

Best Practice Medication Cycle for Care Homes

Timeline

Week 1

Start the medication cycle on the agreed day of the week (Day 1)

Week 2

Care home require new monthly order for repeat medications:
Medicines needed for the following month are identified by a designated staff member (or deputy) from MAR charts, as well as discussions with care staff. Stock levels of "When required", "Externals" and "Sip feeds" must be checked.

ONLY order what is required referring to a copy of current MAR charts

Medication order is sent to GP Practice by agreed day of medication cycle

Prescriptions are generated by designated GP practice staff – consider retaining a copy of the care home request at the practice for 1 month

Prescriptions go back to the care home for checking
(collected by care home or by pharmacy)

Prescriptions are checked – any discrepancies are resolved as soon as possible with the GP practice

Week 3

Pharmacy dispenses prescriptions – any discrepancies are resolved with the care home or GP practice

Dispensed items are sent to care home at least 2 working days prior to the new medication cycle starting

Week 4

Medication is checked (resolving any discrepancies as soon as possible) and ready to administer to service user on Day 1 of the new medication cycle



Care Home





GP Practice





Community Pharmacy


Rationale for Medication Cycle process

-  **Start the medication cycle on the agreed day of the week (Day 1)**


Agree with the Community Pharmacy and GP practice the starting day of the medication cycle. This will be the same each month.
-  **Care home requires new monthly order for repeat medications**

The ordering cycle starts during week 2 to allow time to complete the checking process and delivery of medication in time for the new medication cycle to start.
-  **Medicines needed for the following month are identified by an appropriate staff member (or deputy) from MAR charts as well as discussions with care staff. Stock levels of “When required”, “Externals” and “Sip feeds” must be checked.**

This part of the process takes into consideration in-house expiry dates and carrying forward appropriate medications to the next medication cycle. Adequate protected time should be given for this task which should take place in a quiet area without disturbance. The designated staff member must be familiar with all aspects of service user’s medications. A competent deputy should be appointed to cover for absence.
-  **Only order what is required referring to a copy of current MAR charts.**

The right hand side (RHS) of the prescriptions received from the community pharmacy with the previous months order should be checked alongside the current MAR chart. MAR charts are checked for any changes, e.g. doses/medications that have been changed, stopped or newly started. Any hand written alterations by the prescriber and any additional notes should be observed (reverse of MAR, carer’s notes, etc.) for any entries made regarding medication which state reasons for omissions/PRN administration/any other relevant information regarding medication. It is vital that the care home keeps a copy of the order.
-  **Prescriptions are generated by designated practice staff.**

Consider retaining a copy of the care home request at the GP practice for 1 month. This will help resolve any subsequent discrepancies. The GP practice should nominate a designated member of staff to liaise with the care home and community pharmacy. The prescription clerk or a nominated member of staff fully understands the ordering process of the care home and will usually liaise directly with the care home for any questions regarding an order placed. They may also liaise with the pharmacy if necessary regarding any discrepancies.

 - Job shadowing opportunities could be offered to care home/GP practice /community pharmacy staff to gain full understanding of each role.
-  **Prescriptions go back to the care home for checking (collected by care home or by pharmacy)**

A designated care home staff member has protected time to check prescriptions from the GP practice against the order prior to sending to the pharmacy.

Prescriptions are checked against the order

Any discrepancies are resolved with the GP practice as soon as possible. Each prescription is matched to the order and checked in case there have been any changes made by the GP during the interim period. Any discrepancies are resolved with the GP practice. Consider making a copy of the prescriptions before sending them to the pharmacy.

Pharmacy dispenses prescriptions

Any discrepancies are resolved with the care home or GP practice. Sufficient time is allowed for the pharmacy to dispense the medications. This can take up to 7 days to ensure all checks are made safely. Processing time is pre-arranged to ensure timely delivery of medication and to allow for the dispensed items to be checked accurately by the care home prior to the medication cycle starting.

Dispensed items are sent to care home at least 2 working days prior to the new medication cycle starting

Medication is checked and ready to administer to the service user on Day 1 of the new medication cycle

Upon receipt, the medications must be checked and booked in by a designated care home staff member. Any discrepancies are resolved with the community pharmacy, including any delay in delivery. The new MAR charts are compared with the existing charts. If changes have been made in the interim, the new MAR charts are amended and alterations signed and dated by 2 members of staff, adding a reference for the amendment e.g. note from prescriber, endorsing the date the prescriber altered the medication.

Top Tips for best practice:

- Do not allow residents medications to run out
- Do not return unused medicine each month to the supplier whilst requesting further supplies of the same item (over ordering leads to unnecessary waste). Always aim to resolve this issue as soon as possible. Take note if you are seeing regular leftover medicines for a patient each month. You should raise it with the GP practice or pharmacy and agree an approach which will reduce wastage i.e. if the patient has excess boxes of creams for a diagnosed skin condition such as eczema you may want to order this on acute prescription going forward to avoid wasting
- Only order the number of tablets needed to reach the end of the cycle if a medicine is started mid-month
- Keep contact numbers for your pharmacy providers, you should also make “out of hours” numbers available in case an acute medicine is needed.