**Standard Operating Procedure**

**Ordering and receiving medicines in care homes**

1. **Introduction**

The effective management of medicines in care homes requires robust systems to be in place as well as good communication between the care home provider, residents, prescribers, community pharmacies and GP practices.

1. **Purpose**

The purpose of this document is to describe the procedures specifically related to ordering medicines and receiving, storing and disposing of medicines in care homes.

This document should be supported by additional standard operating procedures detailing the checklist outlined in the NICE Checklist for health and social care staff developing and updating a care home medicines policy: Implementing the NICE guideline on managing medicines in care homes. May 2014. Available at: <https://www.nice.org.uk/guidance/sc1/resources>

1. **Scope**

This standard operating procedure relates to the ordering and receiving of prescribed medicines and medical appliances by appropriate members of care home staff.

All staff involved in the person’s care are responsible for ensuring that medication is managed appropriately.

1. **Process**

4.1 **General**

* + 1. Medicines prescribed for a resident are not used by other residents. However, during the COVID-19 pandemic, medicines no longer needed by a resident may be reused in line with the UK government COVID 19 standard operating procedure for running a medicines reuse scheme in a care home or hospice setting.
		2. Care home staff (registered nurses and social care practitioners working in care homes) have protected time to order medicines and check medicines delivered to the home.
		3. At least two members of the care home staff must have the training and skills to order medicines, although ordering can be done by one member of staff.
		4. The care home shall retain responsibility for ordering medicines from the GP practice and will not delegate this to the supplying pharmacy.
		5. Records must be kept of medicines ordered. Medicines delivered to the care home should be checked against a record of the order to make sure that all medicines ordered have been prescribed and supplied correctly.
		6. [Insert local process for ordering repeat, acute and ‘when required medicines from the GP practice (and during out-of-hours)].
		7. [Insert local process for which records to make when ordering medicines (for example, a copy of the prescription, stock order or requisition note).
		8. [Insert local process for how to inform the supplying pharmacy (with the resident’s consent) of any changes to medicines (including when medicines are stopped).
		9. The best system for supplying medicines (original packs or monitored dosage systems) for each resident should be based on the resident’s health and care needs and the aim of maintaining the resident’s independence wherever possible. Care home staff should seek the support of health and social care staff if needed.
		10. For patients who are not self-administering their medicines, monitored dosage systems should NOT be used.
		11. Local processes should be followed for anticipatory medicines to ensure that residents in care homes have the same access to anticipatory medicines as those people who do not live in care homes.
		12. [Insert local process for how and where to store medicines, including medicines supplied in monitored dosage systems, medicines to be taken and looked after by residents themselves, medicines to be stored in the refrigerator, skin creams, oral nutritional supplements and appliances.
		13. Medicines stored by the care home should be secure with only authorised care home staff having access.
		14. Medicines should be stored at the correct temperature, according to the manufacturer and listed on the relevant patient information leaflet and packaging to ensure their effectiveness.
		15. [Insert local process for monitoring storage conditions.
		16. Assessment of each resident’s needs for storing their medicines should take into account the resident's choices, risk assessment and type of medicines system they are using.
		17. [Insert local process for who care home staff should contact should a storage problem arise.
		18. [Insert local process for disposing of medicines, including controlled drugs and those classed as clinical waste.
		19. Medicines awaiting disposal must be placed into tamperproof sealed containers and locked in storage cupboards until collection for disposal, to avoid them being accidentally used.
		20. Records must be kept of medicines that have been disposed of or are awaiting disposal.
		21. Stock of variable dose and ‘when required’ medicines should be reconciled regularly and ordering adjusted to take this into account, to avoid excessive ordering.
		22. Where any changes are made to medicines, care home staff (registered nurses and social care practitioners working in care homes) should update records of medicines administration to contain accurate information about these changes. This should be done as soon as possible (usually within 24 hours).
		23. If a change to a resident’s medication is made by telephone, this must be supported in writing (by fax or email) before the next or first dose is given. Care home staff should also ask that the health professional using remote prescribing changes the prescription.
		24. An interim prescription or mid-cycle request can be used to ensure there is enough medication to complete the current cycle, synchronise to the 28-day cycle and to avoid waste. This may be a request for quantities of medication to complete the cycle as well as a further 28 days’ supply to allow a supply for the next medication cycle to be prepared by the community pharmacy at the same time.
		25. A new, hand-written medicines administration record should only be produced in exceptional circumstances and should be created by a member of care home staff with the training and skills for managing medicines and designated responsibility for medicines in the care home. The new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used.
		26. For medicines with a separate administration record, care home staff responsible for administering medicines should add a cross reference (for example, 'see warfarin administration record') to the resident's medicines administration record.
	1. **Controlled drugs:**
		1. Providers of adult care homes must comply with the Misuse of Drugs Act 1971 and associated regulations when storing controlled drugs.
		2. [Edit as appropriate] Care homes with nursing can hold stocks of controlled drugs in schedules 3, 4 and 5 without a Home Office licence. A controlled drugs licence is needed to hold stocks of controlled drugs in schedule 2 if less than 50% of the care home’s funding comes from public funds or charitable donations. Care homes without nursing must not hold stocks of controlled drugs and can only hold controlled drugs prescribed and dispensed for an individual person.
		3. A running balance of the stock levels of each controlled drug preparation should be kept. This makes it much easier to spot and track discrepancies.
		4. For good practice, two staff members should witness and sign when receiving controlled drugs stock, checking stock balances and administering controlled drugs or disposing of controlled drugs. Both staff members involved in the process should be trained and competent to do so.
		5. Appropriate records should be made of controlled drugs that have been administered to residents. The care home staff responsible for administering the controlled drug and a trained witness should sign the controlled drugs register. The staff member administering the controlled drug should also sign the medicines administration record.
		6. Detailed records should be kept when administering topical controlled drugs, for example, patches. These records should include the site of application and the frequency of rotation of the site.
		7. Any movement of a schedule 2 controlled drug must be recorded in a controlled drugs register, which must be bound (this may be in the form of a separate bound booklet for each preparation), have separate sections for each class of controlled drugs and within this each formulation and strength should be recorded on a separate page and have the name, form and strength of the drug specified at the top of each page.
		8. An entry in the controlled drugs register should be witnessed by a second suitably trained and competent member of staff.
		9. Controlled drugs should be delivered separately to the main delivery of medicines from the pharmacy or dispensing doctor and the package clearly marked that it contains a controlled drug.
		10. If the controlled drug is collected by a member of the care home staff from the pharmacy or dispensing doctor, there should be a procedure in place that provides an audit trail. It is good practice for the person collecting a schedule 2 or 3 controlled drug from the community pharmacy/dispensary to be asked to sign for the controlled drug (there is a space on the back of the prescription) and they may be asked for proof of identity.
		11. When receiving a controlled drug, the product should be checked against the label (where it is practicable this check should be conducted with a witness), including the drug name and formulation (e.g. tablets, capsules, ampoules, patches), quantity (although it is not expected that liquids are measured) and the strength. The expiry date should also be checked.
		12. It is important that staff know which medicines are controlled drugs to ensure that they adhere to the safe keeping and recording requirements.
		13. The controlled drugs safe or cabinet must comply with the requirements specified in the Safe Custody Regulations and be locked whenever it is not being accessed. It should only be used for the storage of controlled drugs and no other items such as money should be placed there.
		14. Access to the controlled drugs safe or cabinet should be restricted. The keys should be kept under the control of a designated person and there should be a clear audit trail of the holders of the keys.
		15. [Delete as appropriate] For care homes without nursing care, controlled drugs requiring disposal should be returned to the relevant pharmacist or dispensing doctor at the earliest opportunity for appropriate destruction. The formulations and quantities of controlled drugs returned should be recorded and the pharmacy staff/dispensing doctor should be asked to sign for them on receipt. Relevant details of the transfer for disposal should be entered into the controlled drugs register and signed by the trained and competent member of staff responsible.
		16. [Delete as appropriate] For care homes with nursing, [insert details of the licensed waste disposal company and associated process]. For ‘stock’ controlled drugs, a registered nurse and an authorised witness for destruction should sign the controlled drugs register. For controlled drugs supplied to individual residents, a registered nurse and a suitably trained witness should sign the controlled drugs register. A record of the waste transfer note needs to be made by the appropriate nursing care home staff.
		17. If a discrepancy is identified between what is expected and the supply received then the stock including name, formulation and quantity should be entered into the controlled drugs register indicating what was obtained, not what was requested. The supplier should be contacted as soon as possible to investigate and resolve the discrepancy. The controlled drug should be stored separately in the controlled drugs cabinet awaiting collection if an incorrect product was supplied. It should be arranged for the supplier to pick up the incorrect controlled drug and when the stock is picked up, a signed receipt should be obtained from the person taking it away, and an entry made into the supplied section of the controlled drugs register.
		18. If a controlled drug received is deemed ‘unfit’ for use, the medication received should be entered into the appropriate section of the controlled drugs register and the controlled drug stored in the controlled drugs cabinet (ideally in a sealed bag marked ‘Damaged Stock’) until it is taken away. The supplier should be informed that the stock received is ‘unfit’ for use, explaining the reason and it should be arranged for them to pick up the stock. When the stock is taken away, a signed receipt should be obtained from the person removing it , and an entry must be made into the supplied section of the controlled drugs register to keep balance correct.
		19. If a discrepancy is identified between calculated stock figures (running balances) and actual stock, entries for that drug should be checked back through to ensure that there has not been a bookkeeping or numerical error. The MAR chart(s) should be checked and also any records of disposed or removed medicines. If the discrepancy can be identified, the outcome should be recorded and a correction made to the controlled drugs register with a signed and dated entry (this a retrospective entry) in the margin or at the bottom of the relevant page making reference to any supporting documentation that was used to resolve the discrepancy. There must be no cancellation, obliteration or alteration of any entry in the controlled drugs register. If the discrepancy cannot be explained or rectified then the CQC should be informed and also the Controlled Drugs Accountable Officer and the police.

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**References**

1. NICE. Managing Medicines in Care Homes. Social Care Guideline 1 [SC1]. Published March 2014. <https://www.nice.org.uk/guidance/sc1>.
2. The National Archives. Misuse of Drugs Act 1971. <https://www.legislation.gov.uk/ukpga/1971/38/contents>.
3. Care Quality Commission (CQC). Controlled Drugs in Care Homes. Last updated 1 April 2021. <https://www.cqc.org.uk/guidance-providers/adult-social-care/controlled-drugs-care-homes>. Accessed 25/03/21.