

MM12: Procedure for Ordering, Receipt, Storage and Monitoring of Medicines in the Community Teams

PROCEDURE	
Ratifying Committee	Drugs & Therapeutics Committee
Date Ratified	January 2017
Next Review Date	January 2019
Accountable Executive Director	Director of Nursing

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TO BE READ IN CONJUNCTION WITH BELOW		
Title	Issue date	Reference
Policy and Procedure for Handling of Medicines Within Mersey Care NHS Trust	2015	SD12
Mersey Care NHS Trust injection guidelines (2015)	2015	
Guidelines for the Management of Medicines Errors within Mersey Care NHS Trust	2015	(MM09)
Infection Prevention and Control	2013	IC01
Mersey Care Non-Medical Prescribing Guidelines	2015	MM05
Self Administration of Medicines Procedure	2015	MM01
How Patient Group Directions (PGDs) are Developed and Implemented in the Trust	2015	MM02
Procedure for the Requisitioning Medicines in the Specialist Learning Disabilities Division	2016	MM15

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1. INTRODUCTION

1.1 Rationale

The trust carries legal liability for the safety, storage and administration of medicines. The purpose of this procedure is to ensure the safe and secure handling of medicines within community team settings. These guidelines are a supplement to the Mersey Care Handling of Medicines Policy (SD12) and the Mersey Care Non-Medical Prescribing Guidelines (MM05).

1.2 Scope

This document encompasses relevant community related procedures as they pertain to the handling and storage of medicines within community mental health settings.

The Department of Health requires that NHS Trusts establish, document and maintain an effective system to ensure that medicines are handled in a safe and secure manner.

The dispensing and administration of medicines are distinct and separate processes and can be described as follows:-

- **Dispensing:** the process of providing specific medicines for an individual following the written instruction of a prescriber
- **Secondary dispensing:** the process of using medicines that have already been dispensed and re-packaging it for an individual
- **Administration:** the process of giving an individual dose of medicine to a person that is to be taken immediately. This usually follows the written or verbal instruction of a prescriber

This procedure document outlines the duties and responsibilities of community mental health teams in the areas of:

- Ordering and supply of medicines
- Safe and Secure Storage of Medication
- Safe and secure transportation of medicines

2 DUTIES AND RESPONSIBILITIES

The terms dispensing and administration are sometimes used in the wrong context however, within practice and local and national policy/guidelines, these tasks are clearly defined. Dispensing should be undertaken by pharmacy staff and administration should be undertaken by nursing staff. In community teams, where there is a current variation in team arrangements, these roles are at risk of being undertaken by a variety of clinical staff. Undertaking tasks outside of the normal professional field of expertise carries inherent risks.

Mersey Care NHS Foundation Trust does not allow secondary dispensing to take place. Large quantities of medication may be removed from a service users home provided there is a sound clinical rationale for doing so, for example due to concerns about the patients safety regarding potential overdose. However these guidelines do not support the practice of removing service users' own medication from their home and re-dispensing one or days of medication at a time

2.1 Senior Management

The chief pharmacist or deputy, together with senior managers, must agree and authorise named individuals to be given the responsibility of ***'appointed practitioner in charge'***

In situations where the appointed practitioner in charge is not from a nursing background and it is inappropriate to take such responsibility, another member of the team must undertake the role of appointed practitioner in charge.

2.2 Appointed Practitioner in Charge

For each community team base where medicines are stored, a suitably qualified practitioner must be designated as the Appointed Practitioner in Charge. This Appointed Practitioner in Charge is ultimately accountable for the stock of all medicines held, ensuring that Medicine Policy requirements are followed correctly and that the security of medicines is maintained.

The *'appointed practitioner in charge'* identifies a ***'designated community practitioner'*** as competent and appropriate to perform specific procedures related to the handling and storage of medicines

2.3 Designated Community Practitioner

The appointed designated community practitioner will be responsible for the ordering, monitoring and safe storage of medication. The designated community practitioner should work to policies and procedures developed to meet local needs. This designated community practitioner should have an agreed and appointed ***'designated deputy'*** to cover this role in times of absence.

2.4 Community Nursing Staff

Community nursing staff are responsible for completing mandatory training and carrying out duties related to medicines management in accordance with this procedure document and with the Trusts Handling of Medicines Policy (SD12)

2.5 Role of Non-Registered Nursing Staff

Whilst staff within clinical teams, who are not registered nurses, are able to take on roles that fall short of handling medication but support the patient with practical tasks in the handling of their own medicines e.g. prompting (giving a verbal reminder to the person to take their own medicines) or encouraging the person with the taking of their own medicines. These guidelines reinforce the clear principle that medication administration can only be legally undertaken by a registered nurse.

3 ORDERING STOCK MEDICINES

3.1 Pharmacy

Pharmacy staff will audit the safe and secure storage of medicines on a quarterly basis the reports will be tabled at the trusts drugs and therapeutics committee

Pharmacy staff visit all teams in Mersey Care NHS Trust on a regular basis (weekly, fortnightly or monthly depending on team) to check stock and re order medicines if necessary. However, if needed all stock medicines may be ordered by the designated community practitioner.

3.2 Designated Community Practitioner

The amount of stock ordered must not exceed the maximum level on the stock sheet. The completed order should be faxed to pharmacy stores 0151 250 6190 (Appendix 2).

Care should be taken to avoid over-ordering or stockpiling medications. Current systems should ensure stock rotation, and regular checks should be made to remove expired medications.

4 RECEIVING MEDICINES IN THE COMMUNITY

4.1 Pharmacy

Drivers will deliver medication to community teams and departments at specified times throughout the day in sealed bags or boxes.

Transit bags are sealed with a uniquely numbered tag thus ensuring an audit trail between the pharmacy and community team/department. Any bags received by the community team without a numbered tag must be immediately reported to the Pharmacy Services Manager - Dispensary 0151 250 6061/6084

4.2 Designated Community Practitioner

Is responsible for receiving and signing for stock & prescription medication for individual service users' (supplied by Mersey Care Trust pharmacy), using the Depot stock & prescription medication signing in sheets (Appendix 1 & 2) must be completed

4.3 Stock medicines

The designated community practitioner must ensure that the bags and boxes are completely emptied immediately after opening, the identity of the drugs confirmed and the medications stored securely and appropriately in the department as soon as possible.

4.4 Individual service user medicines

Prescriptions received from Mersey Care Pharmacy

The designated community practitioner should check the medication prescribed including the form, strength and quantity for accuracy against the prescription (attached to bag).

The following information should be recorded on the 'Prescription record of receipt & supply to service user' (Appendix 1)

Received from pharmacy

The service user's name and X Number, medication received - checked for accuracy against prescription, number of days supply then signed and dated by qualified member of staff for receipt and secure storage.

Removal for delivery to service user

After checking for accuracy against the prescription signed and dated by qualified staff when removing for supply to the service user.

All qualified (Practitioners) are responsible for the correct storage of all medicines.

4.5 Injectable medicines

All injections administered to service users of the Trust must be supplied from the Trust pharmacy services.

Injections may be issued as temporary stock for named inpatients and also some service users in community, or as stock items in community mental health teams

Ready-to-administer or ready-to-use products will be supplied to all clinical areas in preference to those needing preparation before use, or those considered as high-risk.

Concentrates will only be purchased and supplied where safer alternatives are not available or a concentrate is clinically desirable.

5 STORAGE OF MEDICINES IN THE COMMUNITY

5.1 Medicine Cupboards

All medicines will be supplied by the pharmacy and must be kept in a separate locked medicine cupboard made to BS standard BS2881 (1989) to which the Designated Community Practitioners have access

Medicines must not be left unsupervised outside of a locked cupboard, or stored in a manner that allows patient or public access.

Apparent loss of medication of any kind must be reported immediately to the CMHT Manager / Deputy, who must inform either the Pharmacy Services Manager - Dispensary 0151 250 6084 or the Pharmacy Service Manager - Wards 0151 250 6245 at Mossley Hill and a Datix form completed

Storage of keys for Medicine Cupboards & medicine refrigerators

The keys for medication cupboards & refrigerators must be stored securely when not in use – A digi-lock key cupboard is recommended for the storage of keys, the code should be restricted to appropriate qualified members of staff who are authorised to have access to the medicine cupboards (the code should be changed at regular intervals)

5.2 Medicines Refrigeration

Medicines marked 'Store in Refrigerator' should be stored between 2 and 8°C. No food or drink other than nutritional supplements such as Ensures should be stored in the medicine fridge.

The fridge should be calibrated annually, defrosted in accordance with the Manufacturers requirements, kept locked, and reported for repair if the temperature display indicates a fault.

Care should be taken to ensure that the electricity supply to the refrigerator cannot be accidentally interrupted e.g. by using a switchless socket or by placing cautionary notices on plugs and sockets.

The team must have a maximum and minimum thermometer attached to the refrigerator and the current, maximum & minimum temperatures recorded ONCE daily, preferable at the same time each day (excluding weekends & bank holidays – when the community location is not staffed).

Room Temperature & fridge monitoring sheet are attached to this procedure

If a refrigerator is found to be outside the normal range, the advice at the bottom of the monitoring sheet should be followed no medication should be used, the Pharmacy Medicines Information Team (0151 250 6011) must be contacted immediately and

informed of the length of time the refrigerator has been off or malfunctioning and advice will then be issued.

Any unopened Risperdal Consta that needs storage in a fridge, if out for more than 20 minutes must not be returned to fridge but must be dated and kept in drugs cupboard and used within seven days

5.3 Room temperature

Storage temperatures beyond 25°C usually exceed those recommended by drug manufacturers and therefore stability of medicines cannot be guaranteed. Each area needs to demonstrate that appropriate action is taken to ensure the clinic room (medication storage area) is within the safe range for the storage of medication this includes evidence of accurate record keeping.

The Trust is inspected on all areas of medication storage by the CQC. This includes the room temperature in areas where medication is stored and evidence of accurate record keeping.

Room temperature must be monitored daily, current maximum, minimum recorded and then re-set. This is to be recorded on sheets supplied by pharmacy.

5.4 Audits

All community locations will be visited by pharmacy quarterly in order for a medication storage audit to be completed, however this will normally be carried out quarterly.

6 TRANSPORT OF MEDICINES

Designated Community Practitioners should possess a properly authenticated Mersey Care NHS Trust identification badge. The range of medicines carried will be specified by the stock list and will be agreed by the Appointed Practitioner in Charge and pharmacy.

6.1 Prescription cards

The use of a prescription card to record information about the prescribing and administration of medicines is well established. The basic requirements are that the prescription card should indicate the correct medicine, dose, frequency, prescriber and start/stop date. Information about administration of medicines is recorded alongside each individual medicine entry. The requirements of a medicine recording system at times of crisis, should include all medicines that the service user currently takes, including those that the CMHT staff are administering or overseeing, as well as those the service user is self administering.

All medicines carried by the Community Practitioner must be prescribed as a specified dose for a named service user by a prescriber e.g. on a depot card. Each medicine to be carried must be accompanied by the written prescription on the relevant depot card and the dose administered must be recorded.

6.2 Expiry Date Checks

The expiry dates of all medicines should be checked before use, any out-of- date medicines must be returned to the pharmacy for destruction. (See procedure – Drug Disposal contained in Handling of Medicines Policy). Pharmacy staff also checks expiry dates on their visits.

6.3 Safe carriage

The Designated Community Practitioner must keep the medicine:

- In an inconspicuous case when visiting a service user.
- In a locked case out of sight within the locked boot of a car when travelling between visits.

When a Practitioner goes to the cupboard to take medication out for delivery, the medication should be checked with the prescription and signed out and dated on the day it is to be delivered/administered to the service user. The medication must be checked by a qualified nurse or suitably trained other person (e.g. witness). Any medication that is not delivered to the service user should be signed back into the medicines cupboard.

All medicines carried by the registered nurse for administration must be prescribed as a specified dose for a named service user, by a prescriber and must be accompanied by the medicines card which must then be signed. Please refer to the trust handling of medicines policy SD12 and the Injection Guidelines 2015.

The Designated Community Practitioner must keep the medicine:

- In an inconspicuous bag when visiting a service user.
- Keep bag out of sight within the locked boot of a car when travelling between visits.
- Additional doses may be carried to allow for breakages or emergencies.

7 UNUSED AND RETURNED MEDICINES

Whenever practicable, with the consent and permission of service user (see appendix 6), unused medicines should be returned to the medicine cupboard at the team base for overnight and weekend storage.

Where this is not possible, they may be stored in a locked cupboard or drawer at home but not for longer than 72 hours. (SD12). Medicines no longer required by service users should be disposed of by returning them to the pharmacy of origin. Medicines that have been obtained from the pharmacy at Mersey Care NHS Trust can be returned via the pharmacy returns bins.

Medicines no longer required by service users should be disposed of by returning them to the pharmacy of origin via disposal procedures for return using relevant pharmaceutical waste bin (See SD12p.33, 34, 70, & 71).

8 SLDD: Leave (inclusive of 117 Trial Leave) Medicines (MM12)

- Leave medicines need to be ordered 48 hours in advance on the 'Leave Medication Prescription' (see MM15 appendix b). This can be obtained from the Health Centre.
- No more than 14 days supply of regular medicines can be ordered at any one time.
- If more than 14 days supply is needed for the period of leave then repeat orders will be made, no earlier than 3 days prior to the expiry of the original order. If 'as required' medicine is needed as part of the leave medicine this must be made explicit on the order and the specific number of doses required entered in to the appropriate column (see example on Appendix B)
- The risk factors associated with non compliance, poor understanding and deliberate and/or accidental overdose will be considered when ordering leave medication.

- There will be a care plan regarding administration of medicines given with the medicines.
- There will be Patient Information Leaflets given in a preferred format for each prescribed medicine.
- Leave prescriptions will be stored in Treatment Room at the Health Centre until required.

9 Managing Medication with Services Users Experiencing crisis

Increasingly with the agenda for service users to receive care and treatment in the least restrictive environment, service users in mental health crisis have been having their acute care needs met away from the traditional hospital setting, often under the care of the Community Mental Health Team.

This means that service users with complex medication needs are often receiving intensive pharmacological treatment in a community setting. Service users may have complete responsibility for all aspects of their medication (e.g. safe storage, ordering, self-administration), however at times particularly when there is a perceived risk, some or all of this responsibility is taken over by the clinical team.

Prescribing Advice

It is often custom and practice for non-medical staff or those who are non-practicing non-medical prescribers to advise and instruct for example GP's on the choice and dose of dose of psychotropic medicines this is known as "De Facto prescribing".

This practice compromises the safety of patients and undermines the accountability of the individual involved in the prescribing, since prescribing decisions are being undertaken by a medical prescriber distanced from the assessment and examination of the service user concerned.

This doesn't negate a practitioner making a recommendation that a type of medication should be considered for a service user, e.g. an A & E Mental Health Practitioner, following an assessment making a recommendation to a service users' GP that they should be assessed for a prescription of antidepressant medication. They should avoid however advising on the name and dosage of the medication to be prescribed

Administration Decisions

Agreements about whether the service user should receive their medication from staff members or self-administration should be clearly documented and reviewed on a regular basis. If the service user is going to self-administer, there needs to be an agreement about the extent to which this is supervised and recorded.

When medication is removed from a service user's home either for storage or to be destroyed then the consent form for removal, storage and disposal or return of service users own medication must be completed (appendix 1).

The consent form for removal, storage & disposal or return of medication (appendix 1) should be signed and dated by the service user and member of qualified nursing staff. On this form all service users' medication and quantities should be listed, the column at the end should be annotated with yes or no to highlight if medication has been removed or left with the service user

Before removal of service users medication the qualified member of staff should assess if it is safe to remove the medication. Certain medications should be left with the service user e.g. Inhalers for asthma, GTN sprays or tablets for angina, Insulin etc.

Excessive quantities of the medication listed above can be removed (leaving the most recently dispensed medication with the service user).

If large quantities of medication are discovered this must be investigated for possible non compliance/ concordance. This should be brought to the attention of the service users GP and consultant. This should be considered if a service user has stopped taking a medication and is restarting the same medication (re-titration may be needed).

The expiry date and ownership (check label for service users' name) of medication left with the service user should also be checked.

If there is then the need for medication to be dispensed for e.g. daily administration then a community repeat prescription card needs to be completed by the prescriber and faxed to Mossley Hill Hospital pharmacy for dispensing.

Before medication is prescribed, the service users' current prescribed medication should be reconciled. This may include contacting the service users GP / accessing EMIS web for an up to date list of currently prescribed medication, taking a medication history from the service user, contacting the pharmacy where medication is normally supplied from, looking at a recent discharge prescription from an inpatient stay etc.

The service users GP, as well as other services who supply medication to the service user, should be informed of the current risks to the service user and the decision to remove their medication in the interim.

Completion of the community repeat prescription card

After the service user's medication has been reconciled the prescriber must check the signed service users consent form (appendix 1), this will highlight any current medication which has been left in the possession of the service user, therefore these items should not need to be prescribed.

(Check quantity of medication left with service user to ensure supply does not run out).

- The prescription card should be annotated across the top with the service location
- The Service users' demographics should be filled in the top left hand box including unit number and date of birth for identification. Medication will not be dispensed if these details are missing.
- Any known drug sensitivities/allergies should be written in the drug sensitivities box.
- The date should be entered in the 'Date' box (left side of card)
- The prescribed medication should be written in the 'Drug' box (next to A, B, C etc.) N.B. Only list medication which is intended for supply from Mossley Hill pharmacy, other prescribed medication which has been left with the service user should be listed in the 'Other medicines' box (top right of card)

- The dose of the medication should be entered into the 'Dose' box
- Times of administration box should be ticked e.g. 9:00 18:00 etc.
- The duration box may be filled in or left blank e.g. if the TOTAL supply should not exceed a certain period of time for example an antibiotic, or a short supply of a hypnotic the total number of days should be entered here.
- The prescriber must sign in the 'Dr. signature' box next to each prescribed item

Medication may be ordered by a qualified member of nursing staff or a doctor in the boxes at the bottom of the card, the following information should be entered.

- Date of request in the 'Date*' box
- The Initials in (caps) of the qualified member of staff ordering the quantity
- In the 'Drugs' column if all items prescribed are required a ✓ should be entered in this box. If only certain medications are required from the prescription annotate this box with the letter that corresponds to the correct medication e.g. A, D, E etc.
- The number of days required for each supply should be entered in the 'No of days' box at the bottom of the table e.g. for three single day supplies '3 X 1 day', Seven single days '7 X 1 day', two days & three days supply '2 & 3 day' etc. Medication prescribed on the prescription card can be requested a number of times by the qualified nurse in this way (see below for maximum total number of days to be requested).
- Dispensing for CMHT service users should not exceed 28 days supply in total

Supply from Pharmacy

N.B. Delivery van runs from pharmacy to Aintree site currently leave Mossley Hill at **1pm & 5pm**, a qualified member of staff must be present to accept & sign for the delivery of medication.

If medication is required urgently & cannot be delivered on these transport runs the medication can be collected from Mossley Hill Pharmacy by either a qualified member of nursing staff (with ID) collecting from pharmacy or a Taxi ordered by the CMHT team.

- When the prescription card has been filled in, it should be faxed to pharmacy with a covering note to explain when it is required for e.g. urgent for 1pm delivery
- Pharmacy will dispense the requested required amount of medication & will supply in appropriate packaging e.g. 7 x 1 day, seven separate daily bags of medication will be supplied, each bag will have the service users name therefore when storing medication there should be no unnamed bags of medication kept in the medication cupboard. The seven separate bags will be packaged in one outer bag.
- Medication should be immediately checked for accuracy & the bags re-sealed
- Any discrepancies should be reported immediately to pharmacy
- When giving each supply of medication to the service user the medication must be checked again for accuracy against the prescription card (as medicines policy).

- Further supplies should be requested when required, taking into consideration the delivery times, ensure enough time i.e. for second & subsequent supplies fax new number of days request at least 24 hours in advance if possible.

Appendix

Depot (Stock) Medication record of receipt & administration information

Medication name, strength & form **Zuclopenthixol Decanoate 200mg in 1ml Depot Injection**

Date	Service user name & Unit number	Quantity received	Quantity removed for administration	Expiry Date & Batch Number	Total quantity of ampoules/injections in cupboard/fridge (including stock received)	Issued/ received by	Balance correct (Tick box and sign if correct – report discrepancies to CMHT manager)
10/5/16	<i>Balance transferred</i>	<i>from</i>	<i>Previous</i>	<i>sheet</i>	3	<i>Andrew Nurse</i>	✓ <i>Andrew Nurse</i>
11/5/16	<i>Received from pharmacy</i>	5		01/03/18 BN 45678	8	<i>Kathy Nurse</i>	✓ <i>Kathy Nurse</i>
11/5/16	<i>Adam Patient X123456</i>		<i>1 ampoule</i>	03/06/17 BN 7891	7	<i>Andrew Nurse</i>	✓ <i>Andrew Nurse</i>

Fridge & Room Temperature Monitoring Record

Location _____ Month _____ Year _____

All temperatures **MUST** be recorded daily on the table below.
 Fridge thermometer & Room Temperature thermometers must be reset each day after recording the Minimum, Current & Maximum temperatures on this sheet.

Date	Fridge Temperature °C			Clinic Room Temp °C (medication storage area)			Fridge Locked	Recorded by (print name)
	Min	Current	Max	Min	Current	Max	Y/N	
1								
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Appendix 7

Individual Named Medication Record

Medication Prescribed	Strength of Medication	Quantity of Medication	Service User Name (and Unit No.)	Signed in by (Name of staff member and date)	Signed out by (Name of staff member and date)

