Medicines key lines of enquiry

Care Quality Commission

S4.1: Is the provider's role in relation to medicines clearly defined and described in relevant policies, procedures and training? Is current and relevant professional guidance about the management of medicines followed?

- Policies should be service specific, reflect practice, be in date, read by and accessible to staff
- NICE guidance:
  - SC1 for care homes
  - NG67 for people living in their own homes

Medicines key lines of enquiry

Care Quality Commission

S4.2: How does the service make sure that people receive their medicines (both prescribed and non-prescribed) as intended (including controlled drugs and as required medicines), and that this is recorded appropriately?

- Medicines records – MARs, controlled drugs, topical
- Treatment of minor ailments
- Additional guidance for when required medicines and those with variable doses
- What adjustments are made for time sensitive medicines?
- Compliance aids vs original packs

Medicines key lines of enquiry

Care Quality Commission

S4.3: How are medicines ordered, transported, stored, and disposed of safely and securely in ways that meet current and relevant regulations and guidance?

- Secure or controlled access to medicines in care homes
- Risk assess storage in people's own homes
- Responsibility for ordering and collecting medicines
- Safe disposal of unwanted medicines – controlled drugs
- Suitable temperature for storing medicines
- Storage in people's rooms – e.g. creams

Medicines key lines of enquiry

Care Quality Commission

S4.4: Are there clear procedures for giving medicines covertly, in line with the Mental Capacity Act 2005?

- Assessment that person lacks capacity to make decisions about medicines
- Best interest meeting to consider each individual medicine – should be the last resort
- Discussion with pharmacy about how to administer safely and ensure continued effectiveness

Medicines key lines of enquiry

Care Quality Commission

S4.5: How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?

- Inappropriate use of sedation
- Antipsychotic medicines for people living with dementia
- Psychotropic medicines for people with learning disabilities and/or autism – STOMP
- Good care planning to anticipate behavioural patterns and environmental adjustments
- Records, care plans and staff guidance

Medicines key lines of enquiry

Care Quality Commission

S4.6: How do staff assess the level of support a person needs to take their medicines safely, particularly where there are difficulties in communicating, when medicines are being administered covertly, and when undertaking risk enablement assessments designed to promote self-administration?

- Medicines support – person centred, medicine specific
- Assumption that people can self-administer unless preference or risk assessment says otherwise
- How do staff decide if a person needs to be given their medicines covertly? Is it always a last resort?

Medicines key lines of enquiry

Care Quality Commission

S4.7: How does the service engage with healthcare professionals in relation to reviews of medicines at appropriate intervals?

- Supporting people to attend appointments and reviews
- Contacting the GP to arrange a medicines review
- Knowing when to refer to healthcare professionals

Medicines key lines of enquiry

Care Quality Commission

S4.8: How do staff make sure that accurate, up to date information about people's medicines is available when people move between care settings? How do medicines remain available to people when they do so?

- Medicines reconciliation
- New medicines
- Entry into new care services
- Discharge from hospital

Myth busting

All medicines left over at the end of the medication cycle should be discarded.

Medicines can be carried over to the next cycle, provided they are in date, have been stored appropriately and still indicated.

Myth busting

The provider must use body maps or patch charts to record the administration of external preparations or patches.

Although not a legal requirement it's good practice and useful for the safe management of external preparations and creams.
The provider should be able to demonstrate that all care staff involved in the application of external preparations and patches have access to supporting information of when or where they should be applied and there is a consistent way for making appropriate records. This may be on the MAR chart if there is sufficient space or using another template. It's not a one size fits all approach.

Myth busting

There must be two signatures on the MAR chart when a controlled drug is administered.

There isn't a legal requirement for two people to sign the MAR chart but rather it is good practice.

It is good practice to have a double signature for receipt, balance checks, administration and disposal of CDs. Patient care must not be compromised, the lack of a witness should not be a barrier to administration of a controlled drug.

Note: the medicines policy should reflect practice e.g. if the policy states they will have a double signature for CDs that's what we will expect to see in the records.

Myth busting

In a nursing home only nurses can administer medicines.

The law does not prevent care assistants from administering medicines in care homes (with or without nursing). Any staff employed by the care home and responsible for the management and administration of medicines must be suitably trained and competent and the care home manager and staff should keep this regularly under review. (DH 04/16)

A registrant is responsible for the delegation of any aspects of the administration of medicinal products and they are accountable to ensure that the care assistant is competent to carry out the task. (NMC standards for medicines management)

Myth busting

The controlled drugs cupboard must be a cupboard within a cupboard.

There is no requirement for the CD cupboard to be within another cupboard. The controlled drugs cupboard must meet British Standard BS2881:1989 security level 1. The Safe Custody Regulations specify the quality, construction, method of fixing and lock and key for the cupboard. The controlled drugs cupboard must be: secured to a wall and fixed with bolts that are not accessible from outside the cupboard, fitted with a robust multiple point lock, (or be a digital code) made of metal with strong hinges and the walls of the room should be of a suitable thickness and made of a suitable material e.g. bricks, so that the cupboard is fixed securely.

Myth busting

The GP needs to countersign any changes to dosing on the MAR chart.

A GP or any other prescriber who may be involved in changing the prescribed dose for a person do not have to sign any documents produced by a care provider for medicine administration. An appropriate member of the care home staff can amend the MAR chart, initial and date it. A record should be made of the date the prescriber was consulted/ instructions were given, the name of the resident it relates to and what the instructions were.

On 19th January, Dr K visited the home and reviewed Mrs B medication, he has reduced her dose of omeprazole from 20mg twice daily to 20mg once daily.

Myth busting

The GP can write a letter authorising the care home staff to administer medicine covertly.(1)

Remember that the person has the right to make an unwise decision and that this does not mean they lack capacity.

Medicines cannot be given covertly in a care home setting if the person has made the decision not to take them whilst they have capacity..

Myth busting

The GP can write a letter authorising the care home staff to administer medicine covertly.(2)

Firstly it must be established whether the resident has capacity. If it is deemed that the person does not have capacity (as determined by the Mental Capacity Act 2005) to understand the consequences of their refusal and the medicine is deemed essential to the person's health and wellbeing, then a best interest meeting must be held. The decision making process must involve discussion and consultation with appropriate advocates for the person. It must not be a decision taken alone; it must be a multi-disciplinary team decision.

Myth busting

A GP must give consent for a resident to have homely remedies.

Advice from a health professional, such as a GP or pharmacist, on the use of homely remedies should be taken for each resident in advance, or at the time of need.

People in care homes can choose whether to buy remedies and take them.

Myth busting

Bulk prescribing is suitable for all care homes.

The care home should consider the potential benefits and limitations of bulk prescribing and the systems and procedures that need to be in place before implementing bulk prescribing.

Myth busting

Multi-compartment Compliance Aids (MCAs) should be used in Care Homes to support safe administration of medicines.

The Royal Pharmaceutical Society's (RPS) report on MCAs[1] states:

"In general there is insufficient evidence to support the benefits of MCA in improving medicines adherence in patients, or in improving patient outcomes and the available evidence does not support recommendations for the use of MCA as a panacea in health or social care policy."

MCAs can be useful for some people .

FAQs

Google Drive space which is accessible from the CQC Internet Page.

http://www.cqc.org.uk/guidance-providers/adult-social-care

The link can be found under "See also" on the right hand side of the page.

They can also be accessed from the Medicines Management KLOE page.

http://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-management

The link is again found on the right hand side in the "Related links" panel.