

MOCH Quarterly

Summer 2023



☀️ **Welcome to the second edition of our new Care Home newsletter** ☀️



Summer is finally here and with it the lovely warm weather!



However, these warmer days can cause dehydration, which can be especially serious in older people, and can lead to:

- Urinary tract infections (UTIs)
- Constipation
- Falls
- Hospital admissions

Several preventative steps can be taken to reduce the risk of dehydration in care homes:

- Identifying the signs of dehydration
- Removing barriers to drinking
- Offering a variety of drinks, not just water
- Making drinks available at all times

[The I-hydrate project](#) provides videos, training, and numerous resources such as posters, drinking menus, drinking charts, drinking vessel ideas and so much more - click on the link to see!

FOREFRONT NUTRITION TRAINING

Well done to the following Care Homes who are doing well completing the Forefront Nutrition Training:

Bassett House, The Firs, The Orchards & White Lodge!

We have had great feedback from Care Homes about the training, including:

'The training is all going very well and there have been no issues so far, all staff across the care home want to give it a go. Staff have given positive feedback and said it has helped them to understand why MUST is so important and has also prompted them to have a go at measuring heights for residents if nothing is recorded'.

A number of other care homes have also recently signed up to this exciting online training!

Areas covered include: Management of Malnutrition, Hydration for Health, Food First / Food Fortification, Food and Fluid Charts, Malnutrition Universal Screening Tool (MUST), Prescribing of Adult Oral Nutritional Supplements (ONS).

Get in touch via bswicb.prescribingsupportdietitians@nhs.net for further information about the training.



Medicines administration is a complex task and much more than simply 'giving' a medicine to a resident. Like everything in life there are risks involved, but it's up to us to minimise those risks. Some of the things we need to consider when administering a medicine are:

- Following instructions on a medicine label and MAR chart.
- Keeping accurate records of what has/hasn't been administered
- Ensuring medicines are stored appropriately
- Safe disposal of medicines
- Checking we have the right MEDICINE for the right RESIDENT and that the right DOSE is being administered at the right TIME, via the right ROUTE e.g. oral, topical, inhaled.

Would you like to feel more confident in carrying out this role?

Do you feel you could benefit from further training?

Are there any specific areas you would like help with? e.g. inhaler technique?

If you have answered 'yes' to any of these questions, please email us at bswicb.bswmoch@nhs.net to register your interest for additional training. By doing so you will be helping us to determine the level of training required, if any, so we can help and support you in this area.

Click [here](#) to fill in our survey!



Care Home visits – book now!



The MOCH technicians can offer a friendly visit to your care home to do a **medicines audit**.

Our audit is mapped to NICE 'Managing Medicines in Care Homes' (SC1) guidance and incorporates CQC advice, as well as local policies/recommendations.

What to expect when we visit?

We have an audit with set criteria. Some of the criteria are discussion points, about processes and policies in your care home.

We will have a look at storage areas, MAR charts, medication trolleys, CD records, etc. and make some recommendations, if applicable.

After our visit, we will email a comprehensive report with feedback including advice, suggestions, and recognition of good practice, based on our discussions and observations during the visit.

What are the benefits?

We make recommendations based on best practice guidance from NICE and CQC. This may help you to drive improvements in medicines management in your care home or provide reassurance that your processes and practices are safe and effective.

Email the MOCH team to book:

bswicb.bswmoch@nhs.net

We will get back to you as soon as possible to arrange a date and time that is convenient.



We've recently added two new guidance documents to our website:

[MOCH Insulin Injection Administration Record Chart](#)

[MOCH Medication Administration Record \(MAR\) Charts in Care Homes: Good Practice Guidance](#)

(pictures below)

For medication queries & support, contact the Medicines Optimisation in Care Homes team via: bswicb.bswmoch@nhs.net

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**Medication Administration Record (MAR) Charts in Care Homes:
 Good Practice Guidance**

The MAR chart is individual to the person and reflects the items which are still being currently prescribed and administered, together with information about repeat prescriptions for PRN ("when required") medicines.

A good MAR chart should include information to assist with:

The six "R"s of medication administration

- Right patient
- Right drug
- Right dose
- Right formulation
- Right route
- Right to refuse

Purpose of a MAR chart

A Formal Confidential Record of Medication Administration. MAR charts must be clear, accurate and up to date. A MAR chart should contain the following information:
 Patient details - Full name, date of birth and weight (if child or frail elderly) and include known allergies and type of reaction experienced.
 Details of any medications taken or used (including creams):
 - Name of medication, strength, form, dose, how often it is given and the route of administration.
 - Special instructions on how the medication should be taken.

MAR charts in USE - keeping record, keeping residents safe...

- The MAR chart must be signed at the time of administration after a resident has taken their medication.
- Staff signatures must be easily identified and must not resemble the MAR chart codes.
- It must be clear what medication has been taken, on which date and at what time.
- With variable doses (e.g. 1-2 tablets) it must be clear what actual dose was given / taken.
- When a prescribed medication has not been given or taken the MAR chart codes must be used to reflect this. The reasons should be recorded in the notes section and in the residents' care notes.
- Administration of controlled drugs should be recorded on the MAR chart AND in the CD register. The CD register should be signed by the staff administering the medication AND a trained witness.

Problems to watch out for with printed MAR charts:

- Accurate at the time of printing but medications and dosages can change.
 - New prescriptions and mid-cycle issues may result in many MAR charts with different start dates.
 - Medications that are only for "as required use" may not be listed on the monthly MAR chart.
 - MAR charts may include previously used medications that have now been discontinued.
- Communicate with your supplying pharmacy to help rectify these matters.

Do MAR charts have to be printed?

Poor records are a potential cause of preventable drug errors. Printed records are not essential, but they are better than hand written charts. If a hand written chart must be used there should be robust procedures in place to check the accuracy BEFORE the MAR chart is used.

All hand written entries should be written in full, dated and signed by two trained members of staff.

Does the GP need to sign the MAR chart?

No, the GP does not have to sign any documents produced by a care provider for medicines administration. It may be appropriate, however, to ask the GP to sign the MAR chart if they change a dose of prescribed medication during a home visit.
 A MAR chart is not a prescription and cannot be used to prescribe medication.

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**Medication Administration Record (MAR) Charts in Care Homes:
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When required and variable doses

MAR charts must be accurate and kept up to date.

"When required" (prn) medications should be kept in original packaging. Care homes should have individual patient care plans for each "prn" medication - indicating the reasons for the "prn" medication, when it can be given, how much to administer, the minimal time between doses and the maximum doses that can be given per day. Record "prn" medications when they have been given, noting the dose given and the amount left to make sure there is enough stock and reduce waste.

When administering variable doses, e.g. warfarin, there should be a documented cross reference made to the latest dosage information.

Carers should also document on the MAR chart when Homeley Remedies are given.

How to amend a MAR chart

The care provider should have a system to check the source and accuracy of changes made to MAR charts. A cross reference in the daily notes is strongly recommended.

When a resident's medication is altered, suitably trained care staff are responsible for amending the MAR chart:

- Cancel the original entry so that further doses cannot be given.
- Write the medication in full with the amended directions legibly and in ink on a new line of the MAR chart.
- Write the name of the prescriber who gave the instructions.
- Date the entry, print your name and sign. It is good practice to get a second, suitably trained member of staff to verify the amendment, print their name and sign the entry.
- Take extra care when writing strengths and dosages to make sure they cannot be misunderstood.
- The dose "As Directed" is not appropriate and should be clarified with the GP or Pharmacist.

Mistakes should be corrected with a single line through them followed by the correction, signature, date, and time.
Correction fluid should not be used.

What will inspectors be looking for?

Things to consider...

- Is the person's name clearly identified?
- Is the print or handwriting legible and in ink?
- Are handwritten entries cross-referenced to daily notes?
- Does the chart show the date, including the year?
- Does the chart look "used" - an indication that it was completed after each medication administration?
- Are there gaps in the record? Have these been investigated?
- Can the reader identify exactly what has been given on specific dates e.g. with variable doses where 1-2 tablets can be given?
- Is there sufficient information to enable care workers to give "as required" medication safely?
- Is there a guide to the codes used to explain why a medication has not been given?
- Can you cross reference records for controlled drugs on both the MAR chart and in the CD register?

Good practice: MAR charts should include details of medicines received and disposed of. If not, these records must be kept in another format. Together these records enable an inspector to account for every medication that is brought into a care home. A clear AUDIT TRAIL of all medication must be available.

What's the best time?

Carers should liaise with the pharmacy to include times on the MAR chart when each medication should be given. It may be helpful to use "breakfast, lunch, tea-time and bedtime" rather than specific times as these may not realistically indicate when the patient received the medication. Times may be more suitable for medications that need to be given at regular intervals e.g. antibiotics, Parkinson's meds.

Many thanks to Cambridgeshire and Peterborough CCG for the information provided.

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The next UK bank holiday is on Monday 28th August. For information on pharmacies open in your local area, please visit the [NHSE pharmacy opening hours website](#).