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| C:\Users\lgraham\Pictures\Res Meds.jpg | ***Learner Resource*** |
| **Medication Management in ERYC Residential Services** | |

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| --- | --- | --- |
| **Care Worker Name (Block Capitals)** | **Signature** | **Date** |
| **Line Manager Block Capitals)** | **Signature** | **Date** |

Version 2.0 – 06/2024

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# The Learner Resource

# Introduction

Welcome to the medication Management in ERYC Residential Services. This course will equip you with the practice knowledge and skills to administer, record, safely store and dispose of medication in Residential Services in line with local, national, and legal requirements.

This learner resource is to be used as part of the learning process. Within this learner resource you will find information, activities and direction to further help or information.

## Latest Version

Always check you have the latest version of the learner resource. The issue number and date appear on the cover page.

If you have been given this learner resource by your Line Manager, Supervisor or Learning and Development Champion – they will have checked it is the current version. Learning and Development only provide copies of the current version of any learner resource.

# General Procedures for the Administration of Medication

The following aim to provide you with information on how to administer the various types of medication. The information provided is generic, specific information on the administration of a medication can be found in its Patient Information Leaflet.

**Oral Tablets and liquids**

1. Medications should be handled as little as possible. Measure out the correct amount of liquid or remove tablets from a bottle or push out of a foil (blister) strip onto a small plate for the person to access.
2. Dispersible or soluble tablets should be placed in a suitable amount of water according to the Patient Information Leaflet.
3. Administer medication to the person as laid out in the Support Plan.
4. As each medication is administered it should be recorded on the MAR.

**Buccal Tablets**

1. Read the patient information leaflet for specific information about administration
2. If the Person suffers from a dry mouth, ask the person to moisten the area where the tablet is to be placed with their tongue or a little water before they apply the tablet.
3. The tablet should be placed high up between the upper lip and the gum, to either side of the front teeth
4. The tablet should not be placed under the tongue, chewed, or swallowed

**Sublingual tablets**

1. Read the Patient Information Leaflet for specific information about administration
2. If the person suffers from a dry mouth, ask the person to moisten the area where the tablet is to be placed with their tongue or a little water before they apply the tablet.
3. The tablet should be placed under the tongue.

**Oro-dispersible Tablets**

1. Read the Patient Information Leaflet for specific information about administration
2. If the person suffers from a dry mouth, ask him/her to moisten the area where the tablet is to be placed with their tongue or a little water before they apply the tablet.
3. The tablet should be placed on top of the tongue and allowed to dissolve.

**Ear Drops**

1. Ask the person to put their head to one side - left hand side if drops are to go in right ear or right hand side if drops are to go in left ear
2. Shake the container gently and remove container top
3. Place the number of drops stated on the label into the ear canal – squeeze the container gently if needed.
4. Ask the person to keep their head to one side for 2 minutes to allow the drops to get into the ear.
5. Wipe the end of the nozzle with a clean tissue, replace top and store container upright.
6. Repeat steps 2 to 4 for the other ear if asked for on the label.

Ear Drops should not be used longer than directed by the Doctor and should be disposed of four weeks after opening, as they may become contaminated.

**Eye Drops**

1. Ask the person to put their head back slightly
2. Shake the container gently and remove container top
3. Gently pull lower eyelid downwards and outwards
4. Place one drop in the space between the lid and the eye. Squeeze the container gently if needed. Do not let the dropper touch the eye.
5. Ask the person to close their eye for 1 – 2 minutes to allow the eye drops to be absorbed.
6. Repeat in the other eye if stated on the label.
7. Replace the top and store container upright. Only store in the fridge if the label says to.
8. If there are two or more different types of eye drops to be given at the same time, wait 5 minutes before giving the next type of eye drops. This time-scale may vary depending upon the type of eye drops being administered, which may be detailed in the patient information leaflet, or consult your GP/pharmacy for advice and administer, as directed.

Eye drops should not be used longer than directed by the Doctor and should be disposed of four weeks after opening, as they may become contaminated. (Eye drops may also come in Minims which are single dose vials)

**Eye Ointment**

1. Ask the person to put their head back slightly
2. Remove container top.
3. Gently pull lower eyelid downwards and outwards
4. Place about ½ cm e.g. \_\_ in the space between the lid and the eye. Do not let the container touch the eye.
5. Ask the person to blink a few times to allow the ointment to work all over the eye.
6. Repeat in the other eye if stated on the label.
7. Replace the top.

Eye Ointments should not be used longer than directed by the Doctor and should be disposed of four weeks after opening, as they may become contaminated.

**Nasal Drops**

1. Ask the person to gently blow their nose and then to tip their head backwards slightly
2. Shake the container gently and remove container top
3. Ask the person to close one nostril by gently pressing their finger against it.
4. Place the number of drops stated on the label into the open nostril
5. Ask the person to sniff gently to allow the drops to get into the nostrils.
6. Repeat in the other nostril if stated on the label.
7. Wipe the nozzle with a clean tissue, replace top and store container upright.

**Nasal Sprays**

1. If the spray is being used for the first-time press spray several times into the air until an even spray is seen.
2. Ask the person to gently blow their nose and then to tip their head forwards slightly.
3. Shake the container gently and remove container top.
4. Keep the container upright, hold the container so that your thumb is underneath the container, and your middle and fore finger are either side of the nozzle.
5. Ask the person to close one nostril by gently pressing their finger against it.
6. Keep container upright and insert tip of nozzle into open nostril then spray once.
7. Repeat another spray and in other nostril if stated on the label.
8. Wipe the nozzle with a clean tissue, replace top and store container upright.

**Creams, Ointments and Lotions**

In this section we are talking about Creams, Ointments and Lotions that are being prescribed for a medical condition and not being used as part of the daily personnel care for example moisturisers.

1. Check that the label states where the cream or ointment has to be applied and how often.
2. Put on disposable gloves if provided by your employer.
3. Shake container gently if needed and remove top from the container
4. Gently rub in the cream, ointment or lotion as stated on the label. Emollients are absorbed better if applied to damp skin and in a downward motion.
5. Replace cap and store as stated on the label.
6. Wash and dry hands. It is important to be aware of the potential dangers of skin products.
7. Emollients can transfer from the skin onto clothing, bedding, and bandages and can catch fire easily causing severe and fatal burns. Clothes should be changed and washed frequently to try to help reduce the build-up of emollient on them (but this may not remove the emollient completely so the danger may still remain) so it is important to stay away from naked flames and heat sources when using these products.

**Patches**

1. Check that skin is clean and dry before applying patch.   
   If the skin does need to be cleaned, wash with water only and dry thoroughly.
2. Do not apply a patch straight after a bath or shower, wait until the skin is cool and dry. It is especially important to allow the skin to cool down as hot skin can absorb more of the medication in the patch and lead to an overdose.
3. Tear the pack open with your fingers along one edge and remove patch. Do not throw way the opened pack as this can then be used when disposing of the patch that you remove from the person’s skin.
4. Remove used patch from skin and fold it firmly in half so that the sticky side sticks to itself. Place in empty opened packet. The patch can then be thrown away in the normal waste bin. Always do this before applying a new patch.
5. Peel the backing off the new patch.
6. When applying a patch, it must be placed on a different part of the body from where it was removed and not where the previous patch has been. The patient information leaflet will specify which area of the body to place the patch and how to rotate the position. Check your body map/patch chart to see where previously applied.
7. Place the patch (sticky side to the person’s skin) onto the skin with the palm of your hand and hold for 30 seconds making sure it sticks well to the skin. Ensure the patch is applied to intact skin (i.e. not on broken skin).
8. Wash and dry hands.
9. If a patch falls off the skin before a change is due follow steps 1 to 8, record in diary sheets and contact your line manager.
10. Mark body map/patch chart with date and initials, if using.

**Mouthwashes**

1. Mouthwashes should not be swallowed. The label will state ‘FOR EXTERNAL USE ONLY’ or ‘DO NOT SWALLOW’.
2. Get a container ready for the person to spit the used mouthwash into.
3. Pour out the required amount of mouthwash to be used.
4. Pass this onto the person and ask them to rinse around their mouth for about a minute.
5. The person should then spit out the mouthwash into a container.
6. If the person complains that the mouthwash is stinging their mouth, then you can add an equal volume of water.

**Throat Sprays**

1. Pull out the spray tube in accordance with the directions in the Patient Information Leaflet.
2. Hold the container in your hand and put fore finger on the top.
3. If the spray is being used for the first time press spray several times into the air until an even spray is seen.
4. Ask the person where their mouth or throat is sore and spray at that area.
5. Repeat for how many sprays are needed.
6. Wipe tube with a clean tissue.
7. Push spray tube back in and store container upright.

**Nebules**

1. Hold the nebule upright and twist off the top.
2. Pour the contents of the nebule into the container.
3. Ask the person to place the mask on their face, if able to do so.
4. Switch on the nebuliser.

When all the liquid has been used (after about 5 minutes) switch off the nebuliser.

1. If there is more than one nebule to be given at one time put them into the nebuliser at the same time.
2. Remove the container; wash in water and leave to dry.

**Inhalers**

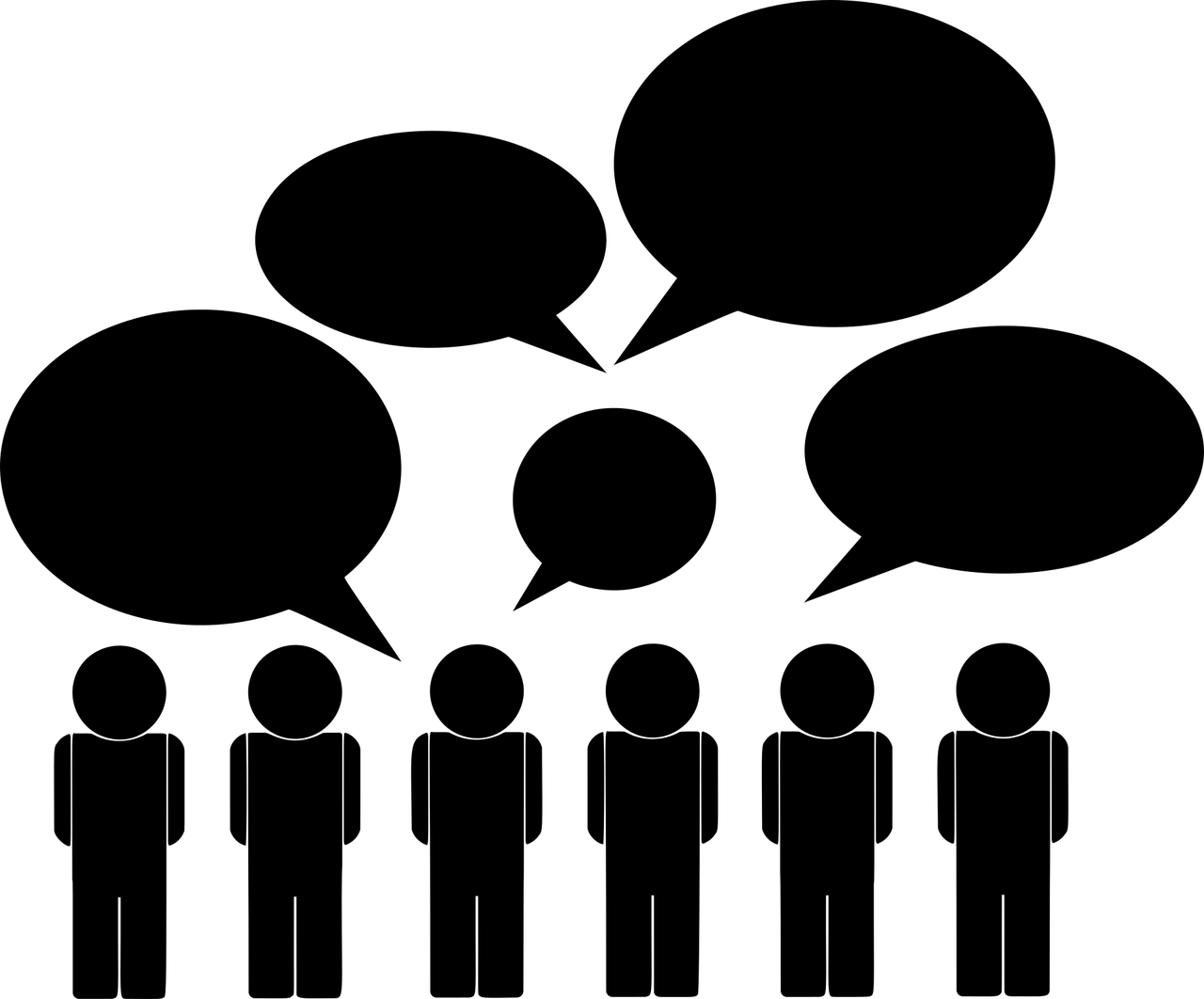
1. The person may be able to use their own inhalers and if they are having difficulty their health care practitioner should assess their inhaler technique and may suggest an alternative inhaler.
2. If a care worker has any concerns over the person’s ability to use their inhaler, they must report this concern to their line manager.
3. If care workers are required to assist a person to use their inhaler, they should read the patient information leaflet and follow the directions.
4. If a care worker is asked to administer a metred dose inhaler (MDI) they should request a spacer to be prescribed.
5. If the spacer device requires assembling the carer should do so following the directions in the Patient Information Leaflet (PIL).

How to use:

* Take mouthpiece off the inhaler and shake device.
* Fit onto spacer.
* Press down once on top of the inhaler to release medication.
* Ask the person to breath out first.
* Pass device to the person to place in, or for mask-type spacers over, their own mouth (with inhaler still attached).
* Ask the person to take in one slow deep breath or 2-3 normal breaths to make sure the medication gets into the lungs.
* If a second dosage or puff is required wait one minute and repeat process.
* Wash the spacer once weekly by following the directions in the PIL and record in the support plan.
* Ensure each spacer is labelled with the person’s name, for infection control. This need not be a dispensing label.

# Activity 1 – Scenario 1

## A new resident is admitted to the care home.

**A new resident is admitted to the care home; the resident wishes to look after and take (self-administer) their own medicines.** 

Should residents be encouraged/discouraged to self-administer their medicines?

How do you determine what their current medicines regimen is?

What needs to be considered when a resident wishes to look after and take (self-administer) their own medicines?

Who may be involved in the risk assessment?

What information should be included in the process of the self administration of controlled drugs?

# When Required Medication (PRN)

The term ‘PRN’ is often used to refer to medication that should be taken only when required or as needed. **These are prescribed medicines that should be used when certain symptoms are evident** i.e. they are not given as a regular daily dose or at pre-arranged times of the day. e.g. medication rounds. Therefore, ‘as required’ medication must be available at any time of the day or night when the person is experiencing symptoms, not just at medication rounds.

* Clear guidance on the use of these medicines should be available as part of the care plan
* If a variable dose is prescribed e.g. “one or two…when required” – carers must record the amount given by using a superscript e.g ²or recorded on a separate sheet with a running balance
* Maximum doses in 24 hours must be written on the prescription to prevent overdose
* A record should only be made when a dose has been administered.

**Your standard operating procedures also state that:**

Where PRN medications are prescribed for the management of symptoms such as anxieties, best interest meetings may be a prerequisite to administration. Clear patient specific protocols must be in place to support carers to use PRN medication appropriately e.g. where the person is unable to communicate verbally, as well as to ensure medication is not used as a punishment or control measure.

**NOTES:**

# Homely Remedies

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East Riding of Yorkshire Council have adopted ERY CCG’s **Protocol for Care Homes on the use of Homely Remedies & Guidance for Newly Found Wounds**, last updated July 2021, which supports the CCG’s self-care initiative.

This protocol contains 5 medications.

These are:

* Paracetamol - Pain
* Peptac Liquid - Indigestion
* Senna - Constipation
* Simple Linctus - Coughs
* Rehydration Sachets – Diarrhoea

The protocol also contains some dressings for minor skin tears.

**NOTES:**

# Activity 2 – Controlled Drugs

# Spot the Mistakes in the Controlled Drugs Register

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**NOTES:**

# Activity 3 Case scenario 2

## Refusal of medicines.

**A resident who has been living in the care home for some time appears to be increasingly confused and has started to refuse their medicines.**

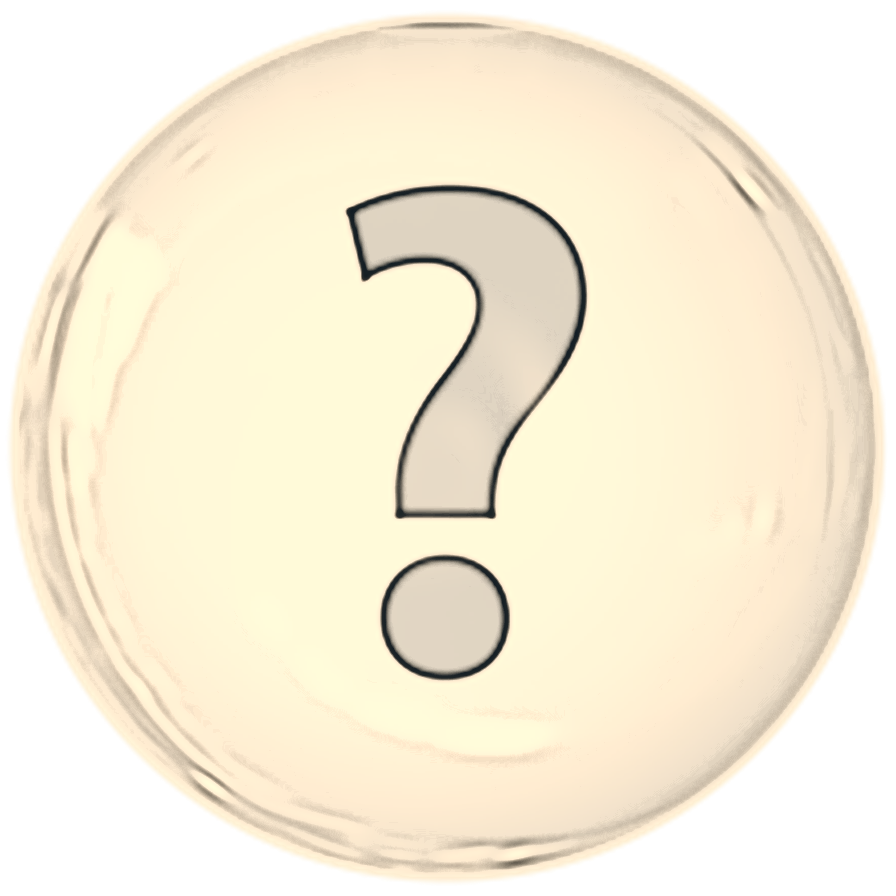
What should care home staff consider and what should they do?

The GP is notified by care home staff. On review, the GP has concerns that the resident no longer has the capacity to make a valid and informed decision about refusal. What needs to be considered by the care team?

Can the care staff administer medicines covertly and if so, what needs to be done to implement this?

Can the care staff crush medicines and add to food and if so, what needs to be done to implement this?

# Activity 4 – Covert Administration



What is Covert Administration?

When is it needed?

What are the problems?

If you have any concerns about the administration of medication, what should you do?

# Activity 5 – Medication Administration Record

Can you see any discrepancies on this sample MAR?

# NOTES:

# Medication Errors

In your medication policy (8.0 Errors and untoward Incidents):

A medication error is defined as:

“A mistake made in the prescription, dispensing, ordering, delivery, storage, or administration of medication that leads to a resident receiving the wrong medication; or at the wrong time; missing a dose; or being at risk of harm”.

All medication errors must be reported to the manager immediately.

If the error is made in the administration of medication the following steps must be taken:

* Calmly inform the resident what has happened;
* Advise the duty officer or manager and ask them to check the resident;
* Seek medical advice from the GP - if they are not available get advice from the Accident and Emergency Dept at the Hull Royal Infirmary;
* Complete the accident book;
* Record what has happened in the resident’s care plan;
* Where this has serious consequences for a resident, a safeguarding alert must be raised.

Notify CQC where there is a risk to a resident as a result of an error.

If the error is a health-based error that relates to the prescription, dispensing, or delivery of medication, then the GP, hospital, or pharmacist should be contacted for advice, and the appropriate Investigation Form (Medication Error) should be completed.

# Activity 6 – Case scenario 3

## Medicines change safety incident.

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**A resident who lives in a care home has recently had a medicines review and some changes have been made. These changes were verbally communicated to the care home staff but the discontinued medicine was administered in addition to the new medicine. The resident didn’t come to harm as the error was spotted after the first dose was administered.**

Who should be involved in implementing the changes?

What are the responsibilities of the prescriber to manage the changes?

What are the responsibilities of the care home staff in this case?

What should care home staff do if the resident does not accept the changes and refuses their medicines?

What type of medicine incidents need to be reported to CQC and safeguarding?

# What if … medication error

A screenshot of a computer screen

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A screenshot of a computer error

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These resources can be accessed via the following link [Resources for people working with Adults at risk of Harm (ersab.org.uk)](https://www.ersab.org.uk/news/resources-for-people-working-with-adults-at-risk-of-harm/)

# Next steps

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You have now completed the medication management in ERYC Residential services training. You are now required to:

* Go to ascleader to complete the post course assessment ([Course: Medication Management Hub (ascleader.co.uk)](https://www.ascleader.co.uk/course/view.php?id=289) This will record your pass mark and you are required to evidence this with your manager.
* Undertake competency observations with your line manager (details can be found on page 19)
* Following completion of the above and satisfying the set criteria. Your manager will be able to sign off your training completion.

# Competency checks

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tasks in Handling Medication | | | | |
| Objective | Process | Care Workers Signature | Line Manager Signature | Date |
| To refresh knowledge | Read the full Residential Care policy |  |  |  |
| Have knowledge of the ordering of prescriptions and processes involved | Demonstrate understanding of ordering process |  |  |  |
| Have knowledge of the processes involved in receiving medications into the residential home | Demonstrate understanding of processes involved in receiving medication into the residential home |  |  |  |
| Store medication appropriately | Demonstrate that medication is stored correctly  Check fridge items are stored correctly  Demonstrate understanding of the need to monitor fridge temperatures |  |  |  |
| Recognise when it is necessary to speak to the senior about a medication concern | Demonstrate knowledge of procedure to be follow when care worker has a concern about a person’s medication.  Demonstrate the ability to give a Senior clear information about a concern regarding medication.  Demonstrate the correct documentation of concerns about medication. |  |  |  |
| Recording accurately the administration of medication on the MAR | Check procedure for recording the administration of medication on the MAR  Check the procedure for recording a Homely remedy on the MAR |  |  |  |
| Recognising the types of medication administration that care workers cannot do without further specialized training | Demonstrate knowledge of the types of administration techniques that Care Workers are allowed to perform having completed Medication Training for Care Workers.  Demonstrate an understanding that there are some Specialized Administration Techniques that will require further training before a Care Worker is allowed to perform. |  |  |  |
| Have Knowledge of the processes involved in disposing of medication | Demonstrate an understanding of why medication may need to be disposed of.  Demonstrate knowledge of the procedures for the disposal of medication. |  |  |  |
| Have knowledge of the differences to the process for Controlled drugs | Demonstrate an understanding of the need for designated staff to handle controlled drugs  Demonstrate an understanding of the processes for receiving a controlled drug into the residential home  Demonstrate an understanding of the processes of recording the administration of a controlled drug  Demonstrate understanding of the procedures for the disposal of a controlled drug. |  |  |  |

|  |  |
| --- | --- |
| Medication Training for Care Workers Completed | Date |
| Care Worker Name (Block Capitals) | Signature |
| Line Manager (Block Capitals) | Signature |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Administration Techniques | | | | |
| Objective | Process | Care Workers Signature | Line Managers Signature | Date |
| Administering oral medication to a person | Demonstrate the correct procedure to administer tablets  Demonstrate the correct procedure to administer soluble / dispersible tablets  Demonstrate the correct procedure to administer liquids  Demonstrate the correct procedure to administer sachets  Demonstrate the correct procedure to administer buccal tablets  Demonstrate the correct procedure to administer sublingual tablets |  |  |  |
| Administering medication via the eye | Demonstrate the correct procedure to administer eye drops from bottles and Minims  Demonstrate the correct procedure to administer eye ointment |  |  |  |
| Administering medication via the ear | Demonstrate the correct procedure to administer ear drops |  |  |  |
| Administering medication via the nose | Demonstrate the correct procedure to administer nose drops  Demonstrate the correct procedure to administer nasal sprays |  |  |  |
| Administering medication via the skin | Demonstrate the correct procedure to administer creams  Demonstrate the correct procedure to administer ointments  Demonstrate the correct procedure to administer lotions  Demonstrate the correct procedure to administer Patches |  |  |  |
| Administering medication via mouthwashes | Demonstrate the correct procedure to administer  mouthwashes |  |  |  |
| Administering medication via a throat spray | Demonstrate the correct procedure to administer  Throat sprays |  |  |  |
| Administering medication from nebules | Demonstrate the correct procedure to administer  nebules |  |  |  |
| Assisting to administer medication via inhalers | Demonstrate an understanding of the limitations for care workers to assist to administer via inhalers  Demonstrate the correct procedure to assist to administer medication via inhalers |  |  |  |

|  |  |
| --- | --- |
| Medication Training for Care Workers Completed | Date |
| Care Worker Name (Block Capitals) | Signature |
| Line Manager (Block Capitals) | Signature |

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# Record of Additional Training (Medication) – including Specialized Techniques

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Care Worker:** | | | | |
| **Date** | | **Title** | | |
| **Description of Training and Objective** | | | | |
| **Trainers name** |  | **Qualification** |  | |
| **Observation of Practice** | | **Trainer Signature and Date** | **Care Worker Signature and date** | **Line Manager Signature and date** |
|  | |  |  |  |
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| --- | --- | --- | --- | --- |
| **Name of Care Worker:** | | | | |
| **Date** | | **Title** | | |
| **Description of Training and Objective** | | | | |
| **Trainers name** |  | **Qualification** |  | |
| **Observation of Practice** | | **Trainer Signature and Date** | **Care Worker Signature and date** | **Line Manager Signature and date** |
|  | |  |  |  |
|  | |  |  |  |

# Further Information and references

Carers involved in assisting people with dysphagia, with the preparation of thickened drinks and modified diets, should be adequately trained to ensure that they are safe to do so. By following this link you will be able to access the Drinking and Swallowing Difficulties learning approach. [Course: ASC LeadER - Global Documents](https://www.ascleader.co.uk/course/view.php?id=3)

Nice guidance SC1 Managing medicines in care homes <https://www.nice.org.uk/guidance/sc1>

[Policies — East Riding of Yorkshire Clinical Commissioning Group (eastridingofyorkshireccg.nhs.uk)](https://www.eastridingofyorkshireccg.nhs.uk/publications/policies/)

administering medication safely in the residential care home sector [administering-medication-safely-in-residential-care-home-sector.pdf (eastridingofyorkshireccg.nhs.uk)](https://www.eastridingofyorkshireccg.nhs.uk/data/uploads/policies/administering-medication-safely-in-residential-care-home-sector.pdf)

Protocol  for Care Homes on the use of Homely Remedies and Guidance for Newly Found Wounds [homely-remedy-protocol-and-guidance-for-newly-found-wounds-eryccg-july-2021.pdf (eastridingofyorkshireccg.nhs.uk)](https://www.eastridingofyorkshireccg.nhs.uk/data/uploads/policies/new-policies/apr-21-apr-22/homely-remedy-protocol-and-guidance-for-newly-found-wounds-eryccg-july-2021.pdf)

Care homes should report any concerns about CDs via <https://www.cdreporting.co.uk/>

If you have any queries, please contact us or the CD Reporting Help Desk team – [england.cdreportingtechnicalhelpdesk@nhs.net](mailto:england.cdreportingtechnicalhelpdesk@nhs.net)

[www.asthma.org.uk/advice/inhaler-videos/](http://www.asthma.org.uk/advice/inhaler-videos/)

<https://www.rightbreathe.com/>

A useful website to find Patient Information Leaflets (PILs) is: <http://www.medicines.org.uk/emc/>