Torbay and South Devon NHS
NHS Foundation Trust

Medicine Administration Records (MAR) in Care Homes and Domiciliary Care

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Torbay and South Devon NHS
NHS Foundation Trust

Partners in Care

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Document Information

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Administration of Medicines in Domiciliary Care Policy			
Administration of Medicines in Care Homes Policy			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
2		8 April 2013	Organisation Name Change	
3		17 February 2016	Update following review and Organisation change	
4	Ratified	20 July 2018	Revised	Care and Clinical Policies Group Clinical Director of Pharmacy

Contents

1 Introduction

The aim of this policy is to provide guidance to care homes and domiciliary care providers on the safe use of Medication Administration Records (MAR). A MAR chart is the record that shows drugs have been administered to a patient. The carer signs each time a drug or medicine is administered to a patient. Carers administering medication in the care home or in domiciliary care should be suitably trained and competent. This should be documented and recorded by a senior carer or registered provider.

2 Statement/ Objective

2.1 This guidance supports Regulation 12 Safe care and treatment which service providers must meet under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This includes the requirement that providers must ensure 'the proper and safe management of medicines'. All standards must be applied to all aspects of care including administration of medication.

2.2 This document gives domiciliary care agencies and care homes a guide to good practice in how the administration of medication by care workers should be recorded. It covers:

- Why a MAR chart is so important
- Who can write on MAR charts
- The pros and cons of printed charts produced by a pharmacy.
- What sort of policies and procedures agencies and care homes should have
- What should be looked for in monitoring both by agencies and care homes and others

2.3 This guidance relates to registered domiciliary care agencies and registered care homes only. It does not apply to care purchased from an unregistered source by individuals using Direct Payments or any other form of Individual Budget.

2.4 This guidance should be considered together with local policies from social service departments and health teams when available to care providers and national guidance.

3 Roles & Responsibilities

It remains the responsibility of all care homes and domiciliary care agencies to ratify their own administration of medicines policy to include MAR charts. This policy provides best practice guidance for reference when writing or reviewing policies.

4 Medication Administration Records (MARs) chart in Care Homes and Domiciliary Care

4.1 Regulations

4.1.1 Where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;

4.1.2 The proper and safe management of medicines

4.1.3 As far as the Trust is concerned, our expectation is that agencies and care homes will meet these regulations and ensure that any reasonable request by officers and staff of the Trust for records that can evidence compliance and service user safety will be available.

4.2 Agencies and care homes are required to keep 'a detailed record of the personal care provided to the service user'. These records must be available for inspection and also kept either at the person's home in the case of domiciliary care or in the care home. In the case of domiciliary care therefore, it requires a dual recording system. In the case where electronic care records and MAR charts are used, these should be made available on request.

4.3 The Standards require agencies and care homes recording in the following activities:

- Collection of prescriptions from the GP surgery
- Collection of dispensed medicines from a pharmacy or dispensing GP
- Observation of the person taking medication and any assistance given, including dosage and time of medication. This is a record of administration, and there is no difference in the case of domiciliary care from the records that a care home must keep.

4.4 General guidance for the MAR chart

4.4.1 Care workers who administer medicines must have a MAR chart that details:

- Which medication(s) are prescribed for the patient (this must include medicine name, strength and quantity)
- When they must be given (frequency of the administration)
- What the dose of the medication is
- The route of administration
- Any special information from the supplementary label, such as giving the medicines with or after food.

4.4.2 Prescribed medication information is included in the NHS FP10 prescription from the supplying pharmacy or from the patient GP records. The agency or care home must have a record of medicines currently prescribed for that person.

4.4.3 The care provider must receive an up to date discharge summary including a list of all current medication when accepting a patient on discharge from hospital. If the discharge summary is not supplied promptly this should be escalated through the care provider's normal process for reporting errors. This should also be reported through the South Devon and Torbay CCG Yellow Card system; http://www.southdevonandtorbayccg.nhs.uk/contact-us/yellow_card/Pages/default.aspx

4.4.4 Patients may nominate for their prescriptions to be electronically sent from the GP surgery to a pharmacy. In this instance, a physical copy of the prescription may not be generated until it is received at the pharmacy. The GP surgery should be contacted for an up to date list of medications by the care provider.

4.4.5 The MAR chart should be signed when the patient is administered an individual dose of medicine by the staff member who administers the medication.

4.4.6 A record should also be made of any prescribed medicines that have not been administered. MAR charts should include provision for this and ensure that it is clear what should be recorded. Where a person may continually be refusing to take their medication, for example, additional recording and escalation will be required, separate from the MAR, and this will be in line with the care home or domiciliary care agency's individual policies in place.

4.4.7 The information on the MAR chart should be supplemented by the patient's care plan.

4.4.8 The MAR chart can be a very useful tool for the agency or care home to use to keep track of medicines that are not ordered every month and only taken occasionally. The MAR chart can be used to record medicines carried over onto a new chart. If the MAR chart received from the pharmacy is different to that received in the previous month the domiciliary care agency or care home should liaise with the pharmacy at that point to ensure all current medications are listed including those that are not ordered in the current month.

4.4.9 The MAR chart should be used to record when any non-prescribed medicines are given, for example a homely remedy.

4.4.10 Administration of controlled drugs should be recorded on the person's MAR chart as well as in the controlled drug (CD) record book. The person administering should sign the record book as well as a witness.

NB: CD registers only apply in care homes, not domiciliary care.

4.4.11 Responsibility for providing suitable and up to date MAR charts rests with the agency or care home.

4.4.12 A GP does not have to sign any documents produced by an agency or care home for medicine administration. The NHS contract for general medical services (GMS) does not require this.

4.5 Printed and handwritten MAR charts

4.5.1 Poor records are a potential cause of preventable drug errors. Printed MAR charts produced by a pharmacy are not essential but they may be safer than handwritten charts.

4.5.2 Handwritten charts may introduce transcription errors and be less legible than printed MARs.

4.5.3 If a handwritten MAR is the only available option, there must be a robust system to check that the MAR is correct before it is used.

4.5.4 Printed MAR charts are usually supplied from the pharmacy when medicines are packaged in monitored dosage systems such as Manrex, Venalink and Nomad. This is a service that the pharmacy is paying for. Agencies and care homes cannot insist on having printed charts.

4.5.5 Printed MAR charts may also be provided when medicines are supplied in their dispensing containers to assist in safe recording of administration.

4.6 Potential problems with printed MAR chart are as follows;

- The MAR charts are only correct at the time it is printed and supplied. But the dose of a medicine may change at some point. When this happens, the agency or care home must keep the chart up to date.
- New prescriptions can be issued at any time in the monthly cycle. This may result in the person having several MAR charts in a file, and some may start on different dates.
- Medicines that are prescribed for ‘as required’ use may not be needed every month. If the MAR chart only has a list of medicines that have been requested, prescribed and dispensed that month, it may not list the ‘as required’ medicines previously supplied for that patient. Please ensure that ‘as required’ or ‘when required’ medication is added onto the MAR chart or medication carried over.
- The MAR chart should be supplemented by information that clearly describes the circumstances when ‘as required’ medicine may safely be given. There should be clear and precise documentation in the service user's care plan as to when a particular 'as required' medicine should or should not be given.
- The MAR chart may include a medicine that has not been supplied. The agency or care home must check whether the prescriber has stopped the medicine and if so cross it off, clearly document the reason i.e. stopped, date and sign. If the treatment is to continue, the agency or care home must check why there is no supply.

4.7 Can anyone write on the printed MAR chart?

4.7.1 Staff who administer medication should receive adequate training and competency assessment before they are permitted to administer medication and record on a MAR chart.

4.7.2 When a service user's medication is changed, care staff are responsible for amending the MAR chart and this may include;

- Cancelling the original entry.
- Writing the new directions legibly and in ink on a new line of the MAR chart
- Recording the name of the prescriber who gave the new instructions.
- Dating the entry and signing (including a witness when this is possible)
- The rare occasion where a verbal instruction is given over the telephone to make a change to a medication. In this case, where possible, that instruction should be repeated to another member of staff in order to avoid any discrepancy, and then documented.

4.8 What are the unique problems for Domiciliary Care?

4.8.1 Because the agency may not be responsible for organising repeat supplies of medicines or setting up appointments with the GP, the agency may find it difficult to keep up to date with changes.

4.8.2 A domiciliary care agency provides care to a range of people who do not necessarily get their prescribed medicines from the same pharmacy. A pharmacist may be unwilling to issue MAR charts for individuals, and especially when the medicines are not in a monitored dosage or compliance system. There are some exceptions where local arrangements exist between the Local Authority commissioning care and the NHS Clinical Commissioning Groups (CCGs).

4.8.3 There are situations where more than one agency provides a service to the same person. The agencies must agree how medication will be recorded on the record that is kept in the person's own home and this arrangement must be included in the care plan. Clear communication channels must be agreed, to include information sharing with GPs, community nurses or any other appropriate professional.

4.8.4 All Agency care workers must keep a record of the medicines they give, including the dose that is dated and signed to meet the regulatory requirements.

4.9 Checkpoints for monitoring

4.9.1 MAR charts form an essential element in determining whether people who use social care have been given medicines as the prescriber instructed. Important questions to follow up include:

- 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 at each medication administration?

- Are there gaps in the records? If so, do these need to be investigated further?
- Can the reader identify exactly what has been given on specified dates, for example when the dose is one or two tablets?
- Is there sufficient information to enable care workers to give 'as required' medicine safely?
- Is there a guide to the codes used to explain why medicine has not been given?
- Can you confirm that the records are valid, for example by checking whether the number of signatures recorded for the administration of an antibiotic such as amoxicillin are consistent with the quantity supplied.
- In care homes, can you cross reference records for controlled drugs in both MAR chart and CD register?

4.9.2 The MAR chart may include details of medicine receipt and disposal but if not, these records must be kept in another format. Taken together, these records should enable anyone monitoring to account for every medicine brought into a care home/ service user's own home.

4.9.3 Any allergies should be clearly identified on the MAR chart for the patient.

4.10 Record Keeping

Once the current monthly cycle has been finished it is a legal requirement for these records to be kept by the agency or care home, even when the service user has left. It is recommended they be retained for a minimum of 3 years and should be retrievable, if needed.

5 Training

Care homes and domiciliary care agencies are responsible for organising training to support staff in the safe and competent administration of medicines to include recording on the MAR. There should be regular updates and records of training kept.

6 Monitoring, Auditing, Reviewing & Evaluation

This policy will be reviewed in February 2021 or sooner as any regulatory or contractual changes may dictate.

7 References

7.1 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

7.2 NICE guidelines for Managing Medicines in Care Homes (Social Care Guideline) 2014
https://www.nice.org.uk/guidance/sc1

7.3 Nice Guidance: NG67 - Managing medicines for adults receiving social care in the community
https://www.nice.org.uk/guidance/ng67/chapter/Recommendations

8 Distribution

This policy will be available to staff via The Torbay and South Devon Foundation NHS Trust Website.

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

NHS South Devon and Torbay Clinical Commissioning Group

Torbay and South Devon NHS
NHS Foundation Trust

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		**Version and Date**	
Policy Author			

An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.

Who may be affected by this document?

Patients/ Service Users ☐	Staff ☐	Other, please state… ☐

Could the policy treat people from protected groups less favorably than the general population?

PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Age	Yes ☐ No☐	Gender Reassignment	Yes ☐ No☐	Sexual Orientation	Yes ☐ No☐
Race	Yes ☐ No☐	Disability	Yes ☐ No☐	Religion/Belief (non)	Yes ☐ No☐
Gender	Yes ☐ No☐	Pregnancy/Maternity	Yes ☐ No☐	Marriage/ Civil Partnership	Yes ☐ No☐

Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☐

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☐ No☐ NA ☐
Are the services outlined in the policy fully accessible[6]?	Yes ☐ No☐ NA ☐
Does the policy encourage individualised and person-centred care?	Yes ☐ No☐ NA ☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☐ NA ☐

EXTERNAL FACTORS

Is the policy a result of national legislation which cannot be modified in any way?	Yes ☐ No☐

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

Who was consulted when drafting this policy?		
Patients/ Service Users ☐	Trade Unions ☐	Protected Groups (including Trust Equality Groups) ☐
Staff ☐	General Public ☐	Other, please state… ☐
What were the recommendations/suggestions?		
Does this document require a service redesign or substantial amendments to an existing process? ***PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below***		Yes ☐ No☐

ACTION PLAN: Please list all actions identified to address any impacts

Action	Person responsible	Completion date

AUTHORISATION:

By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form		**Signature**	
Validated by (line manager)		**Signature**	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.

[1] Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdft@nhs.net,
- See TSDFT's Data Protection & Access Policy,
- Visit our GDPR page on ICON.