

COMMUNITY PHARMACY ENHANCED SERVICE FOR SHEFFIELD CARE HOMES

Brincliffe House, 90 Osborne Road
SHEFFIELD
S11 9BD
Tel: 0114 305 1855

Agreement Between: _____ (home)

_____ (home address & postcode)

And _____ (pharmacy name)

_____ (pharmacy address)

For Year **1 April 2011 to 31 March 2012**

CARE HOME ASSESSMENT/ACTION PLAN

- The pharmacy contractor providing the service to the care home (in consultation with the care home manager) should complete this form at the initial visit and send it together with the Agreement to Jacqui Crook at the above address by **10 June 2011** to ensure 1st payment is made. **COPIES TO BE RETAINED BY PHARMACY AND CARE HOME**
- Six months after the initial Care Home visit, a follow up visit **MUST** be undertaken to monitor progress against the Action Plan and update it accordingly.
- A copy of the updated Action Plan should be sent to Jacqui Crook **by 9 December 2011** to ensure 2nd payment is made.

Initial visit	
Care Home manager signature _____	Date: _____
Care Home manager name (PRINT)	
Pharmacist signature _____	Date: _____
Pharmacist name (PRINT)	

6 month re-visit	
Care home manager signature _____	Date: _____
Care home manager name (PRINT)	
Pharmacist signature _____	Date: _____
Pharmacist name (PRINT)	

Appendix 1

Completed at initial visit

The CQC “Prompts” (9A to 9I) listed below are applicable to Care Homes and Supported Living

9A Providing personalised care through the effective use of medicines

Is there evidence that medication is appropriate and person - centred e.g. change in prescribing regime to suit service user, evidence of discussion with prescriber to personalise use of medicine e.g. Adcal-D3 changed to Calfovite-D3 sachets due to swallowing difficulties?

Section Guidance from CQC on Outcome 9 compliance is attached	In order to score ‘Yes’ please indicate that the evidence below has been viewed	Is outcome achieved Yes / No / NA	If ‘No’ consider actions below or refer to Action Sheet, page 10
GENERAL Are service users’ medicines in line with current prescription? How is this verified?	Check the medicines for 3 residents – does the evidence of administration match the directions on the MAR chart e.g. specifying how many tablets are given/correct time of day? <i>Evidence seen Yes / No</i>		
Are outcomes of relevant GP visits suitably recorded?	Is there a clear indication on MAR chart or care plan of GP interventions? <i>Evidence seen Yes / No</i>		
Are service users medicines reviewed as required by the GP? Refer to NSF for Older People e.g. 6mthly if >75 on 4 or more meds, regular warfarin / lithium monitoring	Check for evidence that at least 5 patients >75 yrs have had their medicines reviewed in last 6 months or more frequently if appropriate. <i>Evidence seen Yes / No</i>		If ‘No’ direct concern to GP
Do staff monitor the effects of medicines and document it?	Check there is a record for monitoring e.g. blood pressure, bowel movements, and falls? <i>Evidence seen Yes / No</i>		Refer to MMT/ CHST for training needs
Are there up to date medicines information resources available to staff, service users and relatives if appropriate	Check there are recent BNFs and PILs available to staff, service users and their relatives. <i>Evidence seen Yes / No</i>		
SELF ADMINISTRATION OF MEDICATION			
Is there an assessment protocol for self-medication and is there evidence of its use?	Copies of completed assessment protocols seen? <i>Evidence seen Yes / No</i>		
Is there a locked area in the resident’s room for medication storage?	Check lockable storage areas in patient’s rooms (if applicable) <i>Evidence seen Yes / No</i>		
Where a service user’s medication is accessible to others, are those risks managed? – This is dependant on the service user and the medicines being self administered.	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		
Is the self-medication managed/recorded? e.g. are service users regularly assessed to self medicate	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		
Are all self-medicating residents counselled prior to managing their medicines (e.g. inhaler techniques)?	Evidence of suitably trained personnel to provide counselling. Counselling recorded in care plans? <i>Evidence seen Yes / No</i>		

Appendix 1

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9B Managing risk through effective procedures about medicines handling			
<i>Evidence of clear policy and procedures for handling medicines, that are monitored and reviewed appropriately.</i>			
HANDLING MEDICINES IN THE CARE HOME			
Does the home have designated/trained staff to administer medicines 24 hours a day?	Evidence of training/qualification pre-requisite for administration of medicines. <i>Evidence seen Yes / No</i>		
Are you satisfied that medicines are not removed from the original containers/ MDS packs other than for administration directly to the service user?	Observe inside of drug trolley. <i>Evidence seen Yes / No</i>		
Is there evidence to show staff competency is maintained for administration of medicines?	Evidence of CPD or re-training arrangements. <i>Evidence seen Yes / No</i>		
If a multi-dose MDS is in use, can all tablets be clearly and easily identified?	Check packaging and MAR charts – are markings clearly documented? <i>Evidence seen Yes / No</i>		If 'No' direct concern to supplying pharmacy
Does the home have a procedure to ensure the correct medicine is given to the correct service user? If opportunity arises can you observe if	Check there is an SOP for administration of medicines and that this covers the following steps <ul style="list-style-type: none"> • Labelling details are checked on MAR and packaging • Service user is identified • Medicine is administered as prescribed inc advice label • Medicine is swallowed and MAR signed immediately afterwards <i>Evidence seen Yes / No</i>		
Is every medicine taken/applied recorded at the time of administration e.g. no gaps on MAR when administering <u>regular daily</u> doses?	Select 5 MAR charts and check there are no blank spaces where medicines have been administered. <i>Evidence seen Yes / No</i>		
Is there a process to highlight to the prescriber when medication has not been taken as prescribed?	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		
Are reasons for non-administration recorded on the reverse of the MAR/other area of the chart?	Check that non-administration is clearly coded on at least 5 MARs and appropriate action taken to manage it. <i>Evidence seen Yes / No</i>		
Is there evidence of a routine auditing of MAR chart completion by the home?	Observe in-house medicines audit paperwork. <i>Evidence seen Yes / No</i>		
Is the administration of 'PRN' medicines clearly recorded either on the MAR or other location inc details of dose, reason and outcome.	Check for evidence of clear record of administration (including dose, reason & outcome) of 'PRN' medicines on at least 5 MARs and patient care plan. <i>Evidence seen Yes / No</i>		Refer to Care Home Best Practice PRN guidance
Are PRN medicine directions clear ("as directed" is not an acceptable instruction)?	Check no 'as directed' instructions on PRN medicines for at least 5 MAR charts <i>Evidence seen Yes / No</i>		If 'No' direct concern to prescriber

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Where there is an administration option on PRNs (e.g. take 1 or 2) is the amount administered recorded?	Check quantity administered on at least 3 doses of PRN meds with directions of variable doses. <i>Evidence seen Yes / No</i>		
Is the remaining total of the PRN, that is deemed fit for purpose and to be continued, appropriately recorded on the new MAR	Check at least one MAR chart with PRN items to check if running balances are being recorded. Check the balance matches the stock. <i>Evidence seen Yes / No</i>		
Is there a process for handling verbal messages from the prescriber?	Check for evidence that verbal messages from prescriber are clearly documented e.g. in care plan or MAR chart. <i>Evidence seen Yes / No</i>		
Is there a process to record "date opened" for life limited medicines such as GTN, Insulin, eye drops etc?	Check fridge / medicines trolley/cupboard for limited life medicines and record of "date opened". <i>Evidence seen Yes / No</i>		
Is there a procedure to manage "stock" items of medicine (other than homely remedies) if used?	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		
If appropriate, are there clear procedures to manage, monitor, review and administer homely remedies?	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		
Has the list of homely remedies been agreed with the GP?	Check for documented evidence of agreement. <i>Evidence seen Yes / No</i>		Refer to Care Home Best Practice Homely Remedy Guidance
MEDICINES RECEIVED			
Are all prescriptions received seen and checked by the home staff prior to going to the dispensing pharmacy?	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		Promote best practice of checking before going to pharmacy
Are all medicines received checked, including their labels, against the accompanying MAR chart or other recording system?	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		
If medicines are to be removed from their outer packaging are the drug products individually labelled e.g. for creams eye drops, inhalers	Check the medicines trolley / cupboard to ensure inner packaging is individually labelled for creams, inhalers & eye drops. <i>Evidence seen Yes / No</i>		If 'No' direct concern to dispensing pharmacy
Is there appropriate documentation of all medicines received?	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		
Is there a procedure to manage medicines brought into the home via the service user <ul style="list-style-type: none"> • Prescribed prior admission • Purchased by service user See also meds reconciliation section	Check this is covered in SOP or other relevant procedure. Review a patient's records where this has happened and check that the procedure has been followed. <i>Evidence seen Yes / No</i>		

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<p style="text-align: center;"><i>Section</i></p> <p style="text-align: center;"><i>Guidance from CQC on Outcome 9 compliance is attached</i></p>	<p style="text-align: center;"><i>In order to score 'Yes' please indicate that the evidence below has been viewed</i></p>	<p style="text-align: center;"><i>Is outcome achieved</i> Yes / No / NA</p>	<p style="text-align: center;"><i>If 'No' consider actions below or refer to Action Sheet, page 10</i></p>
<p>If the MAR chart is hand written by the care home staff, are the names and doses of the medicines all clear and is the MAR chart correctly dated and countersigned?</p>	<p>Check this is covered in SOP or other relevant procedure and confirm with a handwritten MAR chart where possible. <i>Evidence seen Yes / No</i></p>		
<p>Are mid-cycle changes recorded correctly on the MAR? E.g. meds stopped, started, dose changes, endorsed by GP, if necessary, or other process followed?</p>	<p>Check there is a procedure/ process present for the management of mid-cycle changes. Confirm by reviewing MAR charts. <i>Evidence seen Yes / No</i></p>		<p>If 'No' direct concern to supplying pharmacy</p>
<p>SAFE STORAGE</p>			
<p>Is there a suitable storage facility for medicines to be stored? (apart from locked area in resident's room)</p>	<p>Are medicines stored in an organised and systematic fashion? Is there adequate space? <i>Evidence seen Yes / No</i></p>		
<p>If a trolley is used, is the trolley secured to a wall in the room, or stored in a locked room?</p>	<p>Check how trolleys are stored. <i>Evidence seen Yes / No</i></p>		
<p>Is the medicine storage room/cupboard/trolley/fridge locked?</p>	<p>Check doors of cupboards, trolleys/ fridge and room. <i>Evidence seen Yes / No</i></p>		
<p>Are the keys secure and held by a designated/named person?</p>	<p>Check who the named personnel is/are. <i>Evidence seen Yes / No</i></p>		
<p>Is there a procedure for the hand-over of keys?</p>	<p>Check for evidence of procedure. <i>Evidence seen Yes / No</i></p>		
<p>Is the temperature of the room monitored and suitable for a storage area (max 25C)?</p>	<p>Check for evidence of room thermometer (min/max) or other method of measuring and maintaining room temperature. What action is taken if outside range? <i>Evidence seen Yes / No</i></p>		
<p>Are external/internal medicines stored separately, to prevent picking error?</p>	<p>Check trolley and cupboards <i>Evidence seen Yes / No</i></p>		
<p>Is the process of transporting medicines around the home suitable?</p>	<p>Check process of transporting is satisfactory <i>Evidence seen Yes / No</i></p>		
<p>Are all medicines expiry dates checked regularly?</p>	<p>Check this is covered in SOP or other relevant procedure. Randomly check 5 items. <i>Evidence seen Yes / No</i></p>		<p>Refer to Care Home Best Practice Expiry Guidance</p>
<p>Where appropriate, is there a separate lockable fridge for medicines?</p>	<p>Check treatment rooms. Check only medication stored in fridge. <i>Evidence seen Yes / No</i></p>		
<p>If there is only a domestic fridge are medicines stored in a separate lockable container within that fridge?</p>	<p>Check fridge contents. <i>Evidence seen Yes / No</i></p>		
<p>Observe fridge temperature monitoring book: is the temperature of the fridge monitored daily?</p>	<p>Check for evidence of documented daily record of fridge temperature. <i>Evidence seen Yes / No</i></p>		
<p>Are the minimum and maximum temperatures recorded daily (min 2 C max 8 C)?</p>	<p>Check fridge temperature log. <i>Evidence seen Yes / No</i></p>		
<p>If out of range, is there a process in place to manage this?</p>	<p>Check this is covered in SOP or other relevant procedure. Check for documentation of actions taken. <i>Evidence seen Yes / No</i></p>		

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If applicable, is there evidence that staff are competent to administer oxygen?	Check for evidence of competence of designated staff. e.g. training logs or certificates <i>Evidence seen Yes / No</i>		
If oxygen is used by the home is it stored upright/securely?	Check storage of oxygen cylinders. <i>Evidence seen Yes / No</i>		
Are empty and full cylinders segregated within the storage area?	Check storage of oxygen cylinders. <i>Evidence seen Yes / No</i>		
Are hazard warning notices displayed?	Check storage of oxygen cylinders. <i>Evidence seen Yes / No</i>		
DISPOSAL			
Is there a procedure for the removal and disposal of unwanted and/or expired medicines?	Check this is covered in SOP or other relevant procedure. Check waste returns or destruction register. <i>Evidence seen Yes / No</i>		
Does the Care Home's ordering policy ensure medicines are not overstocked (e.g. lactulose etc)?	Check policy for ordering medicines is satisfactory and prevents wastage. <i>Evidence seen Yes / No</i>		
Are medicines returned to the dispensing pharmacy or disposal company and all appropriate details recorded e.g. date, service user name, medicine, quantity, reason for disposal	Check for documentary evidence of records. <i>Evidence seen Yes / No</i>		
Is the "returns" record signed by an appropriate member of staff?	Check returns record for signatures. <i>Evidence seen Yes / No</i>		
Are the collected returns signed for by the dispensing pharmacist/pharmacy representative or disposal unit?	Check the returns register for documentary evidence of disposed medicines and this is signed by the disposing body. <i>Evidence seen Yes / No</i>		
Are copies of the "returns" records retained at the home to complete the audit trail?	Check returns register is fully completed inc reason. <i>Evidence seen Yes / No</i>		
MEDICINES ENTERING OR LEAVING THE HOME WITH SERVICE USER (ADMISSION/RESPITE/SOCIAL LEAVE/DISCHARGE) – MEDICINES RECONCILIATION			
Does the Care Home have a process for verifying a service user's medication when entering the home with prescriber before administration?	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		
Does the Care Home have a process for recording and organising a service user's medication when leaving the Care Home?	Check this is covered in SOP or other relevant procedure . <i>Evidence seen Yes / No</i>		
Are records maintained for medicines given to a service user/relative going on leave/holiday?	Check for evidence of record <i>Evidence seen Yes / No</i>		
Are medicines which leave the home for social leave, packed in suitable containers and labelled appropriately?	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		

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ERROR REPORTING			
Are there appropriate reporting procedures including near misses?	Check this is covered in SOP or other relevant procedure for error-reporting. Check for evidence of error / near miss reporting <i>Evidence seen Yes / No</i>		
Are errors discussed at team meetings and used as learning tool?	Check for evidence of action plan(s) implemented as a result of identified error(s) e.g. staff meeting minutes/ memo <i>Evidence seen Yes / No</i>		
Is there a process for identifying and recording dispensing errors for medicines received by the care home?	Check for monthly audit form for dispensing errors. <i>Evidence seen Yes / No</i>		Direct concern to dispensing pharmacy.
ADVERSE DRUG REACTION REPORTING			
Does the Care Home have knowledge of the procedure for reporting an adverse drug reaction?	Check the staff are aware of yellow card system for adverse drug reaction reporting (back of BNF or MHRA website). <i>Evidence seen Yes / No</i>		
PATIENT MEDICATION SAFETY INFORMATION			
Does the Care Home have a system in place to receive medicines alerts from the MHRA?	Check this is covered in SOP or other relevant procedure. Check documentation of action on recent drug alerts. <i>Evidence seen Yes / No</i>		
Is there a process in place to cascade this information to relevant Care Home staff?	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		
PROCESS OF MEDICINES MANAGEMENT FOLLOWING DEATH OF SERVICE USER			
Is there a written protocol within the Care Home's medication policy to ensure that all members of staff are aware of 'Retaining Medicines' ruling i.e. – service user's medicine retained for 7 days in case of inquest?	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		
MANAGEMENT OF CONTROLLED DRUGS (CDs)			
Are controlled drugs stored in a separate, locked cupboard, which complies with the Misuse of Drugs (Safe Custody) regulations?	Check controlled drugs cupboards. <i>Evidence seen Yes / No</i>		Refer to Care Home Best Practice Management of Fentanyl patches
If CDs are packed in an MDS, is the whole container being treated as a CD?	Check controlled drugs cupboards <i>Evidence seen Yes / No</i>		
Are CD errors reported to the CQC and/or NHS Sheffield Accountable Officer?	Check for evidence of error reporting form and documentation of CD errors if applicable. <i>Evidence seen Yes / No</i>		

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CONTROLLED DRUG REGISTER			
View register			
Is a CD register a separate bound book?	Check for CD register <i>Evidence seen Yes / No</i>		
Is there a separate page for each controlled drug, formulation, strength, patient?	Check CD register <i>Evidence seen Yes / No</i>		
Are all entries fully completed?	Check CD register for gaps <i>Evidence seen Yes / No</i>		
If applicable, are any amendments in the CD register annotated with footnotes rather than crossing out?	Check no crossing out in CD register. <i>Evidence seen Yes / No</i>		
If crossing out is found, has action been taken?	Check there is corresponding entry and annotation with footnotes in register. <i>Evidence seen Yes / No</i>		
Are all administration entries supported by two signatories? N.B. on occasions there may only be one member of staff as at night?	<i>Evidence seen Yes / No</i>		
As the pharmacist assessing, have all stock balance entries been checked and found to be correct?	Check an entry to confirm quantity in register corresponds with actual stock level <i>Evidence seen Yes / No</i>		
Are CD's collected for return, signed for by the pharmacist or their delegated staff member?	Check there is documented evidence of CDs collected for return and pharmacist or relevant other signature present. <i>Evidence seen Yes / No</i>		
Are CDs that are destroyed (e.g. in a nursing home) supported by two signatories?	Check CD destruction register <i>Evidence seen Yes / No</i>		
CD ADMINISTRATION			
Are CD's administered by designated and trained staff only? - In Nursing Homes, CDs administered by qualified nurses, in Residential Homes CDs administered by senior carers, witnessed by 2 nd person?	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		
9C Access relevant evidence based medicines information			
Is there a process for receiving and disseminating guidance produced by relevant professional bodies e.g. NPSA, NICE, RPSGB (attached list with guidance on Outcome 9)	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		
9D Promote rights and choices			
Evidence of PIL , BNF, up to date resources available	See 9a <i>Evidence seen Yes / No</i>		
Is the Care Home up-to-date with current legislation and guidance related to medicines handling for staff and service users e.g. handling of cytotoxic medication, appropriate disposal procedures, health and safety?	Check evidence of access to current legal requirements and recommendations for medicines handling. Check that medication handling is included in health and safety risk assessment. <i>Evidence seen Yes / No</i>		

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MANAGEMENT OF COVERT ADMINISTRATION OF MEDICINES			
Are set procedures in place should covert administration prove necessary?	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		Refer to Care Home Best Practice Covert Administration Guidance
Does the Care Home hold Best Interest Meetings if covert administration is being considered e.g. involvement of pharmacist, prescriber, carer, family, service user in decision making?	Check for minutes or actions plans from best interest meetings. <i>Evidence seen Yes / No</i>		
No 9E/ 9F			
9G Applicable for Care Homes only (not Supported Living services)			
CLINICAL TRIALS			
Should a service user be part of a clinical trial, does the Care Home have a procedure in place to ensure appropriate medicines management e.g. obtaining the medication, administration, monitoring, disposal, drug information?	Check this is covered in SOP or other relevant procedure. <i>Evidence seen Yes / No</i>		
9H Applicable for Care Homes only (not Supported Living services)			
Does the Care Home have access to medicines required for resuscitation or other medical emergencies in tamper evident packaging to allow administration as quickly as possible e.g. adrenaline if Service User has known allergy, adrenaline for nurses in Nursing Home when administering flu vaccine?	Check emergency medicine and/or anaphylaxis packs are stored appropriately and in date. <i>Evidence seen Yes / No</i>		
9I Applicable for Supported Living services only (not for Care Homes)			
Does the Supported Living service keep records of medication taken or reminders given to Service User as part of their care plan where applicable?			
Does a Service User's care plan include the role of the staff in helping Service Users take their medicine?	Check that at least 5 Service User's care plan includes a clear role of staff in helping with medication taking. <i>Evidence seen Yes / No</i>		
Is there a clear procedure regarding what to do if Service User is unable or refuses to take medicines?	Check for documentary evidence of procedure. <i>Evidence seen Yes / No</i>		

Appendix 1
CARE HOME ACTION SHEET

List of actions	Evidence to be collected and/or Timescale	Assessment at 6 months
1.		<i>Evidence seen Yes / No</i> Any comments:
2.		<i>Evidence seen Yes / No</i> Any comments:
3.		<i>Evidence seen Yes / No</i> Any comments:
4.		<i>Evidence seen Yes / No</i> Any comments:
5.		<i>Evidence seen Yes / No</i> Any comments: