

# Good Practice in Care Homes

This document has been produced by the Staffordshire Clinical Commissioning Groups to support the safe and effective management of medicines within care homes.

## Reducing Medicines Waste

Many factors can contribute to medicines waste in care homes and a joint effort involving the care homes, GPs, community pharmacies and GP practices is required. There needs to be effective systems of communication and appropriate training for staff involved in the repeat prescribing process.

The research report *“Evaluation of the Scale, Causes and Costs of Waste Medicines”*, highlighted the residential and care home sector as a significant contributor to medicines waste in the NHS in England, suggesting the systems and processes used in the sector account for around £50m of the estimated £300m annual total medicines waste.<sup>1</sup>

The following *Top Tips* have been developed to reduce unnecessary waste of medicines prescribed for care home residents.

### General advice to reduce waste when ordering prescriptions

- The care home should retain responsibility for ordering medicines. The responsibility should not be delegated to the community pharmacist.
- Care home providers should ensure that at least 2 members of the care home staff have the training and skills to order medicines, although ordering can be done by 1 member of staff.
- It is important that the member(s) of staff responsible for ordering medicines only requests items that are needed after checking the stock. Do not routinely clear medicine stocks at the end of the month only to re-order new stock.
- Ensure any medicines that have been discontinued are not re-ordered. There should be a written procedure for managing medicine changes and a robust process for ordering medication which includes using the current MAR chart.
- The prescription produced by the surgery should be checked against the prescription request before it is sent to the community pharmacy to ensure there aren't any discrepancies. If an item on the prescription it is not required or has been prescribed in error, it can be crossed through. This must be documented and the GP surgery informed so the electronic records at the surgery can be

updated. If the prescriptions are sent electronically from the surgery to the pharmacy, the dispensing token (copy of the prescription) can be used to check against the prescription request.

- If bulk prescribing is being used, ensure the correct procedures are in place and being followed to prevent excess supplies, which can lead to waste.
- Review care home policies and procedures to ensure that they don't contribute to medicines waste.
- Audit the waste records, these may provide useful information on how efficiently medicines are being managed in the care home.
- When a resident dies, the community pharmacy or dispensing practice should be informed in a timely manner to prevent medicines for the next cycle being dispensed.

## General advice to reduce waste when generating prescriptions

- If the patient medical records held at the GP surgery are not accessible from the care home, ensure that any changes are made as soon as practically possible, e.g. any medicines that have been discontinued are put into past drugs and if treatment is time-limited this is clearly documented.
- It is important that the member(s) of staff responsible for generating the prescriptions at the practice have received appropriate training and the practice has a robust standard operating procedure for repeat prescribing.
- If the prescription produced by the surgery is sent electronically to the community pharmacy discuss with the care home how this would be managed, either the practice provides copies of the prescriptions or the pharmacy prints off the dispensing tokens for the care home to check.
- If there is an initiative to switch residents to a more cost-effective product, e.g. change in brand of blood glucose testing strip or emollient, ensure this is communicated to the care home staff and that there are robust systems at the practice to ensure multiple prescriptions are not generated.
- When a medication review is conducted, if the change is not urgent, consider implementing the change on the next cycle rather than during a cycle to help reduce waste.

## Advice on storing medication within care homes

- Ensure the storage areas are kept clean and tidy and the temperature of the room is maintained below 25°C.
- Monitor the fridge daily and ensure it is regularly cleaned and defrosted in accordance with the manufacturer guidance. The fridge temperature should be maintained between 2°C and 8°C.

## Advice on administering medication within care homes

- Ensure measuring spoons, cups or syringes are used to measure liquid medication. Similarly use the scoop provided to measure powdered thickeners.

- Do not prepare medication for administration until you have identified the resident's willingness or ability to take the medication.
- Do not prepare 'when required' medication for administration to the resident in advance of assessing their needs.

## Regular Medicines

### Care home Responsibilities:

- Ensure that there are adequate amounts of medication available in order to meet the needs of the patient without overstocking.
- Medicines such as inhalers, insulin, GTN spray and glucagon should be carried forward and not re-ordered each month if not needed. When carrying forward these medicines **always check the expiry date on the packaging.**
- Regular review of medication should be prompted as deemed necessary, to ensure appropriateness of prescribing and to minimise waste resulting from patient refusal or non-adherence.
- Ensure that there are adequate procedures and care home staff are suitably trained to deal with discharge medication. On discharge from hospital patients may be provided with a supply of medicines (sometimes in original packaging), use these medicines rather than discarding them.
- If the resident has been prescribed a special-order product which has a short shelf life once manufactured, liaise with the community pharmacy or dispensing practice to ensure it is received just in time for the start of the cycle to minimise any waste.

### Prescriber Responsibilities:

- Ensure that there are adequate amounts of medication prescribed in order to meet the needs of the patient without creating excess. Prescribe the correct quantity of medicine to fit in with the 28day supply cycle. Check if there any medicines that are being prescribed as a pack of 30 days rather than 28, e.g. macrogol sachets are available in packs of 30, the medication cycle is 28 days therefore if the dose is one daily, there is the potential for 2 sachets to be wasted each month.
- Sometimes prescribing five cartridges of insulin is excessive e.g. one cartridge of insulin glargine can provide 300 units of insulin therefore if the dose is less than 30 units daily, 3 cartridges plus an extra one is sufficient for the 28day cycle.
- Medication should be reviewed in a timely manner, to ensure appropriateness of prescribing and to minimise waste resulting from patient refusal or non-adherence.
- Ensure that there are adequate procedures to action discharge summaries.

## Interim Prescriptions

- Ensure medicines started during the cycle are synchronised with the current cycle, e.g. if a new regular medicine is started on day 13 of the cycle, 15 days' supply should be prescribed so it is in line with the other medication. Note if the monthly prescription request has already been submitted a prescription for the next cycle should also be generated and the care home should liaise with the community pharmacy explaining clearly that an interim prescription has been issued for immediate delivery and the other prescription is for the next medication cycle.

## “When required” (prn) medicines

- Whilst it is difficult to predict how much ‘when required’ medication a patient will need in the 28-day cycle, care should be taken when prescribing. Sometimes significant amounts of medication are destroyed, only for a replacement supply to be reordered for the following month. It is important to include dosage instructions on the prescription (including the maximum amount to be taken in a day and how long the medicine should be used, as appropriate) so that this can be included on the medicine’s label.
- **It is acceptable for homes to retain ‘when required’ medicines and carry these forward onto the next MAR sheet each month provided they have not expired and they are being used as the prescriber intended.**
- Where medicines are prescribed as ‘when required’ there should be systems in place, within the care home, to ensure that stock is kept at adequate levels and that medication which has expired is not administered.
- Medicines which have been dispensed for residents in the original packaging may be retained until the expiry date printed on the pack or strip, providing that the ‘when required’ medication is administered for the original condition for which the prescription was initiated and the storage conditions are appropriate.
- Liaise with care home staff to see how often the resident has had the medicine and how well it has worked. The research report<sup>1</sup> identified that the most commonly wasted medicines in the care homes were laxatives and paracetamol containing analgesics.
- Medicines which have been dispensed for residents in the original packaging may be retained until the expiry date printed on the pack or strip, providing that the ‘when required’ medication is administered for the original condition for which the prescription was initiated and the storage conditions are appropriate.

## Prescribed liquids, creams and ointments

- It is good practice to record the ‘date opened’ on **all** liquids, creams and ointments.
- It might be possible to change to a smaller pack size where appropriate e.g. generally only a fingertip amount of barrier cream is required when it is used; therefore a smaller pack size may be more suitable. Liaise with the care home staff.
- Ensure there are clear directions which indicate where the product should be applied, the frequency of use and how much should be applied. Some barrier creams are durable and they

can be applied after every third wash or period of incontinence adding this to the directions can reduce wastage.

## Oral nutritional Supplements

**Remember food first!** See local guidance on managing malnutrition in adults.

- These are **supplements** and should be given between meals, include this in the directions.
- On-going need should be reviewed periodically. You may request that the care home provides the current weight, BMI and MUST score monthly (or more frequently for individual residents).
- Liaise with the care home staff to check whether the resident finds the flavours and consistency of the product acceptable. If a starter pack is used to identify flavours that are palatable, subsequent prescriptions should be for the chosen flavours, e.g. a choice of 2 or 3 flavours. Starter packs must not be added to repeat prescribing systems.

## Inhalers

- Review inhaler technique and provide a spacer device where appropriate.
- Check that the dose and number of inhalers prescribed synchronise with the monthly cycle, e.g. Seretide Evohaler® contains 120 doses, therefore if the dose is 2 puffs twice a day, 112 doses will be needed so **one** inhaler would be sufficient for a month's supply.
- Note the SpirivaCombo® pack includes **both** the HandiHaler® device and 30 refill capsules. The manufacturer advises that the HandiHaler® device should be discarded 12 months after first use. (advise the care home staff that if there is damage to the device or they suspect it is not working properly they can request a new one).

## Dressings and wound management products

- It might be more appropriate to issue one or more acute prescriptions rather than repeat prescriptions for dressings, this not only helps to ensure that the resident is clinically reviewed at appropriate intervals but can also reduce waste. Note some residents may have complex wounds and require dressings on a long-term basis and a repeat prescription with set intervals for review may be appropriate.
- Check that the quantities requested reflect the number of wounds and the frequency dressings are changed. Most dressings are changed every three days; therefore 5 dressings should usually be sufficient for two weeks. Smaller quantities should be provided, as dressing requirements change as over time and wounds should be regularly re-assessed.
- Request that the exact number of dressings required is ordered, not "1 OP".
- Make sure the correct size dressing is ordered and supplied.

## Continence Appliances

- Practices should consider having the practice nurse triage requests for dressings and continence products, check against the local formulary if there is one.
- Practices should check who orders the products, if it is a home care company it is essential that the request for every single delivery originates from the care home staff or other healthcare professional involved in the care of the resident.

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## References

1. Evaluation of the Scale, Causes and Costs of Waste Medicines. Final report. York Health Economics Consortium and School of Pharmacy, University of London. November 2010. Available at [http://discovery.ucl.ac.uk/1350234/1/Evaluation\\_of\\_NHS\\_Medicines\\_Waste\\_\\_web\\_publication\\_version.pdf](http://discovery.ucl.ac.uk/1350234/1/Evaluation_of_NHS_Medicines_Waste__web_publication_version.pdf)

## Acknowledgements

PrescQiPP Bulletin 93: Care homes - Waste reduction (April 2015). Available here: <https://www.prescqipp.info/our-resources/bulletins/bulletin-93-care-homes-waste-reduction/>