

## Management of Medication and Medical Appliances in a Care Home Setting

This information applies to medicines, nutritional supplements, dressings, appliances or any other preparations ordered on prescription for individual care home residents. Prescribed medication and medical appliances ordering for care home residents should be managed by care home staff, to ensure timely and adequate supplies while minimising over-ordering, stockpiling and therefore avoiding unnecessary waste.

Care homes should have processes in place to ensure the following:

1. Only medication which is actually required should be ordered (In line with normal times for processing by GP practice and community pharmacy).
2. Medication should only be returned (to community pharmacy) where it is classed as 'care home waste'.

### Ordering Medication

Only medication actually required should be ordered for residents. To ensure only required medication is ordered the following should be considered:

- Refer to the most recent MAR chart to ensure only currently prescribed medicines are ordered.
- If any repeat medication has been discontinued, update the GP practice to have medication removed from repeat slip and the pharmacy to have it removed from MAR. This is to avoid the risk of accidental ordering.
- Prior to ordering check areas of medication storage (e.g. bedside cabinet/surplus stock cupboard, refrigerators) for any individual stock you may be holding for the resident.
- Be aware of the re-order cycle for your care home, taking into account the time for requests to be processed by the GP practice and supplying pharmacy.
  - Check the minimum amount of stock that is required. How many days' supply will be needed if you choose not to place an order this time?
  - Certain medicines may not need to be ordered each month e.g.
    - 'As required' medicines
    - Topical preparations creams/dressings
    - Inhalers
- Only order medications for which a supply is required in the coming order cycle.
- For 'As required' medications, no more than one months' supply of medication should be retained in stock, based on usage.
- If a care home resident has been refusing medicines, they should be reviewed by medical staff. Do not continue to routinely order as stockpiles will be building up.
- Liquid medicines – Are there large quantities of medicine left over at the end of the cycle, what is the reason? Are you running out mid-cycle? Is the medicine difficult to measure? Does the dose and quantity need to be reviewed by the GP practice?

## Returning Medication

Medication should not be returned to community pharmacy unless it is classed as true 'care home waste'.

- Medication returned to community pharmacy cannot be reused and is destroyed. Therefore it is imperative that any medication which can still be used by the care home resident is retained within the care setting and 'carried over' to the following month.
- Medicines prescribed for an individual can only be used by that individual.
- There are 3 instances in which medication or medical appliances can be classed as care home waste:
  - Discontinued: e.g. treatment has been changed or stopped.
  - Date expired stock: medication has reached its expiry date (note some open medications have a shorter expiry date e.g. eye drops).
  - Deceased resident: The Care Inspectorate advise retaining medication for 7 days before returning.
- Care home waste is not:
  - Medication which is 'left over' at the end of a cycle which the resident still requires.
  - Partially used creams, liquids, inhalers, boxes of dressings etc. which are still within expiry date.
  - Medical appliances e.g. stoma products which the resident still requires.
  - 'As required' medication which is within expiry.
  - Medication which has had changes to directions.

### **Care home managers are asked to undertake the following steps to ensure robust management of residents' medication/medical appliances:**

1. Disseminate information to all staff involved in the management of resident's medication.
2. Review current processes to ensure there are clear processes and accountabilities for the ordering and management of residents' medications and medical appliances, taking into account the points included above.
3. Review current processes to ensure robust procedures in place for the 'carry over' of medication to next 'cycle' including processes for temporarily ceasing the ordering of medication for which the patient has excess stocks.
4. Review current processes to ensure all medication returns are checked and verified as true 'care home waste' prior to returning to community pharmacy.

## Further Information

NICE Guideline: [Managing medicines in care homes](#)