

Good Practice Guidance for Care Homes: Medicines' storage

Introduction

All medicines have storage requirements specified by the manufacturer; this information is also included on the Patient Information Leaflet (PIL). Medicines must be stored safely, securely and at the correct temperature as stated by the manufacturer.

For liquid medicines, the date opened, and the expiry date once opened should be recorded on the bottle. This may also apply for certain tablets, capsules and inhalers (refer to Good Practice Guidance Expiry Dates for medications). If the manufacturer does not provide this information, the Good Practice Guidance Expiry Dates includes information about medication formulations and suggested expiry dates once the product has been opened.

Medicines can be stored in the resident's room or centrally in locked cupboards in the medicines' room. This should be person-centred, and meet each person's needs, choices, and risk assessment. Correct storage conditions help to ensure that the medication is safe, effective and does not cause harm to the resident.

Policies and procedures

The care home Medicines Management Policy should include how and where medicines are stored. Secure storage of the medicines' keys should be included. Only authorised care staff should have access to the medicines.

The policy should include guidance to:

- store all medicines in a locked cupboard in a designated medicines room
- restrict access to the medicines' keys to approved members of care staff
- store all medicines according to the manufacturer's guidelines including:
 - how staff monitor the temperature of medicines' storage
 - what to do if the temperature is too high or too low
- keep all medicines in the original containers they were dispensed in, whether this is an original pack or monitored dose system (MDS)
- keep medicines in their original outer packaging to protect the medication from sunlight
- store all controlled drugs (CDs) appropriately and in line with legislation (refer to Good Practice Guidance Controlled drugs)
- store medicines with the potential for abuse or misuse appropriately
- store medicines requiring refrigeration in a lockable medicines fridge
- ensure residents who are self-administering are:
 - risk-assessed
 - able to store their medicines safely and securely as indicated in their risk assessment, e.g. in a lockable drawer in their room
 - able to access their medicines when they need to take them.

Also included in the policy should be guidance covering the storage of:

- thickeners
- oral nutritional supplements
- skin creams, ointments and other topical products
- appliances and devices including sharps.

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Good Practice Guidance documents are believed to accurately reflect the literature at the time of writing.

Storing medication

- Specific storage conditions must be followed, e.g. CDs, fridge items.
- Emergency medicines must be stored safely and securely; they should be able to be accessed quickly if needed.
- Medicines should be stored in a cool (below 25°C) dry place unless refrigeration is required (between 2°C and 8°C)
- Storage of medicines above 25°C may cause them to deteriorate and become ineffective or unsafe to use.
- Regular temperature monitoring should take place and the information recorded. Frequent checks may be necessary during warmer weather, including fridge temperatures (refer to Good Practice Guidance Fridge temperature monitoring).
- If you suspect the temperature has become too high or too low, contact your community pharmacy for advice.
- Residents who 'self-administer' should:
 - store their medicines securely as described in their risk assessment
 - be able to access their medicines when needed; they can be kept on their person if this would not place other residents at risk.
- Rotate stock so medicines with the shortest expiry dates are used first.
- Internal (tablets, capsules, liquids) and external (suppositories, creams, ointments) medications should be stored separately.
- Excess stock should be grouped together by individual resident. If the resident is refusing a certain medicine, ensure the resident is reviewed by a GP/ healthcare professional to assess appropriateness of the medicine.
- Do NOT store any medicines or medical products on the floor.
- Do NOT automatically discard medicines at the end of every monthly cycle; care staff should check whether the medication is appropriate to use and is still:
 - prescribed for the resident
 - within its expiry date
 - if opened within its use by date.

Expiry dates

- Certain medications have a shortened expiry date once opened, e.g. liquid formulations, eye drops, ear/nose drops and sprays, creams and ointments, insulins; refer to Good Practice Guidance Expiry dates for medication.
- Record the date of opening on the product/packaging using a sticker, permanent marker or in the space remaining on the dispensing label. If there is no space to write directly on the product, record the date of opening on the box or outer packaging and store the product in the outer packaging.
Your community pharmacy may be able to supply 'date opened'/'do not use after' labels to attach to these medicines.

ALWAYS LOCK MEDICINES AWAY. KEEP YOUR RESIDENTS AND STAFF SAFE

References:

- NICE [SC1], Managing medicines in care homes, March 2014
www.nice.org.uk/guidance/sc1
- CQC: Storing medicines in residential services
[Storing medicines in residential services | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications/storing-medicines-in-residential-services)
- PrescQIPP Innovation and best practice: Improving medicines management in care homes
[Improving medicines management in care homes | PrescQIPP C.I.C](https://www.prescqip.org/publications/improving-medicines-management-in-care-homes)
- Conditions for which over the counter items should not routinely be prescribed in primary care
<https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/>

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