on the MAR in ink/printed?	Yes	No	N/A		
If handwritten MARs are used, is there a robust system to check that the MAR is correct before it is used?	Yes	No	N/A		
Are handwritten entries on a MAR cross referenced to the Service User's notes?	Yes	No	N/A		
Is there at least a six-monthly audit of use and accuracy of MARs for each Service User?	Yes	No	N/A		
Does the MAR audit cover appropriate and accurate recording, missed/omitted dosages and the use of 'when required' medicines?	Yes	No	N/A		
Are all Service Users' details completed on the front of each MAR?	Yes	No	N/A		
Is the number of MARs in use completed on the front of each MAR?	Yes	No	N/A		
Are all boxes on the MAR signed for regular medicines?	Yes	No	N/A		
Is it clear that medication has been given to the Service User from the MAR?	Yes	No	N/A		

How Are MARs Completed? (continued)					
Circle either Yes, No, or N/A for each of the questions below				Action Needed and Comments	Date Action Required
Does the person who gives the medicine sign the MAR?	Yes	No	N/A		
Is there a central list of signatures/initials for staff involved in medication administration?	Yes	No	N/A		
Are the directions for the administration of a medicine clear on the MAR?	Yes	No	N/A		
Do the levels of administration support required in the Care Plans tally with the MARs?	Yes	No	N/A		
Do directions on the MAR match the pharmacy label for that medicine?	Yes	No	N/A		
Are all doses and times clearly stated on the MAR?	Yes	No	N/A		
Is it clear from the directions on the MAR the number of medicines that will be given?	Yes	No	N/A		
If the directions are, for example; '1 or 2 tablets', is it clear on the MAR if 1 tablet or 2 tablets have been given?	Yes	No	N/A		
Is it clear when medicines have not been given/have been refused, etc?	Yes	No	N/A		
Are medicines given at the correct time?	Yes	No	N/A		
Are the correct codes being used on the MARs?	Yes	No	N/A		

How Are MARs Completed? (continued)					
Circle either Yes, No, or N/A for each of the questions below				Action Needed and Comments	Date Action Required
Are MARs stored in the agreed place to maintain confidentiality?	Yes	No	N/A		
Warfarin - How is Warfarin managed?					
Is the International Normalised Ratio (INR) result sheet and yellow book stored with the MAR?	Yes	No	N/A		
Are all the details in the general information section of the yellow book?	Yes	No	N/A		
Do all the doses on the MAR match the doses specified in the yellow book, or the INR results sheet, for the audit period?	Yes	No	N/A		
Is the current dose marked clearly in milligrams on the MAR (not the number of tablets)?	Yes	No	N/A		
Warfarin tablets should not be broken in half. Has it been necessary to break any tablets in half in order to administer the prescribed dose?	Yes	No	N/A		
Is the date of the next INR blood test noted on the MAR and/or in a diary?	Yes	No	N/A		

Date of Audit	
Audit Completed by (Full Name)	
Briefly Describe Any Action Required:	