

## Good Practice Guidance L: Secondary dispensing in Care Homes

*Adapted from the CQC Pharmacy tip: Secondary Dispensing (27 October 2008) which has now been withdrawn.*

### Key Points

- The Care Quality Commission has previously successfully prosecuted a care provider for secondary dispensing of medicines.
- Care homes must make sure that a written procedure for giving medicines is in place and is monitored, to make sure that care home staff follow safe practice, to protect the residents they care for.
- Care homes are required to ensure that the staff members employed receives training appropriate to the work they are to perform.
- One staff members' signature or initials cannot accurately record different tasks done by two members of staff at different times.
- There are exceptional circumstances when the practice of secondary dispensing may be acceptable.
- Exceptional cases need a robust risk assessment and written procedure. Details should include, which staff are permitted to do this, what containers the medicines are to be put in, how the containers are to be labelled and what other information is to be given.
- A clear record should be kept of all staff involved in each stage of the procedure and the actions taken.

Secondary dispensing is also known as double dispensing or potting up.

### Scenario

During a key inspection of a care home without nursing the inspector saw a member of staff giving medicines to residents from pots and not the containers from the pharmacy. The senior member of staff explained that the pots were filled by another member of staff, some time before the medication round began. She said that this had always happened, as it helps to make sure residents get their medication correctly.

### What issues does this raise?

- How does the member of staff know that each resident receives the right dose of the right medicine at the right time, as prescribed?
- Are other prescribed medicines missed because these have not been removed from the original dispensed containers, for example, inhalers, eye drops or 'when required' medicines?
- Are the medication records accurate?
- Why are staff potting up? Are there sufficient staff members who have been trained and assessed as competent to give medicines?
- Are there any circumstances when secondary dispensing is permissible?

### Discussion

- The Care Quality Commission has previously successfully prosecuted a care provider for secondary dispensing of medicines. Whilst actual harm was not evidenced, on the basis of published good practice and the risk of harm to people using the service, it was found that the provider did not meet the necessary Regulations.
- When dispensing a prescription a pharmacist must include the following information on the medicine label:
  - name of the medicine and strength
  - dose, that is on the prescriptions e.g. the number of tablets, capsules or volume of liquid
  - frequency that is on the prescription e.g. how often to take the dose
  - any special instructions, for example take with food
  - quantity supplied
  - date the medicine was dispensed
  - name of the residents the medicine is prescribed for
- If the member of staff giving the medicines does not have the container with the label they cannot be sure that each resident receives the right dose of the right medicine at the right time, as prescribed.
- Residents might miss some medicines, for example, inhalers, eye-drops or 'as required' medicines if the staff member giving medicines does not have access to all prescribed medicines.
- The needs and choices of residents would not be considered if 'when required' medicines are prepared in advance.
- One staff members' signature or initials cannot accurately record different tasks done by two members of staff at different times.

- Care homes must make sure that a written procedure for giving medicines is in place and is monitored, to make sure that care home staff follow safe practice, to protect the residents they care for.
- Care homes are required to ensure that the staff members employed receive training appropriate to the work they are to perform.
- There are exceptional circumstances when the practice of secondary dispensing may be acceptable:
  - Residents may need a compliance system to help them to remember to take essential medicines without a staff member giving them. It would be appropriate for a staff member to help the residents fill it with tablets and capsules from the original pharmacist labelled containers. However if a resident is self-administering their medicines and requires a compliance aid to do this, it is advised that they are assessed by the community pharmacist under the Equality Act to see if a labelled compliance aid could be provided by the pharmacist.
  - Residents who go on social leave from a care home for part of a day or several days may not wish to take the full quantity of medicines with them. Placing sufficient medicines in a compliance system would be helpful if the care home is unable to obtain a labelled supply solely for the period of leave. However a labelled supply from a community pharmacist would be the preferred option.
- Exceptional cases such as those listed above need a robust risk assessment and written procedure. Details should include, which staff are permitted to do this, what containers the medicines are to be put in, how the containers are to be labelled and what other information is to be given.
- A clear record should be kept of all staff involved in each stage of the procedure and the actions taken.

### **Things to Consider:**

- Medicines are taken from the original containers immediately before giving to residents.
- Care homes make an accurate record, immediately after observing a residents taking or refusing their medicines.
- Medication policy and procedure reflects best practice.
- Care home staff who give medicines have had medication training and have been assessed as competent.
- There are robust procedures to cover any secondary dispensing, that has been agreed as exceptional.

## Further information

- Further information on managing medicines in care homes is available in Outcome 9 of the [CQC Essential Standards of Quality and Safety](#)
- Further information on ['The handling of medicines in Social Care'](#) can also be found on the Royal Pharmaceutical Society website: [www.rpharms.com](http://www.rpharms.com)
- The Nursing and Midwifery Council (NMC) provides guidance and [advice on a number of topics](#) which is available on their website; [www.nmc-uk.org](http://www.nmc-uk.org)
- The National Patient Safety Agency also contains safety alerts related to medicines; <http://npsa.nhs.uk/>

*The above links are made available solely to indicate their potential usefulness to users. The user must use their own judgment to determine the accuracy and relevance of the information they contain.*

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