

## Pharmacy tip: Secondary dispensing

The following applies to care homes and domiciliary care.

### What is secondary dispensing?

Secondary dispensing is when medicines are removed from the original dispensed containers and put into pots or compliance aids in advance of the time of administration. This is not considered good practice as this process has removed a vital safety-net to check the medicine, strength and dose with the MAR chart and label on the medicine at the same time you check the identity of the person.

A similar situation could occur in domiciliary care when a family member or another carer puts medicines into pots to be given by another member of staff later the same day.

Medicines should be administered from containers dispensed and labelled by the pharmacy or dispensing GP. Staff should administer medicines from these original containers and be able to identify and record each individual medicine they administer.

### What issues need to be considered?

- How does the care worker know that each person 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 'as required' medicines?
- Are the medication records accurate?
- Are there any circumstances when secondary dispensing is permissible?

### Discussion

The Commission successfully prosecuted a care provider for secondary dispensing of medicines. Actual harm was not evidenced but, on the basis of published good practice and risk of harm to people using the service, it was found that the provider did not meet Regulation 13 (2) of the Care Standards Act 2000.

When dispensing a prescription a pharmacist must include the following information on the medicine label:

- name of the medicine and strength
- dose, that is the number of tablets, capsules or volume of liquid
- frequency, that is how often to take the dose
- any special instructions, for example take with food
- quantity supplied
- date the medicine was dispensed
- name of the person the medicine is prescribed for.

If the care worker giving the medicines does not have the container with the label they cannot be sure that each person receives the right dose of the right medicine at the right time, as prescribed.

People might miss some medicines, for example, inhalers, eye-drops or 'as required' medicines if the care worker giving medicines does not have access to all prescribed medicines.

The needs and choices of people would not be considered if 'as required' medicines are prepared in advance.

One person's signature or initials cannot accurately record different tasks done by two members of staff at different times.

Care providers must make sure that a written procedure for giving medicines is in place and is monitored, to make sure that care workers follow safe practice, to protect the people they care for.

There are **exceptional circumstances** when the practice of secondary dispensing may be acceptable and even necessary in social care:

- People may need a compliance system to help them to remember to take essential medicines without a care worker giving them. It would be appropriate for a care worker to **help the person** fill it with tablets and capsules from the original pharmacist labelled containers.
- People 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.
- In domiciliary care, if it has been agreed with the person and it is in the care plan, doses can be left out for that individual to take at a later time, for example, sleeping tablet.

**Exceptional cases such as these 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.

## What kind of things will inspectors be looking for?

- Medicines are taken from the original containers immediately before giving to a person.
- Care workers make an accurate record, immediately after observing a person taking or refusing their medicines.
- What people say about how they are given their medicines.
- Medication policy and procedure reflects best practice.
- Care workers 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.