

# NHS Lothian Community Pharmacy Care Home Locally Negotiated Service

## Service Level Agreement

### Service Aim

To improve pharmaceutical care within care homes across NHS Lothian, with a particular focus on the following areas: systems and processes for ordering, storage, compliance, record keeping, administration and disposal of medicines and appliances.

### Service Details

#### **Responsibilities of the Participating Contractor**

##### **1. Communication and accountability**

Each contractor will:

- 1.1 Have an agreement with the care home to provide this service.
- 1.2 Complete a notification form (Appendix A) and send to [communitypharmacy.contract@nhslothian.scot.nhs.uk](mailto:communitypharmacy.contract@nhslothian.scot.nhs.uk) informing NHS Lothian of the agreement with the care home. NHS Lothian must be in receipt of this form in order for payments to be made. Any changes to provider must also be notified using this form.
- 1.3 Take full responsibility for ensuring compliance with all aspects of the Service Level Agreement (SLA).
- 1.4 Give written notice of intention to withdraw from the service or cessation of service provision to any care home the pharmacy services under this agreement. The notice period for cessation of service will usually be 3 months unless there are extenuating circumstances. This should be sent to [communitypharmacy.contract@nhslothian.scot.nhs.uk](mailto:communitypharmacy.contract@nhslothian.scot.nhs.uk). The contractor will receive a pro-rata payment up to and including the month of service withdrawal.
- 1.5 Ensure the pharmacists and pharmacy staff involved in provision of the service have relevant knowledge and are appropriately trained in the operation of the service, have access to the support material and are able to maintain the provision of care within the service when presented with a request.
- 1.6 Ensure that pharmacists and staff involved in the provision of the service are aware of and operate within their business protocols and standard operating procedures.
- 1.7 Maintain appropriate records to ensure effective ongoing service delivery and audit.

#### **Responsibilities of Primary Care Contracts Organisation (PCCO)**

- 1.8 Ensure payments are made in a timely manner each quarter following receipt of an action plan.
- 1.9 Give a minimum of three months written notice to participating contractors if this service is to be terminated.

- 1.10 Communicate any changes/updates to the SLA to participating contractors.
- 1.11 Retain copies of Appendix A for each care home and quarterly action plans.

**Responsibilities of the providing pharmacy team**

**2. Systems and Processes**

(N.B. There has been an erroneous perception amongst certain care service providers that the Care Inspectorate actively prefers the use of compliance aids/ monitored dosage systems in support services. This is not Care Inspectorate policy. The decision on the medication system used rests with the care service provider and the service user. However, it is appropriate to ensure that whatever system is used, it is managed correctly) <sup>1</sup>.

**The pharmacy team will:**

**2.1** Conduct a quarterly visit to each care home as set out below:

**First year following sign up to service:**

Quarter 1	Policy Audit (Appendix B)
Quarter 2	Operational Audit (Appendix C)
Quarter 3	Review of Action Plans from Policy and Operational Audit
Quarter 4	Operational Audit (Appendix C)

**Subsequent years:**

Quarter 1	Policy Audit and review of Q4 Operational Audit
Quarter 2	Operational Audit
Quarter 3	Review of Action Plans from most recent Policy and Operational Audits
Quarter 4	Operational Audit

After signing this SLA, the initial Policy Audit must be completed within 3 months. (It is recognised that contractors can only advise on medicines policies. These are decided by the care home and may not change as a result of the contractor’s advice.) A registered pharmacist or technician must carry out audits.

- 2.2 Following each audit, Action plans must be sent to [communitypharmacy.contract@nhslothian.scot.nhs.uk](mailto:communitypharmacy.contract@nhslothian.scot.nhs.uk) . The Action Plan template can be found at the beginning of each Audit form in Appendices B and C.
- 2.3 As part of the Audit, identify and record causes of unnecessary medicines waste. Suggest to the care home ways of reducing such waste and where necessary and appropriate liaise with GP practice/primary care pharmacy team to resolve any prescribing issues contributing to unnecessary waste.
- 2.4 Recommend that training for care home staff on processes including ordering, storage, administration, disposal and record keeping of medicines has been undertaken at least every 12 months. The contractor/CEC/other recognised providers could provide this training. The care home team should identify training needs, taking into account, the

Scottish Executive National Care Standards guidance on training.<sup>2</sup> NHS Lothian may also identify national or local priority training needs for care home staff.

- 2.5 Advise the care home on the content of their medicines related policy documents<sup>3</sup>, including the administration of medicines for acute conditions, use of “homely remedies” and procedures where there are alterations to residents’ medication regimens<sup>1</sup>. The Homely Remedies policy must be appropriate to the level of training of the care home staff and linked to the resident’s care plan<sup>4</sup>.
- 2.6 Ensure that any medicines related issues raised on the latest Care Inspectorate inspection/visit to the care home have been discussed and an action plan put in place if appropriate.
- 2.7 The results of the audits and action plans will be shared with the care home from where it may be requested by the GP practice/primary care pharmacy team. It is the responsibility of the care home to provide this information to the Care Inspectorate on request.

### 3. Audit

The pharmacy team must demonstrate that:

- 3.1 If routine audit reports highlight any major shortfalls in the systems for the management of storage, supply, administration and disposal of medicines, that these are documented and discussed with care home management.
- 3.2 The pharmacy regularly reviews its standard operating procedures in line with company policy.
- 3.3 Clear communication pathways (using secure e-mail addresses where available) between community pharmacy and the care home are in place and working successfully.
- 3.4 Pharmacists and staff involved in the provision of the service have undertaken specific continuous professional development relevant to this service. Examples of training are given at the end of this document.
- 3.5 NHS Lothian will evaluate this service on a regular basis.
- 3.6 Appropriate records are maintained by the pharmacy staff of interventions and advice given during visits (using the audit template provided Appendix B and C).
- 3.7 A copy of any action plan (Appendix B and C) agreed with the care home should be retained by the care home and the community pharmacy for use at future visits (if the pharmacy has an alternative secure storage facility it is acceptable to store documents here). The GP practice/primary care pharmacy team may request these if required. A copy of the action plan must be submitted as evidence for reimbursement to [communitypharmacy.contract@nhslothian.scot.nhs.uk](mailto:communitypharmacy.contract@nhslothian.scot.nhs.uk)

**N.B. In the event that no action points or review are considered necessary, you are required to return a nil return for both the initial audit and the review.**

It is recognised that appropriately trained members of the pharmacy team can deliver much of the service.

## **Remuneration**

Remuneration will be negotiated between NHS Lothian Primary Care Contractor Organisation (PCCO) and Community Pharmacy Lothian. Payments will be made quarterly following receipt of the action plan for that quarter. Action plans must be received by the 5<sup>th</sup> of the month following the end of each quarter to ensure payment. If an action plan is not received by this date, payment for that quarter will not be made.

<b>Quarter</b>	<b>Action plan must be sent to PCCO by</b>
Apr-Jun	5 <sup>th</sup> July
Jul-Sep	5 <sup>th</sup> October
Oct-Dec	5 <sup>th</sup> January
Jan-Mar	5 <sup>th</sup> April

## **Supporting documentation**

Care Inspectorate Guidance about medication, personal plans, review, monitoring and record keeping in residential care services can be found at the following link [www.CareInspectorate.com](http://www.CareInspectorate.com)

## **Training and other resources which may support this service**

- Medicines in care homes- a training pack for pharmacists to use in training home staff, National Pharmacy Association, 01727 858687, [www.npa.co.uk](http://www.npa.co.uk) (available to both members and non-members of the NPA. The cost to non-members is different to the cost to members).
- A guide to medication review, National Prescribing Centre 2008 [http://www.npc.nhs.uk/review\\_medicines/intro/resources/agtmr\\_web1.pdf](http://www.npc.nhs.uk/review_medicines/intro/resources/agtmr_web1.pdf)

## **References/Notes**

1. Care Inspectorate Guidance about medication, personal plans, review, monitoring and record keeping in residential care services [http://www.careinspectorate.com/index.php?option=com\\_content&view=article&id=7905&Itemid=725](http://www.careinspectorate.com/index.php?option=com_content&view=article&id=7905&Itemid=725)
2. Scottish Executive National Care Standards for each type of service can be found at <http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Regulate/Standards>
3. SSI 114 Regulation 3. Statement of aims and objectives "A provider (i.e. a care home) shall prepare a written statement of the aims and objectives of the care service". It is the home's responsibility to write their policies and procedures. Pharmacists providing this enhanced service are NOT expected to write procedures for care homes, simply to advise that policies and procedures need to be in place.
4. Using homely remedies is an option for a care home service, but not necessarily, something they must or must not have. When a home decides the use of homely remedies is appropriate for minor ailments e.g. toothaches, mild indigestion etc., then it is suggested that in conjunction with the GPs, the home decide an appropriate list of homely remedies e.g. antacid, antidiarrheal, throat lozenge, mild analgesic, mild

laxative etc. (all oral preparations i.e. no suppositories). A document could be drawn up with the list of remedies, criteria for use, dose and duration of treatment (before they seek further guidance from the GP).

There should be an individual document for each service user, signed and dated by the GP and date limited i.e. covering the period 1/12/19 to 1/12/20 stating that the homely remedies can be given and with a section as to any which should be excluded - so that a service user would not be allowed paracetamol as a homely remedy if they were already prescribed a regular medicine which contained paracetamol or allowed the homely remedy laxative if they were already prescribed another laxative.

The homely remedies allowed for a service user would need to be reviewed whenever medication was changed by the GP to ensure that there were no contra-indications etc. The care home would be expected to buy the homely remedy medicines, there is no facility to have them supplied via NHS prescription - they should not use leftover medicines from another service user etc.

It should be noted that it is not part of the GMS (GP Contract) to authorise administration of homely remedies so some GP's might not be prepared to do this.

Appendix A: Notification Form

Appendix B: Policy Audit

Appendix C: Operational Audit

**SERVICE AGREEMENT**  
**Provision of services to Care Homes by Community Pharmacies**

I agree to the above-named service level agreement:

<b>CONTRACTOR Representative</b>	<b>Signature</b>	<b>Name (block capitals)</b>
<b>Trading name of pharmacy</b>		
<b>Contractor Code</b>		
<b>Date</b>		
<b>Name and address of Care Home</b>		
<b>Which quarter do you intend to complete your first audit? (Circle as appropriate).</b>  Note- subsequent audits must be undertaken each quarter thereafter	<b>Apr-Jun 2022</b>  <b>Jul-Sep 2022</b>	

**Note: In order to ensure payment, action plans from each quarterly audit must be submitted by:**

- 5<sup>th</sup> July
- 5<sup>th</sup> October
- 5<sup>th</sup> January
- 5<sup>th</sup> April

<b>NHS Lothian Representative</b>	<b>Signature</b>	<b>Name (block capitals)</b>

# NHS Lothian Care Home Policy Audit

## Details of Visit

Name of Home:	Number of beds:
Care home operator:	
Care type (Elderly, Learning disability, EMI, Children):	
Officer in Charge during visit:	
Pharmacy Address & Contractor code:	Pharmacist / Tech making visit:
	Lead GP Practice for Care home:
	Primary Care Pharmacist for care home: (If applicable)
Date of visit:	Annual visit / Follow up visit (Please circle)
	Time spent at care home:
Date of previous visit:	

# NHS Lothian Care Home Policy Audit

## Summary of Action Points

Care Home Name ..... Pharmacy contractor code.....			Follow up visit	
	Action	By Whom and when	Completed by	Date completed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				



# NHS Lothian Care Home Policy Audit

## Medicines Policy

	Notes, including recommendations and actions
1. Does the care home have a medicines policy? a. When was it last reviewed? b. By whom?	
2. Does the medicines policy cover: a. Ordering of medicines b. Receipt of medicines c. Storage of medicines (including fridge items and CDs) d. Changes to medicines e. Disposal of medicines	
3. Are prescriptions on a 28-day cycle? a. If not, what is the cycle length?	

# NHS Lothian Care Home Policy Audit

## Records

	Notes, including recommendations and actions
1. What records are kept of medications ordered?	
2. Does the care home keep copies of signed prescriptions from GP practice before sending them to the community pharmacy?	

## Training / Skill Mix

	Notes, including recommendations and actions
1. How many members of care home staff have training and skills to order medicines?  a. Is there always a member of staff on shift who is trained in medicines management?	
2. What is the process for annual review of staff knowledge, skills and competencies around medicines management?	
3. Is there a training and development programme for existing staff around management and administration of medicines?	
4. Is medicines management covered during induction for new staff and what training do they receive?	

# NHS Lothian Care Home Policy Audit

## Communication

	Notes, including recommendations and actions
1. How is information about patients' medicines communicated between shifts?	
2. What is the process for notifying GP Practice and Community Pharmacy when a patient is admitted to the Care Home, Discharged from hospital or seen by Out of Hours GP? a. How are medications reconciled? b. How are prescriptions requested?	
3. How are mid cycle changes communicated to the community pharmacy and GP Practice and what is the process for requesting medicines to synchronise with next cycle?	
4. How do staff know when the GP Practice or Community Pharmacy have been contacted about a prescription query? a. How are the responses communicated to staff?	
5. Is there a named contact at the care home, community pharmacy and GP practice to aid communication a. Are there arranged times to contact GP practice and/or community pharmacy with queries / requests?	
6. How is the community pharmacy notified when a medication has been changed or stopped?	

# NHS Lothian Care Home Policy Audit

## Ordering and Receipting Medicines

	Notes, including recommendations and actions
1. Do the care home providers ensure that staff have protected time to order medicines?	
2. Who initiates requests for repeat prescriptions?	
3. How are emergency prescriptions (e.g. issued by GP out of hours) dealt with? a. What happens if the prescription doesn't arrive as expected?	
4. How are shortages dealt with? (i.e. to replace medicines dropped or spilt)	
5. Do the care home providers ensure that staff have protected time to check medicines delivered to the care home?	
6. How are medicines received checked against original order to ensure they have been prescribed and supplied correctly?	

# NHS Lothian Care Home Policy Audit

## Guidance Notes

The following guidance notes aim to generate discussion between pharmacy staff and care home staff around what is currently in place and to promote thought as to how processes could be changed to improve efficiency and reduce waste. The notes are not prescriptive; please consider any other ideas you may have to help achieve these aims.

## Medicines Policy

	Guidance Note
1. Does the care home have a medicines policy? When was it last reviewed? By whom?	Care home providers should have a care home medicines policy. <sup>1</sup> This should include written processes.  Please ensure that the policy has robust written processes covering the activities in this question.
2. Does the medicines policy cover: a. Ordering of medicines b. Receipt of medicines c. Storage of medicines (including fridge items and CDs) d. Changes to medicines e. Disposal of medicines	Ensure that it is regularly reviewed by an appropriate person.  It may be helpful to request to view this policy in advance of the visit.
3. Are prescriptions on a 28 day cycle? If not, what?	Repeat prescriptions should be for no more than 28 days where appropriate. <sup>2</sup>

## Records

	Guidance Note
1. How are the following medication change instructions recorded and actioned? a. Verbal instruction b. Written instruction c. Discharge / clinic letters d. New admissions / respite patients e. Changes to medicines **(See below)	Prescribers can give instructions regarding medicines changes via telephone in exceptional circumstances. It should be followed up by a written instruction. <sup>3</sup>  Does the care home have a robust procedure for recording verbal instructions (e.g. a book to record them in) and how would they ensure a written instruction was subsequently received?  Is there a robust process for ensuring changes from clinic letters or discharges are actioned by the GP?  Are mid cycle dosage changes contributing to waste? Annotation of the MAR may negate the need for dosage changes to require a new supply (and disposal of the old supply) <sup>3</sup>  New admissions and respite patients should have their medicines reconciled using with two sources (ideally including a relative). A handwritten MAR can be created from this.
2. What records are kept of medications ordered?	Care home providers should ensure that a record is kept of medicines ordered. <sup>3</sup> This ensures that medicines can be checked off against the order when received. Are the care home staff keeping records of medications ordered? (include those to replace loss through medicines dropped or spilled and emergency prescriptions)
3. Does the care home keep copies of signed prescriptions from GP practice before sending them to the community pharmacy?	Advice is to keep photocopies of requested repeat prescriptions which have been returned from GP practice before sending originals to community pharmacy for dispensing. <sup>4</sup>  Does the care home do this?
4. Are the following recorded appropriately on the MAR? a. Medicines to be carried forward to next cycle	Check that the care home staff are using the MAR chart correctly, in particular to look at the areas highlighted.

<sup>1</sup> Managing Medicines in Care Homes. 2014. NICE.

<sup>2</sup> Guidance about medication care plans, review, monitoring and record keeping in residential care services. 2012. Care Inspectorate

# NHS Lothian Care Home Policy Audit

<ul style="list-style-type: none"> <li>b. Quantity of medicines required for next cycle</li> <li>c. Discontinued medicines</li> <li>d. Changes to medicines</li> </ul>	<p>Are mid cycle dosage changes contributing to waste? Annotation of the MAR may negate the need for dosage changes to require a new supply (and disposal of the old supply) <sup>3</sup></p> <p>There's a guide in the Care Inspectorate document if required. <sup>4</sup></p>
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## Training / Skill Mix

	Guidance Note
<p>1. How many members of care home staff have training and skills to order medicines?</p> <p>Is there always a member of staff on shift who is trained in medicines management?</p>	<p>Care home providers should ensure at least two members of staff have the training and skills to order medicines, but ordering can be done by one person.<sup>3</sup></p>
<p>2. What is the process for annual review of staff knowledge, skills and competencies around medicines management?</p>	<p>Care home providers should ensure that all care home staff should have an annual review of their knowledge, skills and competencies relating to managing and administering medicines.<sup>3</sup></p>
<p>3. Is there a training and development programme for existing staff around management and administration of medicines?</p>	<p>All care home staff must have an induction relevant to the type of care home. All staff (including registered nurses as part of their continuing professional development) involved in managing and administering medicines should successfully complete any training needed to fulfil the learning and development needs of their role.<sup>3</sup></p>
<p>4. How is medicines management covered during induction for new staff and what training do they receive?</p>	

## Communication

	Guidance Note
<p>1. How is information about patients' medicines communicated between shifts?</p>	<p>There should be a process to describe how information is transferred between shifts. This should be written in the care home medicines policy.<sup>3</sup></p>
<p>2. What is the process for notifying GP Practice and Community Pharmacy when a patient is admitted to the Care Home, Discharged from hospital or seen by Out of Hours GP?</p> <ul style="list-style-type: none"> <li>a. How are medications reconciled?</li> <li>b. How are prescriptions requested?</li> </ul>	<p>Consider how this is communicated</p> <p>Consider how medicines are reconciled for new / respite patients</p> <p>Consider the process for supplying this information to GP practice and community pharmacy and the process for requesting prescriptions.</p>
<p>3. How are mid cycle changes communicated to the community pharmacy and GP Practice and what is the process for requesting medicines to synchronise with next cycle?</p>	<p>Consider the process for requesting prescriptions mid cycle.</p> <p>Is the amount of medicines required for this cycle calculated and requested or is a full cycle requested and only part issued with the prescription being endorsed?</p>
<p>4. How do staff know when the GP Practice or Community Pharmacy have been contacted about a prescription query?</p> <ul style="list-style-type: none"> <li>a. How are the responses communicated to staff?</li> </ul>	<p>Consider how this is recorded in the care home and what is in place to prevent duplicate queries.</p> <p>Consider how the responses are recorded, actioned and communicated within the care home.</p>
<p>5. Is there a named contact at the care home, community pharmacy and GP practice to aid communication</p> <ul style="list-style-type: none"> <li>a. Are there arranged times to contact GP practice and/or community pharmacy with queries / requests?</li> </ul>	<p>Consider the communication arrangements.</p> <p>Think of examples of how it currently works and are there ways it could be more efficient?</p>
<p>6. How is the community pharmacy notified when a medication has been changed or stopped?</p>	<p>When an item is discontinued the community pharmacy should be notified.<sup>4</sup></p>

# NHS Lothian Care Home Policy Audit

## Storing Medicines

	Guidance Note
1. Are medicines stored securely with only authorised care home staff having access? (Unless patient self administers)	Care home providers should have written processes covering storage of medicines, including how and where medicines are stored. <sup>3</sup>  These processes should cover all the listed items.
2. Are medicines being appropriately stored? a. Controlled Drugs b. Refrigerated items c. Monitored dosage packs d. Non monitored dosage packs (e.g. prn items) e. Topical items f. Injectables g. Oral Nutritional supplements / sip feeds h. Appliances (e.g. stoma / continence)	Consider the amount of storage space, is it adequate?  Consider where the items are stored, does it make it easy to find when reordering e.g. are items stored in lots of different places.  Are they stored in such a way thats likely to cause loss of the item?  Can / do the patients move items around?
3. Does storage of CDs comply with Misuse of Drugs regulations	
4. Are refrigerated medicines being stored correctly? a. Is temperature monitoring in place? b. Is it being appropriately recorded? c. Is there an action plan if the refrigerator fails?	Care home providers written processes should cover refrigerated storage of medicines, including the temperature ranges and monitoring processes. <sup>3</sup>  Check they have appropriate monitoring in place and that its being done.  Check they have an adequate workable plan for if the fridge fails (ideally incorporated in the medicines policy)

## Ordering & Receipting Medicines

	Guidance Note
1. Do the care home providers ensure that staff have protected time to order medicines?	Care home providers should ensure staff have protected time to order medicines and check medicines delivered to the home. <sup>3</sup>
2. Who initiates requests for repeat prescriptions?	Care home providers should retain responsibility for initiating prescription requests and not delegate it to the supplying pharmacy. <sup>3</sup>
3. Regarding checking stock levels for reordering: a. Who checks the stock levels? b. When are the stock levels checked? i. Does the person checking stock levels have access to <u>all</u> the patients' medicines at that time? c. Is checking stock levels done differently for topical, injectables, PRNs etc?	Consider the training and expertise of the person ordering the medicines.  Consider when the ordering is done and if the person ordering medicines has access to all the patients' medicines. (e.g. is it done by the night shift who can't access medicines in the patient's room because the patient is asleep?)  Are all medicines considered in the same process or are some done differently (e.g. depending on where they are stored, or are different storage areas done at different times or by different people)  Consider how these processes could contribute to unnecessary prescription requests and waste.
4. When prescriptions are received from the GP practice and before sending to the community pharmacy: a. How are they checked off against the original order? b. What happens with prescriptions for unexpected items? c. What happens if the dosage instructions are incorrect? d. What happens if the prescription quantity is excessive?	Prescriptions received from the GP practice should be checked against the original order. <sup>3,4</sup>  Consider the process of checking prescriptions against the original order. What do staff do with unexpected items and any items discontinued since the prescription s were ordered?  Can they be highlighted to the pharmacy as not required or crossed off and marked Not dispensed? – If so how is this fed back to the GP practice to amend their records?  How are incorrect dosages / excessive quantities fed back to the GP practice and how is the community pharmacy involved?

# NHS Lothian Care Home Policy Audit

<p>e. What happens to prescriptions for recently discontinued items?</p> <p>f. How are other discrepancies dealt with?</p>	<p>Discrepancies should be queried with the GP Practice promptly. Is there a mechanism to do this efficiently? E.g. a specified time to call with queries or send queries to / a named person to speak to?</p>
<p>5. How are emergency prescriptions (e.g. issued by GP out of hours) dealt with?</p> <p>a. What happens if the prescription doesn't arrive as expected?</p>	<p>Consider the process of getting the prescription dispensed</p> <p>Consider communication within care home and between care home and pharmacy</p>
<p>6. How are shortages dealt with? (i.e. to replace medicines dropped or spilt)</p>	<p>Consider urgency and frequency of occurrence.</p> <p>Consider if prescriptions to replace lost medicines can be ordered weekly and consider mechanisms which may enable this.</p>
<p>7. Do the care home providers ensure that staff have protected time to check medicines delivered to the care home?</p>	<p>Care home providers should ensure staff have protected time to order medicines and check medicines delivered to the home.<sup>3</sup></p>
<p>8. How are medicines received checked against original order to ensure they have been prescribed and supplied correctly?</p>	<p>Discuss the process already in place</p> <p>Consider what is done with unexpected items.</p> <p>Consider how discrepancies are dealt with.</p>

## Disposal of Medicines

	Guidance Note
<p>1. What systems are in place for ensuring that the medicines kept for a patient are currently prescribed?</p>	<p>The care service needs to have a system in place to ensure that medicines kept for the use of service users are currently prescribed.<sup>4</sup></p> <p>Consider how medicines are recorded as discontinued and is the medicine retained or disposed of?</p> <p>Consider the process for checking MARs for medicines that could be stopped.</p> <p>MARs should be checked monthly along with the personal plan to ensure that dressings or medicines such as antibiotics which are for a specified duration are discontinued as intended. If the condition for which an item was prescribed has resolved it should be discontinued.</p>
<p>2. How are expiry dates checked for:</p> <p>a. Unopened items</p> <p>b. Opened items</p>	<p>Before disposing of a medicine currently prescribed for a patient, care home staff should check if it is within its expiry, or within its shelf life if opened.<sup>4</sup></p> <p>Ask care home staff how they check expiries and what their understanding of shelf life of an opened product is.</p>
<p>3. What happens to opened topical items (e.g. creams, ointments etc) at the end of the cycle?</p> <p>a. What happens to opened PRN items such as analgesia or inhalers</p>	<p>Anecdotal evidence of opened topical items being returned at the end of each cycle, despite there being plenty left.</p> <p>Ensure care home staff know that the item should be used until it is finished, discontinued or expired.</p>
<p>4. How are returns for the following currently managed?</p> <p>a. Medicines exceeding requirements for current cycle</p> <p>b. Unwanted medicines (Discontinued medicines or medicines for deceased patients)</p> <p>c. Date expired medicines</p> <p>d. Medicines incorrectly stored (e.g. outwith fridge for too long)</p> <p>e. Anticipatory medicines for patients not yet deceased</p> <p>f. Oral Nutritional supplements / sip feeds</p> <p>g. Appliances (e.g. stoma / continence)</p>	<p>Care home should be aware that they are only to return medicines if one of the following reasons applies (3 D's):<sup>2</sup></p> <p>Deceased patient Date expired Discontinued</p> <p>Discuss processes to ensure that medicines are not returned for any other reason.</p> <p>Encourage excess stock to be used up before more is ordered. (Discourage routine clearing of medicines cupboards at the end of the cycle)</p> <p>Anticipatory medicines should be retained as long as possible (although space in CD cupboards may limit this)</p> <p>Oral Nutritional Supplements / sip feeds and appliances do not need to be returned to community pharmacy, they can be disposed of in the care home.</p>
<p>5. What records are kept when medicines waste is sent back to pharmacy?</p>	<p>The care service should keep a record of<sup>1</sup>:</p> <p>a. The staff member handing over the waste</p> <p>b. The name of the person receiving the waste</p> <p>c. The name of the pharmacy the waste has gone to</p>



# NHS Lothian Care Home Policy Audit

	d. The date and time
6. How are waste medicines stored before being returned to pharmacy?	Medicines for disposal should be kept securely in a tamper-proof container in a locked cupboard whilst awaiting return / collection by pharmacy . <sup>3</sup>

## NHS Lothian Care Home Operational Audit

### Details of Visit

Name of Home:	Number of beds:
Care home operator:	
Care type (Elderly, Learning disability, EMI, Children):	
Officer in Charge during visit:	
Pharmacy Address & Contractor code:	Pharmacist / Tech making visit:
Lead GP Practice for Care home:	
Primary Care Pharmacist for care home:	
Date of visit:	Annual visit / Follow up visit (Please circle)
Time spent at care home:	
Date of previous visit:	

## NHS Lothian Care Home Operational Audit

### Summary of Action Points

Care Home Name ..... Pharmacy contractor code.....

			Follow up visit	
	Action	By whom	Completed by	Date completed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

## NHS Lothian Care Home Operational Audit

### Records

	Notes, including recommendations and actions
<p>1. How are the following medication change instructions recorded and actioned?</p> <ul style="list-style-type: none"> <li>a. Verbal instruction</li> <li>b. Written instruction</li> <li>c. Discharge / clinic letters</li> <li>d. New admissions / respite patients</li> <li>e. Changes to medicines <b>**</b>(See below)</li> </ul>	
<p>2. Are the following recorded appropriately on the MAR? (Check 10% of MAR charts)</p> <ul style="list-style-type: none"> <li>a. Medicines to be carried forward to next cycle</li> <li>b. Quantity of medicines required for next cycle</li> <li>c. Discontinued medicines</li> <li>d. Changes to medicines <b>**</b>(See below)</li> </ul>	

**\*\*** Changes to medicine doses mid cycle may be generating waste if care homes request new prescriptions for an item that only has a dose change

Care inspectorate advice is that if the MAR does not match the dispensing label is to document on the MAR:

“If the instruction on the MAR chart is different from the instruction on the dispensing label, then the information on the MAR chart should explain why”

“There is no need to get the medicine relabelled to reflect the new dosage instructions if the MAR chart explains the reasons for the change”

The change would then be made in the next cycle.

## NHS Lothian Care Home Operational Audit

### Storing Medicines

	Notes, including recommendations and actions
1. Are medicines stored securely with only authorised care home staff having access? (Unless patient self-administers)	
2. Are medicines being appropriately stored? <ul style="list-style-type: none"> <li>a. Controlled Drugs</li> <li>b. Refrigerated items</li> <li>c. Monitored dosage packs</li> <li>d. Non monitored dosage packs (e.g. prn items)</li> <li>e. Topical items</li> <li>f. Injectables</li> <li>g. Oral Nutritional supplements / sip feeds</li> <li>h. Appliances (e.g. stoma / continence)</li> </ul>	
3. Does storage of CDs comply with Misuse of Drugs regulations	
4. Are refrigerated medicines being stored correctly? <ul style="list-style-type: none"> <li>a. Is temperature monitoring in place?</li> <li>b. Is it being appropriately recorded?</li> <li>c. Is there an action plan if the refrigerator fails?</li> </ul>	

## NHS Lothian Care Home Operational Audit

### Ordering and Receiving Medicines

<p>1. Regarding checking stock levels for reordering:</p> <ul style="list-style-type: none"> <li>a. Who checks the stock levels?</li> <li>b. When are the stock levels checked?             <ul style="list-style-type: none"> <li>i. Does the person checking stock levels have access to <u>all</u> the patients' medicines at that time?</li> </ul> </li> <li>c. Is checking stock levels done differently for topical, injectables, PRNs etc?</li> </ul>	
<p>2. When prescriptions are received from the GP practice and before sending to the community pharmacy:</p> <ul style="list-style-type: none"> <li>a. How are they checked off against the original order?</li> <li>b. What happens with prescriptions for unexpected items?</li> <li>c. What happens if the dosage instructions are incorrect?</li> <li>d. What happens if the prescription quantity is excessive?</li> <li>e. What happens to prescriptions for recently discontinued items?</li> <li>f. How are other discrepancies dealt with?</li> </ul>	

## NHS Lothian Care Home Operational Audit

### Disposal of Medicines

<p>1. What systems are in place for ensuring that the medicines kept for a patient are currently prescribed?</p> <p>2.</p>	
<p>3. How are expiry dates checked for:</p> <p>a. Unopened items</p> <p>b. Opened items</p>	
<p>4. What happens to opened topical items (e.g. creams, ointments etc) at the end of the cycle?</p> <p>a. What happens to opened PRN items such as analgesia or inhalers</p>	
<p>5. How are returns for the following managed?</p> <p>a. Medicines exceeding requirements for current cycle</p> <p>b. Unwanted medicines (Discontinued medicines or medicines for deceased patients)</p> <p>c. Date expired medicines</p> <p>d. Medicines incorrectly stored (e.g. outwith fridge for too long)</p> <p>e. Anticipatory medicines for patients not yet deceased</p> <p>f. Oral Nutritional supplements / sip feeds</p> <p>g. Appliances (e.g. stoma / continence)</p>	

## NHS Lothian Care Home Operational Audit

6. What records are kept when medicines waste is sent back to pharmacy?	
7. How are waste medicines stored before being returned to pharmacy?	