## B02c

## Adults’ medication guidance for care workers

This document is provided to Carers Trust Crossroads West Wales (now referred to as ‘the organisation’) as a Network Partner of Carers Trust.

**Table of Contents**

[SCOPE 2](#_Toc81400954)

[INTRODUCTION 2](#_Toc81400955)

[STORAGE 3](#_Toc81400956)

[TYPES OF MEDICINES SUPPORT 3](#_Toc81400957)

[GENERAL SUPPORT (ASSISTED SELF-MEDICATION) 4](#_Toc81400958)

[ADMINISTRATION OF MEDICATION 5](#_Toc81400959)

[CHANGES TO MEDICATION 6](#_Toc81400960)

[UNSUCCESSFUL MEDICINES SUPPORT 6](#_Toc81400961)

[MEDICATION ERRORS 7](#_Toc81400962)

[SAFEGUARDING CONCERNS 7](#_Toc81400963)

[COLLECTION OF PRESCRIPTIONS 7](#_Toc81400964)

[DISPOSAL OF PRESCRIBED MEDICATION 8](#_Toc81400965)

[ORDERING 8](#_Toc81400966)

[SIDE EFFECTS OF / ADVERSE REACTIONS 8](#_Toc81400967)

[TAKING MEDICATION OUT OF THE HOME 9](#_Toc81400968)

[TRANSFERRING BETWEEN SERVICES 10](#_Toc81400969)

[LEARNING AND DEVELOPMENT 10](#_Toc81400970)

[ACCEPTANCE 10](#_Toc81400971)

[APPENDIX 1 Medicines support flowchart 11](#_Toc81400972)

[APPENDIX 2 Medication administration record (MAR / eMAR) charts 12](#_Toc81400974)

[APPENDIX 3 Pharmacy-filled dosage systems (MDS) 13](#_Toc81400975)

[APPENDIX 4 General rules about medication 14](#_Toc81400977)

[APPENDIX 5 Creams, lotions, oimtments, oils 15](#_Toc81400979)

# 1.0 SCOPE

1.1 This guidance concerns adults with care needs aged 18 and over. Its aim is to ensure they receive safe, professional medicines support[[1]](#footnote-1) from competent, trained staff. There is separate guidance (C03c) for children and young people aged 17 and under.

# 2.0 INTRODUCTION

2.1 A care planner / assessor will work in partnership with each person with care needs and / or their carer to assess their medicines support needs before you visit.

2.2 Where possible, people with care needs will be encouraged to administer their own medication in order to maximise their independence.

2.3 However, if medicines support is assessed as necessary, details will be entered into the person’s care and support / personal plan. Under no circumstances can you extend or change the medicines support you provide (even slightly) without it first being agreed with the care planner / assessor and the changes added into the person’s care and support / personal plan.

2.4 You will be given training in all aspects of medicines support before you provide it. If you are asked to carry out a task that you have not been trained to do or if you do not feel competent to do it, contact your line manager straight away and do not perform the task in question.

2.5 You are only allowed to provide medicines support with medication that has been prescribed / authorised by a healthcare professional, such as the person’s doctor or pharmacist.

* Do not offer any form of medicines support or advice with non-prescribed / over-the-counter medicines (including common pain killers such as Paracetamol or Ibuprofen, herbal remedies, cough syrups) as some of these can cause adverse reactions if they are taken with other medication.
* If the person with care needs asks for medicines support with non-prescribed / over-the-counter medication, the care planner / assessor will seek permission from their doctor or pharmacist that the product is safe for them to take, and instructions will then be entered in their care and support / personal plan for you to follow.
* Likewise, do not give anyone advice about how to treat minor ailments such as common coughs and colds.

2.6 If you are unsure about what to do in any situation, contact your line manager / person on call for advice.

# 3.0 STORAGE OF MEDICATION

3.1 It is important that a person’s medication is stored:

* in a safe, secure place so that it is not misused or taken by accident
* away from direct heat and as per manufacturers’ instructions
* separate from medicine belonging to other people in the household.

3.2 The person’s care and support / personal plan will state where their medication is to be kept. If you think it is not being stored safely, talk to them or their carer, make a record on the person’s day-to-day record and inform your line manager.

# 4.0 TYPES OF MEDICINES SUPPORT

4.1 Medicines support includes:

* general support (assisted self-medication)
* administration of medication.

See medicines support flowchart (Appendix 1).

4.2 Both types of medicines support (4.1 above) will regularly involve use of:

* tablets, capsules
* liquid medication taken by mouth (oral mixtures)
* medicated creams / ointments / lotions
* transdermal patches
* drops to ear, nose or eye
* sub-lingual medication
* inhaled medication via inhalers and spacers.

4.3 Both types of medicines support (4.1 above) may **also** involve use of specialised techniques, (referred to as specialised tasks), including:

* suppositories and micro-enemas (inserted into the rectum)
* pessaries (inserted into the vagina)
* buccal medication (inserted between the gum and cheek)
* injections
* oxygen therapy
* medication via a percutaneous endoscopic gastroscopy (PEG)
* medication via a nebuliser.

If you are to be involved in any of the above listed specialised tasks, you will be given specific training updated at least annually and will be assessed as competent / confident to carry out the task safely before doing so.

4.4 When providing medicines support, you need to obtain the necessary consent.

* Specific details will be entered in the person’s care and support / personal plan.
* Do not automatically assume they will consent to the help you are offering.
* See autonomy and independence policy (D04) for more information.

## 5.0 GENERAL SUPPORT (ASSISTED SELF-MEDICATION)

5.1 General support applies when a person is fully aware of and understands their medicines regime but has difficulty carrying out the tasks involved. They are able to take full responsibility for their medication and to give you precise instructions (verbal or otherwise) of the help they need.

5.2 When providing general support, do only what the person with care needs asks or directs you to do. You are **not** required to decide about or to select their medication, the dose or the time it is to be given; the person themselves makes those decisions.

5.3 Where possible, make sure the person receiving support can see you carrying out each task they ask / direct you to do.

5.4 General support may include giving the person with care needs an **occasional** prompt or reminder to take their medication.

**5.5 Recording requirements for general support**

5.5.1 Details of the general support a person requires will be entered into their care and support / personal plan and on their Medication Administration Record (MAR / eMAR)[[2]](#footnote-2) chart.

5.5.2 When providing general support with medication:

* Enter details of what you have done into the person’s day-to-day record
* complete an entry on the MAR / eMAR chart for each medicine involved.

**5.6 Reporting concerns**

5.6.1 Supporting a person to take their medication as intended (referred to as ‘medication adherence’) is very important. If you are concerned that they are struggling to retain responsibility for it, let your line manager know.

5.6.2 Concerns could include the person with care needs:

* telling you they are having problems
* forgetting to take their medication or frequently mislaying it
* stockpiling their medication
* taking the wrong dose of a medicine (too much or too little)
* taking more ‘as required’ (PRN) medication (for example, Paracetamol) than the stated permitted dose
* needing **regular** or **frequent** prompts to take it
* getting muddled or confused.

## 6.0 ADMINISTRATION OF MEDICATION

6.1 Administration of medication applies when a person is not able to take responsibility for their own medication or give precise instructions, and staff are fully responsible for selecting it / giving it to them.

6.2 Even though you are taking responsibility for a person’s medication, it is important to maximise their independence wherever possible, for example by:

* asking for their consent as set out in their care and support / personal plan
* asking if they are ready to take it
* giving them an explanation of what you are intending to do and why
* encouraging them to do as much as they can for themselves.

6.3 You are only allowed to administer medication from:

* an original container (such as bottle, foil strip) supplied / labelled by a pharmacist
* a pharmacy-filled, sealed, monitored dosage system (MDS) – see Appendix 3.

6.4 Before you administer a person’s medication or remove it from its packaging:

* ask them if they are ready to take it
* check the MAR / eMAR chart to make sure it has not already been given
* ask them / their carer (as appropriate) if they have already taken / given it
* check medicine is not past its use-by date (do not give out-of-date medicine)
* check for special instructions on the MAR / eMAR chart (for example, ‘take with food’).

6.5 If a person declines to take the medication you offer them, consider leaving it short while before offering again.

6.6 When administering medication to a person who lacks capacity, any action you take must be in their best interests - see autonomy and independence policy (D04).

**6.7 Administration of ‘as required’ (PRN) medication**

6.7.1 ‘As required’ medication is not taken routinely; it is prescribed for a specific reason, for example, ‘shoulder pain’, indigestion’. This information will be included on the person’s MAR / eMAR chart, along with:

* minimum required interval between doses
* maximum number of doses permitted in 24 hours.

See also Appendix 2 for further details.

6.7.2 The care and support / personal plan will state:

* how the person will indicate that they need medication if they are unable to communicate verbally OR
* if they are not able to indicate their need (either verbally or otherwise), what you should look out for as a sign that you should give the medication to them.

6.7.3 Before administering ‘as required’ medication, make sure that:

* the request matches reason given on MAR / eMAR chart, otherwise do not give it
* there has been enough time between doses by checking MAR / eMAR chart and asking the person and / or their carer when they last took it
* the dose you give will not exceed the maximum dose permitted over 24 hours.

**6.8 Recording requirements for administration of medication**

6.8.1 When administering medication:

* enter details of what you have done into the person’s day-to-day record
* complete an entry on MAR / eMAR chart for each medication administered.

**6.9 Reporting concerns**

6.9.1 If you have any concerns about administering a person’s medication, contact your line manager / person on call to discuss. Concerns could include:

* the person getting upset about taking their medication or declining to take it
* the person appearing to be excessively drowsy
* suspecting that their level of capacity is changing or fluctuating
* recognising side effects that the person cannot express (for example, agitation, confusion).

# 7.0 CHANGES TO MEDICATION

7.1 The person with care needs and / or their carer will have been asked to inform a manager if their medication changes so that records can be updated. Changes could include:

* a dose of existing medication being increased or reduced
* medication being stopped
* new medication being prescribed
* short-term medication (such as a course of antibiotics) being prescribed.

7.2 If you notice that a person’s medication has been changed, politely remind them and / or their carer to inform a manager and, if necessary, check with your line manager that they have done so.

7.3 If a person with care needs or their carer tells you about a change to their medication when you arrive at their home, and it has not been written in their care and support / personal plan or on their MAR / eMAR chart:

* **do** **not** act solely on what they are saying
* contact your line manager / person on call so that they check out the changes and get back to you to tell you what to do.

7.4 **DO NOT** make changes to a MAR / eMAR chart under any circumstances unless you have been specifically trained, assessed as competent and authorised to do so.

# 8.0 UNSUCCESSFUL MEDICINES SUPPORT

8.1 If you are expected to provide medicines support but are not able to do so (for example the medication is not available, the person declines to take it):

* enter details into their day-to-day record
* make an entry MAR / eMAR chart using the code provided – do not leave an unsigned ‘gap’
* immediately inform the person’s carer and / or your line manager / person on call.

See Appendix 2 for more details.

8.2 If medication is taken out of its packaging, then declined or not taken, or if it is spoilt in any way, do not place it back in the container. Contact your line manager / person on call who will find out from the pharmacist how it is to be disposed of.

# 9.0 MEDICATION ERRORS

9.1 Examples include:

* giving wrong medication
* giving wrong dose (too little or too much)
* failing to give medication
* giving medication at wrong time
* not signing for medication given
* medication given to wrong person.

9.2 If you make a mistake with medication or notice someone else (such as a colleague or staff from another agency) doing so:

* inform your line manager / person on call straight away and follow their instructions regarding informing the person and / or their carer
* record mistake on MAR / eMAR chart and day-to-day record.

9.3 Your line manager / the person on call will check with a healthcare professional what action needs to be taken and ask you to complete an incident report form.

9.4 If you make a mistake and do not report it or try to cover it up or make false entries on records, this may be dealt with under your organisation’s disciplinary policy.

# 10.0 SAFEGUARDING CONCERNS

10.1 Medication can be misused in various ways, including for example:

* excessive or inappropriate administration to control a person’s behaviour
* deliberately giving or withholding it as a form of punishment or to cause harm
* medication errors.

10.2 If you suspect this is happening or have concerns, get in touch immediately with your line manager / person on call to discuss.

# 11.0 COLLECTION OF PRESCRIPTIONS

11.1 If it has been agreed that you will collect a person’s prescription for them, details will be entered into their care and support / personal plan, including:

* where to collect the medication (GP surgery or pharmacy)
* what identification you will be asked to provide.

11.2 Once you have collected medication:

* keep it out of sight while transporting it (for example in a bag or boot of car)
* take it directly to the person’s home
* check content with person and / or their carer to make sure it is correct
* place it in a safe place as detailed in care and support / personal plan (3.0 above)
* enter details of what you have done into their day-to-day record.

11.3 If you have any questions about a prescription you have been asked to collect, discuss the matter with the person with care needs and / or their carer, and if necessary, get in touch with your line manager / person on call for advice.

11.4 If asked to collect a prescription in an emergency and it has not been authorised in the care and support / personal plan, contact your line manager /person on call to discuss.

# 12.0 DISPOSAL OF PRESCRIBED MEDICATION

12.1 If it has been agreed that you will dispose of a person’s unused medication, details will be entered into their care and support / personal plan. You will be instructed to:

* make a list of medication (name, quantity, dose) to be disposed of
* take it directly to pharmacy from the person’s home
* ask pharmacy for a receipt, then pass it on to your line manager
* enter details into the person’s day-to-day record.

# 13.0 ORDERING MEDICATION

13.1 Under normal circumstances responsibility for ordering repeat medication will rest with the person with care needs, their carer or family. However, in some situations you may be asked to provide support with ordering to ensure the person has sufficient medication available. Details will be in the care and support / personal plan.

13.2 Before you provide this service, you will be given the necessary training and assessed as competent to provide it.

13.3 Make a record of:

* name, strength and quantity of medicines ordered
* date they were ordered
* when they were supplied
* checks you carried out to identify any discrepancies between order and supply.

13.4 If you have problems or concerns, contact your manager / person on call to discuss.

# 14.0 SIDE EFFECTS OF / ADVERSE REACTIONS TO MEDICATIONS

14.1 If medication is causing side effects or an adverse reaction, **do not ignore it.**

14.2 Examples of an **emergency** side effect or adverse reaction include:

* difficulty in breathing
* swelling of the eyes, tongue or face
* unresponsiveness or drowsiness
* increased confusion / agitation (especially if person lacks capacity).

If this happens:

* immediately begin emergency first aid as required
* call 999 or 112 for an ambulance
* contact your line manager / person on call for advice and support
* enter details of incident into the person’s day-to-day record and MAR / eMAR chart.

14.3 Examples of **common** side effects / adverse reactions include:

* sudden changes in mood
* feelings of nausea
* pains in abdominal region
* unusual rashes
* dry mouth
* blurred vision
* difficulty passing urine
* diarrhoea and vomiting
* unsteady on feet when before there was no problem
* blood in faeces.

If you suspect a person is experiencing any of the above:

* inform line manager /person on call who will contact them / their carer to discuss
* enter details into their day-to-day record and MAR / eMAR chart.

# 15.0 TAKING MEDICATION OUT OF THE HOME

15.1 If you are taking a person with care needs out of their home and they need to take medication with them (either for routine use or in an emergency, such as to treat an epileptic seizure), the care planner /assessor will have made all the necessary arrangements, and entered details into the care and support / personal plan.

* If the person can carry and take their own medication, they will be asked to do so.
* If the person is not able to take responsibility for their medication, you will be authorised to carry and / or administer it on their behalf as necessary.

15.2 The care and support / personal plan will include details of:

* the medication involved
* who will carry it
* circumstances in which it will be used
* container to carry it in
* medicines support needed.

15.3 Your manager will let you know what records to make, for example:

* how you register taking medicine from and returning it to the home
* whether the medicine was used or returned unused.

15.4 If you need extra training, your line manager will make sure you have received it and are competent to do the task before you provide the service.

# 16.0 TRANSFERRING BETWEEN SERVICES

16.1  If a person is being transferred between services or admitted to hospital, a complete handover is required within 24 hours. This will include:

* contact details for them, their carer / person lawfully acting on their behalf, GP
* details of other relevant contacts – for example, community pharmacy
* known drug allergies and reactions
* details of medicines currently being taken and when they last took them.

# 17.0 LEARNING AND DEVELOPMENT

17.1 See learning and development guidance (E13c).

# 18.0 ACCEPTANCE

18.1 You are required to sign to indicate that you have received, read and understood the content of this guidance as directed by your line manager.

18.2 If there is anything in the content that you do not understand or have questions about, let your line manager know. You will be given opportunity to discuss your concerns and, where appropriate, provided with additional training as necessary.

18.3 On completion of training, it is then your responsibility to comply with the guidance. Failure to do so may result in disciplinary proceedings.

# APPENDIX 1

## MEDICINES SUPPORT FLOWCHART

# APPENDIX 2 - MEDICATION ADMINISTRATION RECORD (MAR / eMAR) CHARTS

A Medication Administration Record chart is a document used by health and social care workers to record medicines given to and / or taken by a person with care needs, and those instances where a medicine that was supposed to be taken / given was missed, skipped, refused and so on.[[3]](#footnote-3)

Each person’s MAR / eMAR chart will state:

* their name and date of birth
* the name of their GP practice and pharmacy
* any known allergies.

It will also state:

* name of medication
* dose
* route by which it is to be taken / given (including by specialised technique)
* time support is required, as appropriate
* additional information or specific instructions (for example ‘to be taken with food’, ‘occasional / regular prompt’, ‘open bottle’, via PEG)
* any stop or review dates.

**‘As required’ (PRN) medication**

MAR / eMAR charts recording medicines support for ‘as required’ medication will include the information listed above, **apart from** time the support it is required. Instead, it will state:

* minimum required interval between doses
* maximum number of doses permitted in 24 hours
* precise reason medication to be used (for example ‘shoulder pain’, ‘indigestion’).

You will be trained how to record on a person’s MAR / eMAR chart the date and time (using 24-hour clock) of any medicines support you have given them with ‘as required’ medication.

**Completing the MAR / EMAR chart**

Complete the MAR eMAR chart each time you provide medicines support (including all prompts / reminders, general support, administration):

* against each medicine involved
* at the time you provide it.

Do this straight away. Do not rely on your memory to complete the chart later – you might forget to do it or get the details wrong. Remember, this is a legal record of the medicines support you have provided to a person with care needs.

When you provide medicines support, always **observe** the person taking / swallowing / applying their medication before completing the MAR / eMAR chart to indicate they have done so. Please note: if you do not actually see the person with care needs taking / swallowing / applying their medication, this is classed as unsuccessful as discussed below.

**Unsuccessful medicines support**

If you have been unable to provide medicines support:

* make an entry MAR / eMAR chart using the code provided (for example ‘R’ for refused, ‘V’ for vomited)
* **do not** leave an unsigned ‘gap’ on the chart
* immediately inform the person’s carer and / or your line manager / person on call.

The same applies to unsuccessful medicines support involving tablets contained in a monitored dosage system set out below.

# APPENDIX 3

## PHARMACY-FILLED MONITORED DOSAGE SYSTEMS (MDS)

These are also called ‘ multi-compartment compliance aids’, blister packs’, ‘dossette boxes’.

It is the preferred standard practice that staff provide medicines support with medication contained in its original packaging, dispensed and labelled by a pharmacist / dispensing doctor. However, you may be trained to provide medicines support from a pharmacy-filled, sealed monitored dosage system (MDS), when use of such a device has been assessed as being of benefit to the person with care needs.

You are only allowed to provide medicines support from an MDS that has been filled and sealed by a pharmacist. Do not provide medicines support of any kind from an unsealed container filled by the person themselves, their carer, family member or anyone else and do not agree to help fill such a device.

If you are providing medicines support from a pharmacy-filled, sealed MDS, the following information about its contents will be documented on the MAR chart:

* precise details of compartment that tablets are to be taken out of (for example “lunchtime” dose)
* name of medication
* dose
* time medication is to be given
* further special instructions.

Your manager will make sure that you are trained and able to identify each tablet you remove from an MDS. The pharmacist is required to provide a picture or description of each tablet contained in it, (for example its size, shape, colour, dose and any inscription on it), so that you can match the tablet to the description.

Before providing medicines support from an MDS:

* identify each tablet using description provided
* check each tablet against medication listed on MAR / eMAR chart
* sign or initial MAR / eMAR chart for each tablet involved.

If you cannot identify the tablet/s required or if there is a discrepancy between the contents of a particular compartment and the medication listed on the MAR / eMAR chart:

* do not provide the medicines support
* follow guidance for ‘unsuccessful medicines support’ provided in Appendix 2 above.

# APPENDIX 4

## GENERAL RULES FOR MEDICINES SUPPORT

The information below applies to **all** medication.

**FOLLOW THE 6 R’S**

Right person Right medication Right route

Right dose Right time Right to decline.

**ALWAYS:**

* provide only the medicines support detailed in the care and support / personal plan
* keep clear records of all medicines support provided
* wash your hands before and after providing medicines support.

**NEVER**:

* give medication to a person against their wishes
* try to disguise, crush or tamper with medication, (for example by hiding it in food or drink) unless it is written in person’s care and support / personal plan to do so
* change time or dose of medication or alter things in any way
* give over-the-counter medication (such as Paracetamol or Ibuprofen) unless it is written in care and support / personal plan that you are allowed to do so
* buy over-the-counter medication for a person with care needs
* carry medication belonging to a person with care needs, except when authorised to do so on the care and support / personal plan, (for example when taking them on trips out, collecting prescriptions, or disposing of unwanted medication)
* use a person’s medication for yourself
* give your own or anyone else’s medication to a person with care needs
* transfer medication from an original container to another
* provide any form of medicines support from an unsealed container of any sort that has been filled by the person themselves, their carer or anyone else
* fill or assist a person with care needs (or other) to fill a compliance aid
* provide medicines support from a container if label has come off or you can’t read it
* change or re-attach labels to medication containers
* put spoilt or unused medication back into its container
* leave medication out for a person to take later.

**TOUCHING MEDICATION**

Avoid directly handling medicines wherever you can. For example, push tablets out of packaging directly into a pot / onto a spoon / into the person’s hand.

If the care planner / assessor has assessed that you have to handle medication or if it would be harmful to touch, details will be written in the care and support / personal plan and you will be provided with disposable gloves.

**If in doubt, STOP – contact your line manager or the person on call and ask for advice.**

# APPENDIX 5

# CREAMS, LOTIONS, OINTMENTS, OILS

**1. Introduction**

A wide variety of skin creams, lotions, ointments and oils (referred to as emollients) are used by many people every day to help manage dry, itchy skin conditions such as eczema, psoriasis and ichthyosis. They may be prescribed but are also readily available to buy over the counter. Some emollients contain paraffin, others do not.

## 2. Paraffin-based emollients

Common examples include:

* E45 cream and lotion
* Zinc Ointment BP
* White Soft Paraffin
* Vaseline Petroleum Jelly

The paraffin ingredients contained in such preparations present a fire risk when the product or materials that have absorbed it come in contact with a naked flame or source of ignition, such as a cigarette. The risk is increased when such products are used frequently or on large areas of the body causing clothing, bedding and bandages to become soaked in it and the person using the product or other members of the household smoke.

**3. Non-paraffin-based skin emollients**

Research and testing now shows that some skin emollients, when they become dried on to fabric, can create a highly flammable combination causing the fabric to burn quickly and intensely, even when the emollient does not contain paraffin.

**4. Advice**

Anyone using a skin cream, lotion, ointment or oil (paraffin-based or not), will be advised to:

* keep away from open / gas fires, hobs and naked flames (such as candles)
* not smoke
* consider consulting a healthcare professional (such as GP or nurse) if they do smoke and would like help on how to quit
* keep away from others who are smoking or using naked flames
* regularly change / wash clothing and bedding that comes into contact with the product to reduce product build-up

## keep emollients off furniture fabric, cushions, blankets etc

**5. Emollients and oxygen therapy**

Some emollients can be highly volatile in the presence of oxygen and can ignite and burn easily. Only emollients prescribed by a healthcare professional should be applied to people receiving oxygen therapy in the home.

**6. Risk assessment and planning**

Care planners / assessors will risk assess each person individually in relation to the above and enter details of their assessment into their care and support / personal plan.

If you are required to apply a medicated lotion, cream or ointment to a person’s skin, you will be provided with disposable gloves to protect both you and them.

1. Medicines support is defined as any support that enables a person to manage their medicines. [↑](#footnote-ref-1)
2. A Medication Administration Record chart is a working document used to record medicines support given to people with care needs. It may be kept in the home in paper form (MAR chart) or supplied in electronic form (eMAR chart). You will be trained how to use and complete MAR / eMAR charts before you are asked to provide medicines support. See Appendix 2 for more details, including their content and how to complete them. [↑](#footnote-ref-2)
3. See: [What is a MAR chart? And why do CQC inspectors obsess over them? (theaccessgroup.com)](https://www.theaccessgroup.com/en-gb/blog/why-are-care-inspectors-obsessed-with-mar-charts/) [↑](#footnote-ref-3)