



# Family Nursing & Home Care

## **Standard Operating Procedures**

**Home Care Service  
Medicines Management**

1 September 2021

## Document Profile

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## Version Control / Changes Made

Date	Version	Summary of changes made
May 2021	1	SOPs removed from previous Home Care Medicines Policy to create separate stand-alone document The term 'service user' replaced with the term 'client'. Content reviewed and updated in line with the Jersey Care Commission Standards for Home Care 2019 and related FNHC procedures
August 2021	1.1	Definition of 'near miss' added to SOP1

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## Introduction

These Standard Operating Procedures (SOPs) relate to the following areas of Home Care Service Medicines Management:

- Drug Errors
- Shared Administration of Medication
- Transportation of Controlled Drugs
- Storage of Controlled Drugs
- Administration of Schedule 2 Controlled Drugs
- Recording of Schedule 2 Controlled Drugs
- Destruction of Controlled Drugs
- Theft or Loss of Controlled Drugs

They are to be used in conjunction with the organisational Home Care Service Medicines Policy and Procedures.

## SOP 1 Drug Errors

### **Purpose**

This SOP enables immediate action to be taken to safeguard the service user should an actual or near-miss drug error take place. In the event of this happening, the organisation is able to take any immediate or remedial action and review its procedures to minimise the chance of a similar incident occurring in the future.

### **Scope**

This SOP pertains to errors involving all medications administered/supported by the Home Care Service and covers immediate action, reporting and follow-up.

It must be followed in the event of a 'near-miss'\*\* or actual drug error that involves any aspect of medication administration e.g.:

- transporting medications
- preparing medications
- prompting medications
- administering a prescribed medication to a specific client
- maintaining accurate records

Drug errors may be identified when they occur or as and when the individual or other staff member is undertaking subsequent treatment or during follow up visits.

\*\*A 'near miss' is an event that could have caused harm or had a short term or long term detrimental effect had it have been allowed to reach its natural conclusion eg a medicine that has been wrongly dispensed but this was identified before administration took place

### **Core Requirements**

- Staff will assess the severity of the error to the best of their ability and where required initiate immediate first aid, involving Emergency Services if needed
- All drug errors must be reported to a senior staff member as soon as the incident has been identified and after first aid (if necessary) is given. Notice should be taken of whether or not the medication in question is considered a 'critical medicine, as per [FNHC Home Care Medicines Policy](#). The client's GP or on call GP must be informed, as well as the client/carer.
- An accurate account of the incident and actions taken must be documented in the client's care records.

- The incident must be imputed onto the Assure incident reporting system. See [SOP Incident Reporting](#).
- If indicated, an investigation will be instigated following the Incident/Near Miss Assure process. Where appropriate the organisation's Pharmacy Advisor will be consulted for advice.
- Follow up visits to check the client's condition should be undertaken as requested by the GP or as assessed as necessary by a senior staff member.

## SOP 2 Shared Administration of Medication

### **Purpose**

To ensure that, where the administration of medication is shared, all clients, regardless of care setting, receive their medication safely and in a timely manner.

### **Scope**

This SOP should be followed when the administration of medication is shared with others including other care providers and the client's family.

### **Core Requirements**

- Occasionally it may be necessary to share administration of a medication with other care providers. Wherever possible this situation should be avoided due to the inherent risks involved in this practice.
- Where shared administration is unavoidable, a risk assessment must first be carried out in conjunction with the other care providers. If the other care providers are staff from a Registered Provider, the Registered Manager for that organisation should be involved
- Where agreement has been given to share medication administration, the client's care plan in their care records must clearly reflect the process for the shared administration of the medication
- All staff must exercise a heightened awareness of the possibility that the medication may already have been administered by another care provider.
- Within the risk assessment & care plan, the process for administration and recording must be clearly documented.
- There is an expectation that other care providers will comply with the requirements of the risk assessment & care plan.
- If shared administration risks cannot be reduced to an acceptable level, Family Nursing & Home Care may refuse to undertake this element of the care package.

## SOP 3 Transportation of Controlled Drugs

### **Purpose**

To ensure that the security, safe handling and quality of controlled drugs are not compromised during transportation from the dispensing pharmacy to the client's home.

### **Scope**

Transportation encompasses the transport of all controlled drugs or prescription only medicines that have been prescribed for named clients and where it has been identified that there is no relative or carer available to collect the medicines at that time.

### **Core Requirements**

- The client/family should, where possible, arrange to collect controlled drugs from the pharmacy or arrange for their delivery by the pharmacy's delivery service.
- Home Care staff should not routinely transport controlled drugs to and from the client's home. Senior care assistants should only transport controlled drugs to and from the client's home if this is part of their agreed care plan.
- The Home Care Manager must be informed and agree for the senior care assistant to transport the controlled drugs from the pharmacy to the client's home
- The rationale for this action must be clearly recorded within the care records
- The senior care assistant collecting Schedule 2 controlled drugs will be required to produce identification to the Pharmacist in the form of their Family Nursing & Home Care identification badge. On receipt, a signature from the pharmacist should be recorded on the Collection of Controlled Drugs form
- The controlled drugs must be transported directly from the dispensing pharmacy to the client's home.
- The controlled drugs must be transported out of sight in a locked boot and should not be left unattended in a vehicle at anytime
- Any adverse incidents, near miss or issues that might have led to an adverse incident should be reported following the FNHC Incident Reporting System (Assure)



## SOP 4 Storage of Controlled Drugs

### **Purpose**

To ensure that the controlled drugs are stored in an appropriate and safe place within the client's home.

### **Scope**

Encompasses all controlled drugs that are dispensed to clients for administration by Care Assistants.

### **Core Requirements**

- Care Assistants should encourage clients and their families to store controlled drugs appropriately.
- Appropriate places for storing drugs must be discussed with clients and carers and a 'safe place' agreed. This is particularly important if there are young children resident, visiting or where there are confused/elderly members of the family
- Care assistants must record the outline of the discussion within the client's records
- Controlled drugs remain the property of the client for whom they are prescribed
- Controlled drugs should be stored in an environment which does not threaten their integrity
- Where there are highlighted concerns regarding 'at risk' households, stock levels should be kept to a minimum with concerns being discussed with the Home Care Manager and the client's General Practitioner
- Extreme care should be taken when different strengths of controlled drug for injection are in use as packaging of different products may appear similar.
- Any adverse incident, near miss or dangerous occurrence should be reported following the FNHC Assure incident reporting system.

## SOP 5 Recording of Controlled Drugs

### **Purpose**

To ensure that all (Schedule 2) controlled drugs administered by FNHC Home Care staff are accurately recorded on the relevant approved controlled drug stock sheet and an accurate balance of stock is maintained.

### **Scope**

This SOP encompasses all controlled drugs with recording requirements, dispensed to a named client for administration by authorised staff and includes recording the receipt of stock and maintaining stock balance.

### **Core Requirements**

- All new stock of Schedule 2 controlled drugs dispensed for administration by authorised care assistants to a named client, must be recorded on the approved Controlled Drug Stock Sheet [FNHC Home Care Medicines Policy](#) (Appendix 10)
- All new stocks of Schedule 2 controlled drugs should be accurately recorded on the controlled drug stock sheet with the number of units received recorded in words not numerical figures e.g. Twenty, not 20.
- The name, strength and quantity of the drug must be recorded and signed by the authorised Home Care staff entering the details. In addition, the name of the pharmacy supplying the controlled drugs should also be recorded.
- Stock levels of all Schedule 2 controlled drugs should be checked against the 'stock level' chart at each administration
- Schedule 2 controlled drugs collected from the dispensing pharmacy by relatives/carers for administration by authorised Care Assistants should be entered within the record at the **next** visit
- Any discrepancy in the stock levels should be double checked and if it still cannot be accounted for, managed as per SOP 8 'Theft or Loss of Controlled Drugs'

## SOP 6 Administration of Controlled Drugs

### **Purpose**

To ensure the safe and secure handling of controlled drugs during their administration to clients.

### **Scope**

Any occasion where Home Care staff administer a controlled drug to a client or support the client's self-administration of a controlled drug

### **Core Requirements**

- Administration shall be by an appropriately qualified and competent person i.e. a care assistant holding a vocational Level 3 Certificate in medication administration.
- Only controlled drugs checked to be quality assured will be administered e.g. within date, original packaging, prescribed for that specific client
- The client's consent must be gained prior to administration
- Administration of drugs will comply with FNHC guidance on the administration of controlled drugs
- Where staff are administering controlled drugs in a client's home, these may be checked, administered and recorded by one care assistant if no competent witness is available. However, if a second competent person is available, this must be utilised. This person could be another (informal) carer and they should sign the relevant medicine administration chart and stock sheet. The name and role of the witness should be clearly recorded in the progress notes.
- In recognised 'high risk' situations e.g. family/clients requiring extra support, unstable client or environmental concerns, the care assistant must seek guidance from a Senior Care Assistant/Home Care Manager.
- Care assistants should record the administration of controlled drugs in the usual way on the MAR chart.
- When a discrepancy occurs on the recorded stock level on the Controlled Drug Stock Sheet) the care assistant should attempt to verify the source of the discrepancy by re-counting, considering the possibility of another care worker or health professional administering the drug e.g. GP.
- If the discrepancy **CANNOT** be accounted for, refer to SOP 8 'Theft or Loss of Controlled Drugs'
- If the discrepancy is verified with legitimate reason e.g. 'medication fell on floor', this should be recorded as an 'incident' via Assure.

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- If discrepancy relates to an inaccuracy in adding / subtracting totals on the stock sheet, the attending care assistant should asterisk the incorrect total and make a note next to this. This should be logged via the Assure system and the Senior Care Assistant/Home Care Manager informed.

## SOP 7 Destruction of Controlled Drugs

### **Purpose**

To ensure controlled drugs which are the property of the client are either destroyed within the home in a safe and controlled manner (opened/used transdermal patches only) or returned to the community pharmacy.

### **Scope**

All controlled drugs which are the property of the client but Home Care staff have been involved in their administration.

### **Core Requirements**

- Care Assistants should advise clients or carers to return all unwanted/unused controlled drugs to the Community Pharmacy.
- It is the responsibility of the family/carer to return unwanted/unused controlled drugs to the Community Pharmacy when able
- Care Assistants should only remove controlled drugs from a client's house when the client or their family are unable to do this and where this task forms part of the agreed plan of care. See 'SOP 3 'Transportation of Controlled Drugs'
- The 'Return of Unwanted Medication' form [FNHC Home Care Medicines Policy](#) (Appendix 8) must be completed and taken with the controlled drugs to the Pharmacy.
- The Community Pharmacist receiving the returned medication must be asked to sign this form to verify their return.
- In cases where the death of a patient is classed as an unexpected death, the client's controlled drugs should not be destroyed or removed from the house.
- In circumstances of the unexpected death requiring further investigation, the Police may seize the service user's controlled drugs as evidence and take responsibility for their appropriate disposal.
- Opened/used Fentanyl patches can be rendered irretrievable by removing the backing (if not already removed) and folding the patch upon itself. The patch may then be disposed of in a sharps bin.
- The audit trail for Schedule 2 controlled drugs must always be traceable.
- In situations where a client is unexpectedly absent from home e.g. admitted to hospital or dies, staff should notify the appropriate relatives of the need to return controlled drugs to the pharmacy for destruction. Where no appropriate person is available and the controlled drugs are unattended in the house, advice should be sought regarding who could access the property to remove the controlled drugs and return them to the pharmacy.

## SOP 8 Theft or Loss of Controlled Drugs

### **Purpose**

To ensure the correct procedure is followed in the event of theft or loss of controlled drugs within a client's home.

### **Scope**

All controlled drugs where Home Care staff are involved in their administration.

### **Core Requirements**

- The Home Care Manager must be informed immediately when controlled drugs are missing and it has not been possible to verify the discrepancy and the controlled drugs are thought to be stolen or 'lost'.
- An Assure incident record and investigation must be completed in line with the Incident Reporting Policy and Procedure as soon as possible.
- The Home Care Manager will inform the Operational Lead who, in agreement with the Head of Quality Governance and Care, or in their absence, the most Senior Manager or CEO who will inform the police if this is assessed to be necessary.
- If the theft or loss occurs out of normal working hours, staff must inform the Home Care Manager on-call. They will discuss the situation with the FNHC Manager on call to decide on further action which may include informing the police (if deemed appropriate) and to inform the Head of Quality Governance and Care the next working day.