

Hertfordshire Medication Governance Standards for Care Homes

Including-

- Staff training & competencies
- Policy and Procedure review
- Auditing and Observations

Developed by HCPA in conjunction with Herts and West Essex ICB and HCC against national guidance from CQC and NICE.

Introduction

People receiving care and support often require support with their medication. It has been recognised that not all Care Homes have the same expectations with regards to monitoring medication governance, including staff competence and following local guidance. This has been highlighted over the last year where agency staff have not been clear on evidence the Care Home manager would like to see before shift.

Adult social care services have a responsibility to ensure the proper and safe use of medicines, and that staff responsible for the management and administration of medication are suitably trained and competent.

The Integrated Care Board (ICB) expects all adult social care providers to induct staff in line with the standards set out in the Care Certificate. This is covered by Standard 13: Health and Safety which states that, as a minimum, new workers must be able to:

- describe the agreed ways of working in relation to medication
- describe the agreed ways of working in relation to healthcare tasks
- list the tasks relating to medication and health care procedures that they are not allowed to carry out until they are competent.

Following induction, staff responsible for the management and administration of medication will need to be suitably trained to ensure that they are competent, and their competence must be regularly reviewed.

Guidance and Resources

When it comes to medication, there is a wealth of knowledge available, but sometimes it can be tricky to discern the most up to date and accurate information for your organisation. We've compiled a list of local resources to help you make informed decisions around your organisation's medication policies

- HCPA Members Zone - <https://www.hcpa.info/members-zone/>
- National Institute for Health and Care Excellence (NICE) guidelines include recommendations for practice:
 - [Managing medicines in care homes](#)
 - [Managing medicines for adults receiving social care in the community](#)
- NICE quality standards [Medicines management in care homes](#)
- NICE quick guides are easy ways to access key information on social care topics. Here are two relating to medication:
 - [Giving medicines covertly](#)
 - [Effective record keeping and ordering of medicines](#)
- CQC's advice and information for regulated providers includes FAQs for different care settings: [Medicines: information for adult social care services](#)
- Health Education England Free Training: [Training for non-registered medicines workforce](#)

- Links to Guidance:
 - » [Herts Valley Website](#)
 - » [EN Herts website](#)
- Support from Pharmacists:

Email: hweicpmot@nhs.net

- British National Formulary (BNF) online - <https://www.bnf.org/products/bnf-online/>
<https://bnf.nice.org.uk/>
- BNF Publications APP - https://play.google.com/store/apps/details?id=com.pharmpress.bnf&hl=en_GB

Manager Self-Assessment Checklist

In 2009, The Care homes' Use of Medicines study found medication administration errors during drug rounds occurred in one in five residents and one in eight administrations- for every eight medicines given on the drug round, there was one error (Alldred et al, 2009 Barber et al, 2009)

To help raise your medication standards in your care home the following self-assessment tool has been developed. This will help you to assess your current process and policies within your Care Home and will assist you in implementing any improvements.

[Hyperlink to Manager Self Assessment Checklist]

Instructions:

- Work through each question and select your response from the drop-down menu
- The drop-down menu is broken down in to two areas: Yes, No.
- Please complete the comments section for each question to establish what you currently have in place - and what actions you will take. The more detail you provide, the easier it will be for you to create and follow the action plan.
- Once the tool is completed you must create an Action Plan and implement any improvements or changes over three months, unless alternate timescale is agreed.

You may use this self-assessment tool as a checklist as frequently as you wish to promote good practice and as a learning tool. Ref Nice checklist

1. MEDICATION POLICY		
	Response (Yes/No)	Areas for action
<p>Do you have a medication policy?</p> <ul style="list-style-type: none"> ○ Is it specific to the care home? ○ Is it up to date? 		
Does your medication policy include the following?		
<p>Covert administration - does the process include:</p> <ul style="list-style-type: none"> ○ A risk assessment to enable care home staff to administer covert medication with clear instruction on how to do so, in conjunction with prescriber? ○ When to consider covert administration ○ How to undertake an assessment of the resident's mental capacity in line with the MCA ○ How and when to hold a best interest meeting ○ Recording the reasons for presuming mental incapacity and the proposed management plan ○ A plan of how medicines will be administered without the resident knowing 		

<ul style="list-style-type: none"> ○ How to regularly review whether covert administration is still needed in collaboration with pharmacist/ GP 		
Alternative administration <ul style="list-style-type: none"> ○ e.g. Crushing medication 		
Over the Counter medication <ul style="list-style-type: none"> ○ Do you supply and have guidance on Vitamin D supplements in line with national guidance 		
Homely remedies		
Antipsychotic medications policy if applicable		
Disposal of medications/Waste management		
Ordering, storage and receipt of medicines		
Reporting medication errors <ul style="list-style-type: none"> ○ Does it cover procedures including: ○ How to report errors internally? ○ How to report non safeguarding errors? Recording Non-Safeguarding Medication Errors (wufoo.com) ○ How to report safeguarding errors? ○ When an error needs to be reported to CQC? 		
When required (PRN) medication <ul style="list-style-type: none"> ○ Are they personalised to the resident (e.g. stating how to recognise if the resident is in pain) ○ Is there a plan in place if the PRN does not alleviate symptoms (i.e. pain persists) 		
Training and competencies		
Syringe pumps - if applicable		
Sharing information about medicines when a resident transfers between care settings		
Person responsible for <ul style="list-style-type: none"> ○ out-of-hours medication ○ Urgent medication 		
Medication review by the GP minimum - annually		
Are staff aware of how to access the policy?		
Are all staff including managers made aware of any changes to the policy and is this evidenced?		
Have all staff understood and signed their medication policy?		
Is your medication policy reviewed annually?		
Give details of agreed processes for the secure sharing of data, e.g. with pharmacists and GP		

2. STORAGE OF MEDICINES		
	Response (Yes/No)	Areas for action
Is medication storage reflected in your medication policy?		
Is this room kept locked when not in use?		
Are the keys held by an authorised person		
Are medicines stored in a lockable cupboard? <ul style="list-style-type: none"> ○ is it secured to the wall - if applicable ○ is the medication locked when the trolley is unattended? 		
Do you have a separate fridge of a suitable standard to store medicines? https://www.cqc.org.uk/guidance-providers/adult-social-care/storing-medicines-fridges		
Are medicines stored in residents' rooms correctly? (i.e., self-administering)?		
Are medication stock levels checked before ordering		
Do you have a process for checking expiry dates? <ul style="list-style-type: none"> ○ are liquids and eye drops marked when opened and used 		
Are oxygen cylinders and any other medical gases securely and safely stored? <ul style="list-style-type: none"> ○ Do you have a risk assessment? 		

3. ADMINISTRATION OF MEDICINES		
	Response (Yes/No)	Areas for action
Are dosage instructions clear?		
Are appropriate cautions and warnings clear?		
If a monitored dosage system (MDS) is in use, are appropriate cautions and warnings clear?		
Is the medication administration record, MAR completed correctly? E.g., date, dose, signature/initial <ul style="list-style-type: none"> ○ Is there a process for discontinuing medications including cascading information and updating MAR 		
Self-administration <ul style="list-style-type: none"> ○ Is there a risk assessment for each resident who self-administers their medicines? ○ Are their medicines kept secure and inaccessible to other residents? ○ Is there a review date for each risk assessment? 		

Are measures in place to identify and report medication errors?		
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4. CONTROLLED DRUGS- FOR HOMES WHICH STOCK CONTROLLED DRUGS (CD's)		
	Response (Yes/No)	Areas for action
Is management of controlled drugs reflected in your medication policy?		
Is there secure storage for controlled drugs as specified in the Misuse of Drugs (Safe Custody) (Amendment)		
Does the home have a copy of Hertfordshire CD good practice guide? <ul style="list-style-type: none"> o PowerPoint Presentation (enhertsccg.nhs.uk) 		
Is the CD cupboard fixed to a wall, with a lock? <ul style="list-style-type: none"> o Does the controlled drugs cupboard meet British Standard BS2881:1989 security level 1' o https://www.cqc.org.uk/guidance-providers/adult-social-care/storing-controlled-drugs-care-homes 		
Is the CD cupboard only used to store controlled drugs		
Do actual stock levels tally with the written balance?		
Are receipt and administration of CD's clearly and legibly recorded: signed, dated and witnessed?		
Is there audit / reconciliations of Controlled Drugs? NICE recommends <i>the frequency of stock checks, which should be based on the frequency of use and controlled drug-related incidents, and risk assessment; for most organisations stock checks should be at least once a week, but they may be carried out more or less often depending on the circumstances</i>		

5. DISPOSAL OF MEDICINES		
	Response (Yes/No)	Areas for action
Is disposal of medicines reflected in your medication policy? <ul style="list-style-type: none"> o Does the policy include a section for Controlled Drugs (if applicable) 		
Is there a process/policy for all discontinued and/or expired medicines		
Is there a process for recording waste?		
Is there a process on what to do with medicines after a person dies?		
Are Sharps boxes dated with location recorded on it? <ul style="list-style-type: none"> o Do staff know what to do if this is overflowing? 		

6. RECORD KEEPING		
	Response (Yes/No)	Areas for action
MAR Charts		
<ul style="list-style-type: none"> • Are MAR charts completed with no gaps and the appropriate code used? • Is there an up to date photograph of the resident (should be no older than 12 months and updated when the resident's appearance changes i.e., new glasses, loss of teeth) • Does the MAR chart contain what medication the resident takes? • Does the MAR chart clearly state any allergies and to what medication? • Are hand written entries double signed and dated? • Are electronic MAR charts accessible without internet connection? • If a resident has epilepsy are the protocols signed off by the GP or Epilepsy specialist? • If a resident is on PRN medication is a PRN protocol in place for each PRN medication? • If applicable do you have patch charts and checklists in place? 		
Does the home use a pain scoring chart where appropriate		
Does the service undertake regular in-house audits? The audit should be able to identify missing entries and errors and evidence actions taken and signed off when completed		
Do audits take place weekly to ensure medication count is correct for all medication? If not weekly please state when these are taking place		
If there is a contractual requirement for community pharmacy to carry out medication audits has this been undertaken by the pharmacy or pharmacy team?		
Are all medication reviews documented and changes clearly identified? <ul style="list-style-type: none"> ○ At least yearly medication review by GP ○ 		
7. Care Planning		
Where relevant is the LPA for Health and Welfare / Registered POA documented on the care plan.		
Where residents are unable to make decisions regarding their own health and medication is there an MCA and Best Interest Assessment documented and if required is this reflected on the DOLs application?		
Does the care plan record how the resident would like to take their medication? <ul style="list-style-type: none"> ○ Including where (e.g., description of how people wish to take their medication e.g., with a glass of juice). ○ Is it documented on the care plan with the individual name for the resident's medication (e.g. blue tablet)? 		

8. TRAINING AND COMPETENCIES		
Are training and competencies reflected in your medication policy?		
Are new staff made aware of the medication policy and are aware they need to complete training before managing medication? <ul style="list-style-type: none"> ○ Is this included in induction training? ○ Do new starters complete the care certificate if not completed already? 		
Do staff who give medicines have the necessary training on the home's policies and procedures <ul style="list-style-type: none"> ○ Level 1 ○ Level 2 ○ Level 3 		
Are you clear on what level of medication skills your staff require depending on their level and scope? <ul style="list-style-type: none"> ○ Is there a clear record kept of what level of training and competency each staff member has? ○ Is there detail of when training and competency is due to be renewed? 		
Do staff have 6 monthly competencies around medication?		
Do staff have regular medication updates/training		
How often? <ul style="list-style-type: none"> ○ Level 1 ○ Level 2 ○ Level 3 		
Are agency staff allowed to administer medication? <ul style="list-style-type: none"> ○ How is their level of training and competency checked? 		

Up to date copy of the BNF online or hard copy – please state which version		
As a manager have you read the NICE guidance 'Managing Medicines in Care Homes'? https://www.nice.org.uk/guidance/sc1		
Does the home have access to the NICE guidance 'Managing Medicines in Care Homes'? https://www.nice.org.uk/guidance/sc1		

How are staff assessed as competent?

Who carries out your staff competencies?

What levels are the staff who are trained in administration of medication and what are their responsibilities?

Action Plan

After you have completed the above Self-Assessment for your Care Home, formulate the action plan below.

ACTION (what needs to be done)	Who will take responsibility?	When will this be achieved by?
1.		
2.		
3.		
4.		

Staff Training Requirements

Care workers may, with the consent of the person, administer prescribed medication, so long as this is in accordance with the prescriber's directions (The Medicines Act 1968).

Care home providers must ensure that designated staff administer medicines only when:

1. They have had the necessary training.
2. They have been assessed as competent to administer medicines.

This means that care home providers must not allow staff who do not have the skills (despite completing the required training) to administer medicines to residents.

Health professionals working in, or providing services to, care homes should work to standards set by their professional body and ensure that they have the appropriate skills, knowledge and expertise in the safe use of medicines for residents living in care homes

ii. The Nursing and Midwifery Council (NMC) standards for medicines management were recently withdrawn

iii and now refer to the following:

- Professional guidance on the administration of medicines in healthcare settings – January 2019, co-produced by the Royal Pharmaceutical Society (RPS) and Royal College of Nursing (RCN).
- Advisory guidance on administration of medicines by nursing associates – Health Education England (HEE) guidance.
- Professional guidance on the safe and secure handling of medicines – December 2018, produced by the RPS.

Registered nurses, as part of their continuing professional development, should successfully complete any training needed to fulfil the learning and development requirements for their role.

Training

A thorough and well-planned training programme builds the foundations for your service. Fully trained and competent care staff will make less mistakes and provide better care to individuals. Medication in care settings is separated into three levels of training requirements, as below;

Level 1 Induction	Level 2 Administration	Level 3 Administration by specialised techniques
<p>The Care Quality Commission (CQC) expects all adult social care providers to induct staff in line with standards set out in the care certificate iv. Standard 13.5 Understand medication and healthcare tasks expects staff to:</p> <ul style="list-style-type: none"> Describe the agreed ways of working in relation to medication. List the tasks relating to medication and health care procedures that they are not allowed to carry out until they are competent. 	<p>Following induction, staff responsible for the management and administration of medication will need to be suitably trained to ensure they are competent.</p> <ul style="list-style-type: none"> Care home providers should set up a learning and development programme which meets the requirements of the regulators, the residents and the training needs of care home staff. It is best practice to use an accredited learning provider. The Skills for Care endorsement framework is a mark of quality given to learning and development providers in adult social care. Care home staff should have an annual review of their knowledge and skills. Skills for Care has an interactive learning and development guide which may help identify what is most beneficial to the provider and its workforce. 	<p>Basic training does not extend to administration of medicines by specialised techniques, examples include:</p> <ul style="list-style-type: none"> Rectal administration, e.g. suppositories, diazepam (for epileptic seizure). Insulin by injection. Administration through a Percutaneous Endoscopic Gastrostomy (PEG). Giving oxygen. Buccal administration (i.e., Midazolam for seizures).

Medicines management systems

Care home staff should also be trained to use medicines management systems that the pharmacy might provide. Examples include monitored dosage systems or electronic medicines administration systems. This

training is usually provided by the pharmacy but it remains the responsibility of the care home to ensure that staff training needs are met.

Training Options

HCPA deliver fully funded medication training for all registered providers. For more information on these, please check our [website here](#).

Members can also access previous webinars as well as guidance in our [Members Zone](#).

Consider blended learning and the use of e-learning. E-learning is not recommended to be used as the main or sole training method but could be used alongside other face to face learning. The ICB pay for a subscription with PrescQIPP which could be utilised [Login to PrescQIPP | PrescQIPP C.I.C](#)

For tailored or more specific training, you can also contact HCPA's approved training providers shown in the table below:

Competencies

Competencies are important for organisations to monitor staff's knowledge within care settings. They allow providers to check staff's understanding of policies and whether they are following these when providing care to individuals.

A blended learning and assessment approach could be useful for competency assessments, with staff members refreshing their knowledge using PrescQuipp alongside a practical competency assessment. [Login to PrescQIPP | PrescQIPP C.I.C](#)

Most competency checks consist of a checklist document with some sections for observations and questions where observations aren't possible (i.e. when no individuals receiving care need eye drops administered)

Below are some suggested competencies to form part of your regular support visits and spot checks. Please remember that the person performing the competency check must be fully competent and trained, this may be completed by an internal or external staff member:

Competency	Local	Link	Level
Section 1 - Support with Medicines	Opus Competency Assessment for Medicines Handling	https://www.hcpa.info/wp-content/uploads/Opus-Competency-Assessment-for-Medicines-Handling-1.pdf#page=3	
Section 2 - Administration of Medicines		https://www.hcpa.info/wp-content/uploads/Opus-Competency-Assessment-for-Medicines-Handling-1.pdf#page=4	
Section 3 - Knowledge Check		https://www.hcpa.info/wp-content/uploads/Opus-Competency-Assessment-for-Medicines-Handling-1.pdf#page=16	

Administration of medicines – Tablets	Hertfordshire County Council Homecare Policy	https://www.hcpa.info/wp-content/uploads/acs-021-medication-policy-january-2019.pdf#page=40	2
Administration of eye drops/ointments		https://www.hcpa.info/wp-content/uploads/acs-021-medication-policy-january-2019.pdf#page=42	2
Administration of medicines – Liquid medication		https://www.hcpa.info/wp-content/uploads/acs-021-medication-policy-january-2019.pdf#page=45	2
Administration of medicines – Topical Products		https://www.hcpa.info/wp-content/uploads/acs-021-medication-policy-january-2019.pdf#page=47	2
Administration of medicines – Nose drops		https://www.hcpa.info/wp-content/uploads/acs-021-medication-policy-january-2019.pdf#page=49	2
Administration of medicines – Metered dose inhalers		https://www.hcpa.info/wp-content/uploads/acs-021-medication-policy-january-2019.pdf#page=51	2
Monitoring Blood Glucose levels		https://www.hcpa.info/wp-content/uploads/acs-021-medication-policy-january-2019.pdf#page=53	3
Administering medications via a PEG tube		https://www.hcpa.info/wp-content/uploads/acs-021-medication-policy-january-2019.pdf#page=55	3
Administration of Insulin - Using pre-dose loaded syringes		https://www.hcpa.info/wp-content/uploads/acs-021-medication-policy-january-2019.pdf#page=58	3
Administration of Medicines- Ear Drops	Opus Competency Assessment for Medicines Handling	https://www.hcpa.info/wp-content/uploads/Opus-Competency-Assessment-for-Medicines-Handling-1.pdf#page=11	2
Scenario-based Competency Assessment	Opus Scenario Based Competency Assessment	https://www.hcpa.info/wp-content/uploads/Opus-Scenario-based-Competency-Assessment.pdf	2
Staff Competency Assessment for the Management of Medicines		https://www.hcpa.info/wp-content/uploads/Example-Guidance-Medication-Training-and-Competency-v2.pdf#page=5	3

Thank you to Northamptonshire Clinical Commissioning Group for their Example Guidance – Medication Training and Competency Document which inspired the format and layout of these standards.