Important Points

from CQC Medicines FAQs for Care Homes

1	Medicines for disposal should be stored in a tamper-proof container within a cupboard.
2	In a nursing home - for a patient's own individually labelled CD - it should be denatured before being handed to the waste disposal company. It is good practice to have 2 people involved in the process - one to denature and one to witness. This is classed as processing waste by the Environment Agency and therefore nursing homes need to apply for a T28 exemption.
3	Nursing homes should keep records of transactions with registered waste disposal companies.
4	Nursing homes may consider holding stocks of CDs particularly if people are at the end of their lives. A home office CD licence is required to hold stock. This does NOT apply to residential homes.
5	Controlled Drugs - include in policy what to do if there is a discrepancy and the name and contact details of those who need to be informed, including the NHS Controlled Drugs Accountable Officer (CDAO) at NHS England.
6	Fridge storage - fridge must be locked or kept in a locked room. Must not contain food or samples, be in well ventilated location and away from heat sources. A maintenance contract that allows for at least yearly servicing, calibration of the temperature gauge and PAT testing should be in place. Fridge should not contain large amounts of medicines, contents should be regularly date checked and stock rotated. Dated records of cleaning and defrosting should be present.
7	Temperature recording of the fridge - carried out daily and record minimum, maximum and current temps, thermometer to be reset after each reading, staff must understand how to read and reset thermometer and why. Make sure thermometer probe cable does not interfere with door seal.
8	Assess each resident's needs for storage taking into account choices, risk and type of medicines system they are using.
9	Staff should be able to identify medicines contained in a multi-compartment compliance aid (MCA).
10	For self-administration - the responsibilities of care home staff should be written in the person's care plan and should include an effective way of monitoring adherence.
11	MAR chart for self-administration should indicate that the person self-administers and how adherence is effectively monitored.
12	Homely remedies - administration records of homely remedies must be kept with the MAR charts.
13	Thickeners - see FAQ for Dysphagia and Thickening Powders.
14	Time sensitive medicines - care plans for people with Parkinson's should show how people are going to receive their medicines at the prescribed intervals. Antiparkinsonian medicines should not be withdrawn abruptly. Staff should be able to explain what action has been taken if MAR charts show that doses have been missed.

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15	Insulin - care plan should have details of whose responsibility it is for administration and monitoring. The word "unit" should NOT be abbreviated.
16	Insulin - if a community or district nurse administers the insulin, they may have their own records, but details should be available in the person's care plan as well.
17	If nursing or care staff administer insulin, there should be a system in place to record the site where insulin is injected.
18	Insulin should never be extracted from pen devices or cartridges as this can lead to serious errors.
19	Lithium - care staff should be aware of signs of lithium toxicity and be aware of interactions with over the counter medicines e.g. ibuprofen.
20	Anticoagulants - advice about the newer anticoagulants - see FAQ Why are anticoagulants high risk medicines? Training required. Care staff should be able to explain what action has been taken if a dose has been missed. Warfarin - GP to be notified if a person taking warfarin has a fall.
21	PRNs - if more than one option available, the order in which they should be tried must be documented.
22	PRN protocols must be person-centred and detail how the medicine will be offered outside the normal medicine round – ensure staff know when to give, what symptoms to look out for, maximum amount, what to do if PRNs are given regularly etc. (e.g. review).
23	Antiepileptics - see FAQ what medicines are used for seizures - ensure staff are trained and aware. Antiepileptic drugs should not be stopped suddenly. Stock must be available.
24	Fluid administration charts - see FAQ for requirements
25	External medicines - staff should be aware of the fire hazard associated with paraffin based emollient creams.
26	Transdermal patches - patches should normally be applied to a dry, flat area of skin, usually the upper arm, chest or back. Hair can be clipped to give better adhesion.
27	The site of application of a patch should be rotated with each application in line with the manufacturer's guidance. Patches should not be applied after a bath or shower and people with a fever should be observed for signs of toxicity.
28	Staff should ensure that information is communicated when a person transfers between settings. This should include the date and time of patch application and site.
29	Medicines reviews should be based on the health and care needs of the person but should be no more than a year apart and must be recorded in the care plan.

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30	Medicines administered via an enteral feeding tube - see FAQ How should medicines be administered safely via an enteral feeding tube? Medicines must not be prepared in advance for administration at a later time. Hot water should never be used to dissolve the medicine or as a flush.
31	Covert administration - must be medicine specific - the need for covert administration must be identified for each medicine prescribed, including when new medicines are added. Need clear record of which medicines are administered covertly and when - important for people with fluctuating capacity.
32	Best practice is showing the records of action taken to give the medicine in the normal manner e.g. consideration of: whether the medicine is unpalatable, adverse effects (whether perceived or actual), swallowing difficulties, lack of understanding about what the medicine is for, lack of understanding in broad terms of the consequences of refusing to take the medicine, ethical, religious or personal beliefs concerning treatment.
33	Records should also be kept of the reasons for presuming mental incapacity and the proposed management plan, including consideration of DoLS when medicines e.g. sedatives are to be given covertly.