NHS

Yorkshire and Humber
Commissioning Support

Good Practice Guidance:
Medication administration records (MAR) in care homes and domiciliary care

Medicines Management Social Care Support Team
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Good Practice Guidance:

Medication Administration Records (MAR) in care homes and domiciliary care.

Purpose of this document

1. This document is a guide to good practice in how the administration of medication by care staff should be recorded. The guidance applies to care homes and domiciliary care. It covers:

   - the fundamental standards and CQC guidance
   - why a MAR chart is so important
   - who can write on MAR charts
   - the pros and cons of printed charts

   This guidance will not apply when a person uses direct payments to commission services from a provider who does not need to be registered.

Regulations and Guidance

2. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 detail the fundamental standards which service providers must meet.

3. The fundamental standard "Safe Care and Treatment" (Regulation 12) includes the requirement that providers must ensure '*the proper and safe management of medicines.'*

   The fundamental standard "Good Governance" (Regulation 17) includes the requirement to '*maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided*'.

   All the fundamental standards must however be applied to all aspects of care including the administration of medication.

4. Further information on how to meet the fundamental standards can be found in the CQC document *Guidance for providers on meeting the regulations*.

Why is the MAR chart so important?

5. The care provider must have a record of all medicines that the person is currently taking. This must include both prescribed and bought medication.

   Care staff who give medicines must have a chart that details:

   - which medicines are prescribed for the person
   - when they must be given
   - what the dose is
   - any special information, such as giving the medicines with food

   This information is included on the prescription and on the dispensing label.

   Each medication should be signed for when they are given by staff as individual doses. If the person is self-administering, but care staff collect or receive the medication on the person's behalf, a record must be made when the medication is given to the person.

This guidance is based on documents that were previously issued by CQC (now withdrawn). Where necessary they have been updated in line with changes to the Regulations and the latest available guidance. Providers should use this advice in conjunction with NICE guidelines 'Managing medicines in care homes' 2014 and 'The Handling of Medicines in Social Care' (RPSGB 2007) and the latest CQC guidance.

6. It is also important to keep a record when a prescribed medicine has not been given. Differing 'codes' are used to record when medicines have not been given. The MAR must explain what the codes mean.

7. The information on the MAR must be supplemented by the person's care plan. The care plan will include personal preferences, including issues such as should the care staff who gives the medicines be the same sex as the person.

8. The MAR can be a very useful tool for the care provider to use to keep track of medicines that are not ordered every month but only taken occasionally. The provider should use the MAR to record medicines carried over onto a new chart.

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

10. Administration of controlled drugs should be recorded on the person's MAR chart as well as the record in the controlled drug (CD) register.

11. Responsibility for providing MAR charts rests with the care provider.

Can the care provider ask the GP to sign the MAR charts?

12. A GP does not have to sign any documents produced by a care provider for medicine administration. The NHS contract for general medical services (GMS) does not require this. There are exceptions when a care provider has a private contract with a GP for medical services that exceed GMS.

13. There are some occasions when it would be appropriate to ask the GP to sign the MAR chart, for example when the doctor visits and changes the dose of a prescribed medicine.

Do care providers have to use printed MAR charts?

14. Poor records are a potential cause of preventable drug errors. Printed MAR charts are not essential but they are better than handwritten charts. This is because there is less risk of error due to handwriting that is difficult to read:

> *The change of insulin dose for a resident was communicated verbally to staff and then hand written onto the MAR. The instruction was to give 4 units of insulin at night. The nurse who took the message wrote ` 4 i.u.' on the chart (i.u. is an abbreviation for international units). But another nurse misread the dose and gave 41 units of insulin.*

When care staff are producing the MAR chart

- Abbreviations should not be used. The information should be written in full from the dispensing label (or product packaging for bought medication).
- If the MAR chart is handwritten, the writing must be legible and in permanent ink.
- There must be a robust system in place to check that the MAR is correct before use.
- Only trained and competent staff should produce MAR charts.

15. Pharmacies or dispensing GPs may offer to produce printed MAR charts when they are supplying the medication for the person. This service should be used if available.

Are there known problems associated with printed MAR charts from the pharmacy or dispensing GP?

16. Yes, there are problems that the care provider needs to be alert to:

- The chart should be correct at the time it is printed and supplied. But the dose of a medicine may change at some point. When this happens, the care provider 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 and prescribed that month, it may not list the 'as required' medicines previously supplied for that person.
- The MAR chart should be supplemented by information that clearly describes the circumstances when 'as required' medicine may safely be given.
- The MAR chart may include a medicine that has not been supplied. The care provider must check whether the prescriber has stopped the medicine and if so cross it off the chart, date and sign. If the treatment is to continue, the care provider must check why there is no supply.

Can anyone write on the MAR chart?

17. MAR charts should only be prepared or changed by staff who are trained and competent to do so. The care provider should have a system to check the source and accuracy of the changes. A cross reference to the daily notes is recommended.

18. When a person's medication is altered, care staff are responsible for amending the MAR chart:

- cancel the original direction
- write the new directions legibly and in ink on a new line of the MAR chart
- write the name of the doctor or other prescriber who gave the new instructions
- date the entry and sign (including a witness when this is possible).

19. A new prescription is not always necessary if a dose of medication is changed.

Mr Brown has been taking 2 furosemide tablets (40mg) each morning. At the medication review the GP decides that this can be reduced to one tablet each morning. Mr Brown has a good supply of furosemide 40mg. If he lives in his own home with support from a domiciliary care agency, the doctor will not write a new prescription. The doctor will record the change at the surgery so that when Mr Brown asks for a repeat prescription the new dose will be prescribed. The same applies if Mr Brown is a care home resident. If however the care provider insists on a new prescription for Mr Brown, the previous supply must be destroyed and this is a waste of NHS resources.

In addition to updating the MAR chart, care staff should keep a complete record of new instructions and the reason for the change (if known) in the person's records. This should include the name of the healthcare professional and their professional title. It should be dated and signed by the member of staff making it. Written confirmation of verbal instructions should be requested.

20. MAR charts used in care homes and domiciliary care look similar to 'prescription' charts used in hospitals but they are not equivalent to the prescription chart. The MAR chart is only a record of what care staff administer to people who use care services and belongs to the care provider. It is not a chart for prescribing medicines.

What are the unique problems for Domiciliary Care?

21. 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. Communications between care staff, their supervisors and prescribers must be robust and effective.

22. 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 local clinical commissioning group.

23. 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. This arrangement must be included in the care plan.

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

What demonstrates good practice?

25. 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 consider 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 staff to give 'when required' medicine safely?
- Is there a guide to the codes used to explain why a 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 on both the MAR chart and in the CD register?