



Medicines Optimisation in Adult Social Care



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Pharmacist Specialist
07 September 2023

Good ●
Outstanding ☆
Good ●

Type of

Homeo



Objectives



By the end of this session, we will have covered:

- **External resources**
- **Basics and capabilities of eMAR**
- **What an eMAR looks like**
- **Provider considerations**
- **Top tips for inspecting**



Our new strategy: key themes



We'll implement our new strategy over the next five years so we can be flexible and adapt to changes in health and care.



A New Regulatory Model

Model: Now

| | | | | |
|---|---|---|---|--|
| Assessment frameworks (multiple) | Ongoing monitoring but inspections schedule based on previous rating | Inspection: gather evidence using KLOEs (Single point in time) | Develop judgements (offline) Line-up judgements against ratings characteristics | Publish narrative inspection report |
|---|---|---|---|--|

Process

| | | | | |
|------------------------------------|---|---|--|---|
| Single assessment framework | Ongoing assessment of quality and risk | Not just inspection - variety of options (multiple points in time) – more time spent in higher risk services | Team rating based on evidence found | Ratings updated, short statement published |
|------------------------------------|---|---|--|---|

Model: Future

A single assessment framework

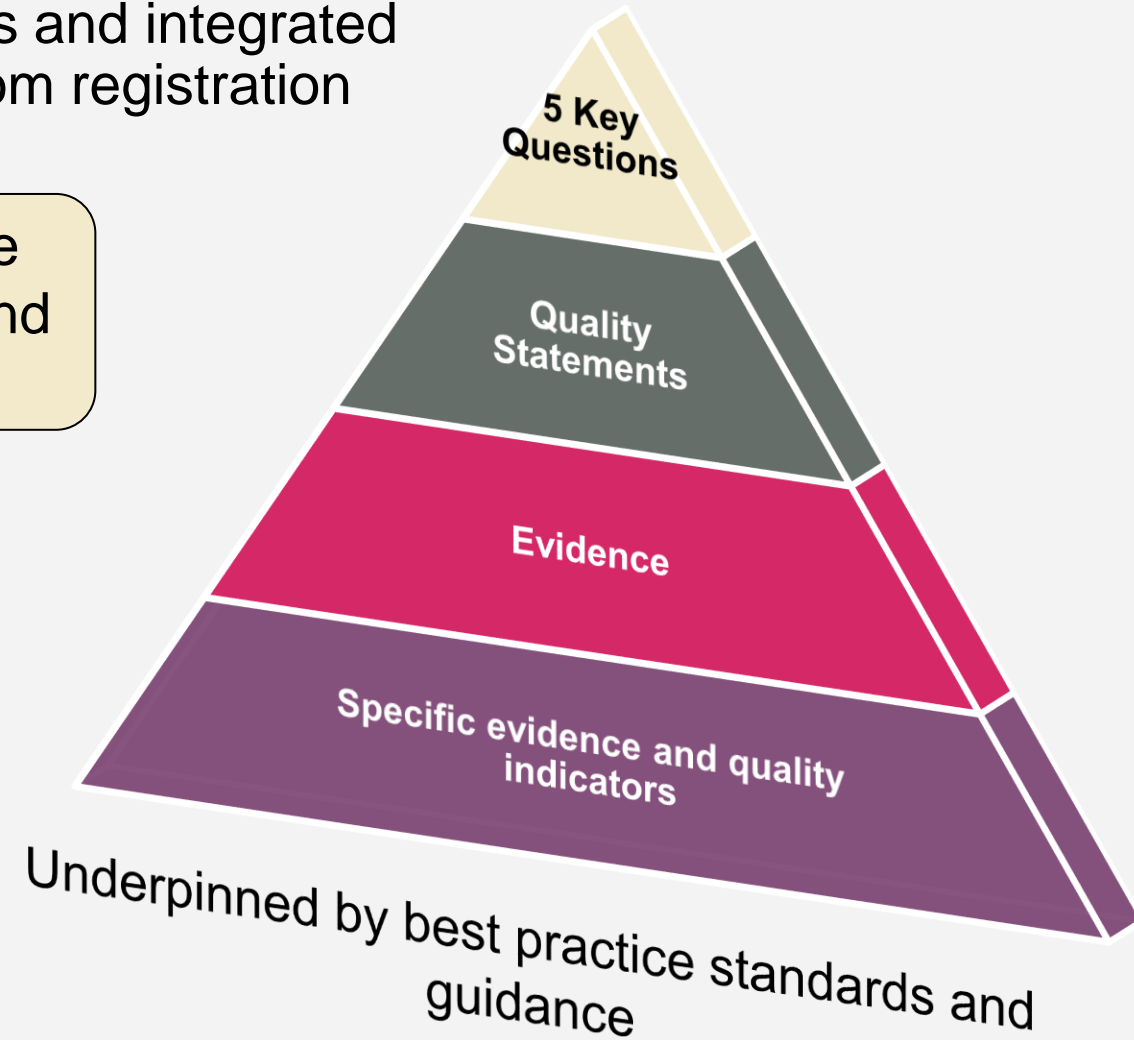
Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

Aligned with “I” statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as “We” statements; the standards against which we hold providers, LAs and ICSs to account

People’s experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group



How will we inspect medicines?

Key question: Safe

I feel safe and am supported to understand and manage any risks

Quality statement: Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

Evidence categories: talking to people and staff, observations of medicines administration, review of medicines records

Specific evidence and quality indicators: refer to best practice guidance NICE SC1 and NG67



Regulations

12 (1) Care and treatment must be provided in a safe way for service users

12 (2) without limiting paragraph (1) the things which a registered person must do to comply with that paragraph include:

12(2) (g) the proper and safe use of medicines

9: Person-centred care

10: Dignity and respect

11: Need for consent

13: Safeguarding service users from abuse and improper treatment

14: Meeting nutritional and hydration needs

17: Good governance

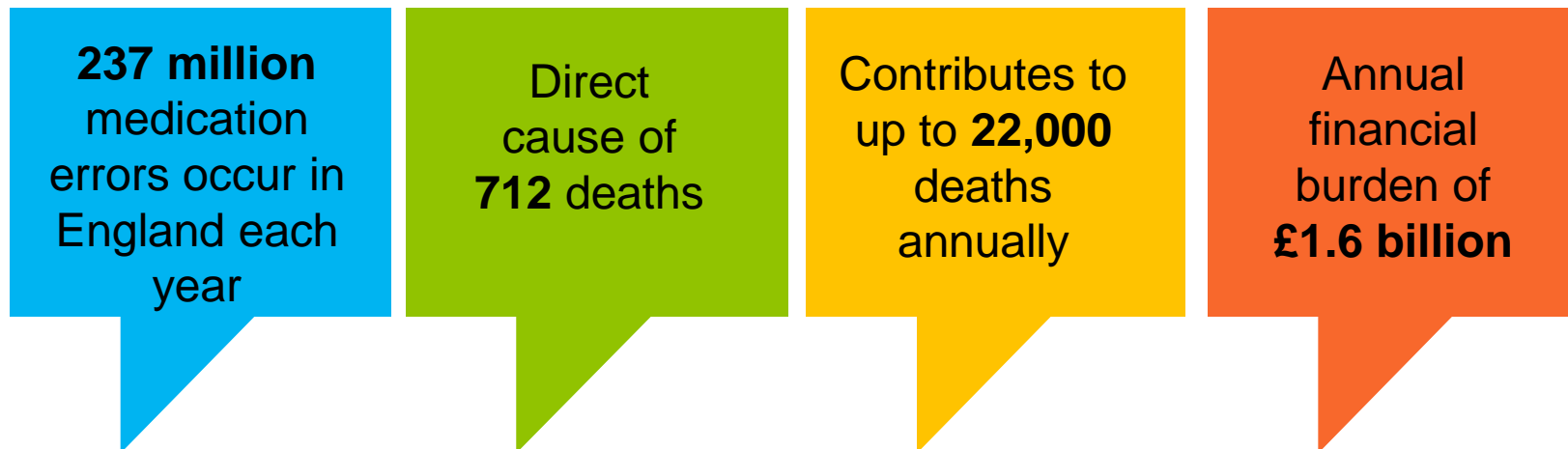
18: Staffing

Why is medicines safety important



Medicines are the most common treatment intervention across all health and care settings.

Lack of medicines optimisation gives poor outcomes for people and significant additional cost to the health and care system.^[1]



1. Elliott R, Camacho E, Campbell F, Jankovic D, Martyn St James M, Kaltenthaler E, Wong R, Sculpher M, Faria R. Prevalence and economic burden of medication errors in the NHS in England. Rapid evidence synthesis and economic analysis of the prevalence and burden of **medication error in the UK. 2018.**



CQC Adult Social Care medicines webpage



CareQuality Commission The independent regulator of health and social care in England

Give feedback on care > Provider portal >

Home > Guidance for providers > Adult social care > Medicines information for adult social care services

Medicines information for adult social care services

Categories: Organisations we regulate

Find the medicines information for adult social care by type of care setting.

Or see the full list of medicines information for adult social care services.

- + Coronavirus (COVID-19)
- + Care homes
- + Home care
- + Shared Lives schemes
- + Supported living

+ Coronavirus (COVID-19)

- Care homes

Administering medicines when a person is away from their usual care setting
There will be times when people spend time away from their residential care setting. When this happens, it is vital to consider the safe continuity of medicines supply.

Appropriate use of psychotropic medicines in adult social care
Psychotropic medicines work in the brain. They affect behaviour, mood, consciousness, thoughts or perception. They are used to treat mental illness. Sometimes they are given to people to restrain or to control behaviour seen as challenging by others.

Controlled drugs in care homes
You must have a policy or standard operating procedure which details how you manage controlled drugs within your service. This should cover the ordering, storing, administering, recording and disposal of controlled drugs.

Controlled drugs: pregabalin and gabapentin
Gabapentin and pregabalin are now Schedule 3 controlled drugs under the Misuse of Drugs Regulations 2001, and Class C of the Misuse of Drugs Act 1971.

Covert administration of medicines
Covert administration is when medicines are administered in a disguised format.

Delegating medicines administration
A care worker supporting people with their medicines must be appropriately trained and competent to carry out this task.

Diabetes and insulin use
Insulin is a hormone which helps to regulate metabolism and lowers blood glucose levels.

Disposing of medicines

<https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services>

NICE Guidance - SC1



NICE National Institute for Health and Care Excellence

Full guideline

Managing medicines in care homes

<http://www.nice.org.uk/guidance/sc/SC1.jsp>

Published: 14 March 2014

Managing medicines in care homes

Social care guideline [SC1] Published: 14 March 2014

Guidance

Tools and resources

Information for the public

Evidence

History

Overview

What is this guideline about and who is it for?

Person-centred care

1 Recommendations

2 Who should take action?

3 The Guideline Development Group and NICE project team

Update information

Guidance

[Download guidance \(PDF\)](#)

NICE interactive flowchart - Managing medicines in care homes

Quality standard - Medicines management in care homes

Next

This guideline covers good practice for managing medicines in care homes. It aims to promote the safe and effective use of medicines in care homes by advising on processes for prescribing, handling and administering medicines. It also recommends how care and services relating to medicines should be provided to people living in care homes.

On 1 May 2020, we updated our information on reusing medicines during the COVID-19 pandemic in line with UK government guidance.

Recommendations

This guideline includes recommendations on:

- [developing and reviewing policies for safe and effective use of medicines](#)
- [supporting residents to make informed decisions and recording them](#)
- [sharing information, record-keeping and medicines reconciliation](#)
- [safeguarding and medicine-related problems](#)
- [reviewing, prescribing, ordering and dispensing](#) medicines, and [receiving, storing and disposing](#) of them
- [helping residents to take their own medicines](#)
- [care home staff administering medicines](#) (including [covert administration](#)) and [non-prescription products](#)
- [training and competency of care home staff](#)

Who is it for?

- People who provide care in care homes, including care home staff (including nurses employed by the home), GPs, community nursing teams and specialist nurses
- People who provide services to care homes, for example supplying pharmacies, GPs, dispensing doctors and appliance contractors
- People who commission or monitor how care is provided in care homes, for example, local authorities, the

<https://www.nice.org.uk/guidance/sc1>

NICE Guidance - NG67



NICE Medicines and technologies programme

Final for publication

Managing medicines for adults receiving social care in the community

NICE guideline NG67
Methods, evidence and recommendations
March 2017

Final for publication
National Institute for Health and Care Excellence

Home > NICE Guidance > Health and social care delivery > Adult's social care

Managing medicines for adults receiving social care in the community

NICE guideline [NG67] Published: 30 March 2017

Guidance Tools and resources Information for the public Evidence History

Overview Recommendations Putting this guideline into practice Context

[Download guidance \(PDF\)](#)

Guidance

- NICE interactive flowchart - Managing medicines for people receiving social care in the community
- Quality standard - Medicines management for people receiving social care in the community

Next >

This guideline covers medicines support for adults (aged 18 and over) who are receiving social care in the community. It aims to ensure that people who receive social care are supported to take and look after their medicines effectively and safely at home. It gives advice on assessing if people need help with managing their medicines, who should provide medicines support and how health and social care staff should work together.

NICE has also produced [guidelines on managing medicines in care homes](#) and [home care for older people](#).

Recommendations

This guideline includes recommendations on:

- [governance arrangements](#) and [joint working between health and social care](#)
- [assessing medicines support needs](#)
- [supporting people to take their medicines](#), including [covert administration](#) and [managing concerns](#)
- [staff training and competency](#)
- [sharing medicines information](#) and [record keeping](#)
- [safely ordering and supplying medicines](#) and [transporting, storing and disposing of medicines](#)

Who is it for?

- Social care practitioners (including care workers and social workers) providing care for people in the community
- Health professionals providing care for people receiving social care in the community, and their support staff

What are people talking about?



- PRN's
- STOMP
- PIR
- Medicated patch application
- Creams/TMAR
- Thickeners
- Records/Digital



What does NICE guidance say about 'when required' medicines?

- What the medicine is for
- How much to give (*if a variable dose*)
- Minimum time between doses if the first dose has not worked
- Maximum dose to be taken in a day
- Record when required medicines in the care plan



<https://www.cqc.org.uk/guidance-providers/adult-social-care/when-required-medicines-adult-social-care>

Good 'when required' medicines management



There is no specific template for a 'when required' protocol



Person-centred



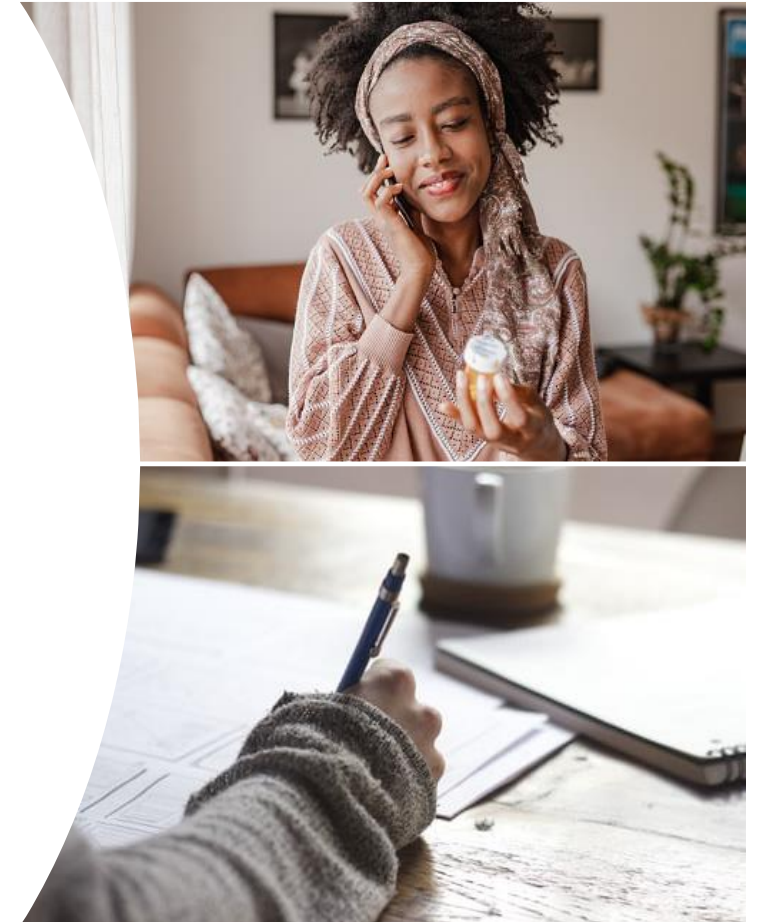
Up-to-date



Co-produced



Reviewed regularly



Psychotropic medicines

People with
a learning
disability

Autistic
people

People with
dementia

Groups at greater risk of inappropriate use of psychotropics



Stopping
Over-Medication
of People with a
Learning Disability,
Autism or Both

(STOMP)

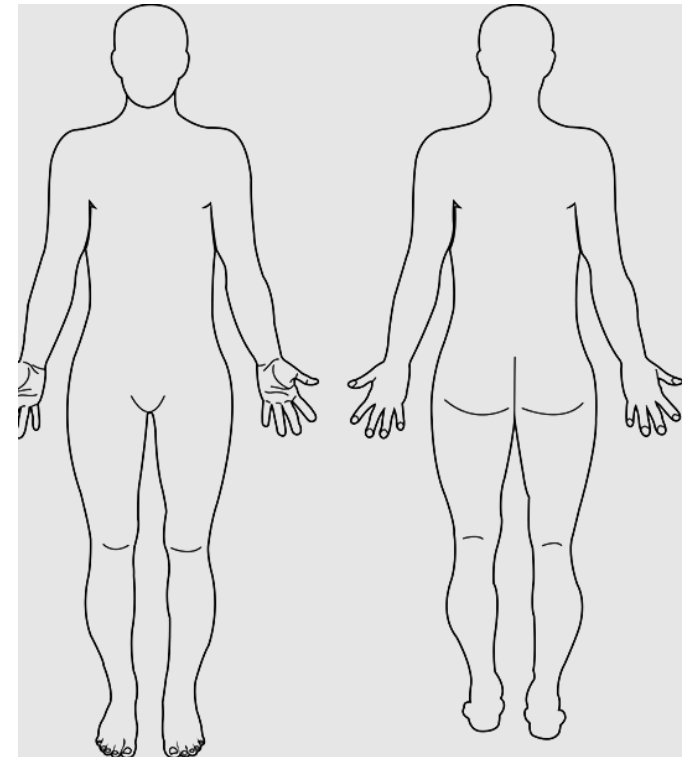
- Medicines should be a last resort
- Behaviour should not be controlled by excessive or inappropriate medicines use
- Care should be person centred

Patch rotation

Apply to dry, flat area of skin.

It is good practice to rotate the site of application as this minimises:

- Skin irritation
- Skin thinning
- Any increases in the rate of drug absorption
- Records should show where patches have been applied.
- Ensure that you remove a patch before applying a new one.



Good practice on the use of patches



- Seek advice before cutting patches.
- If more than one patch is needed, apply to the same area but do not overlap.
- Do not apply use immediately after a bath or shower.
- Ensure staff can access relevant information
- People with a fever should be observed for signs of toxicity.
- Apply patches to dry, flat area of skin.



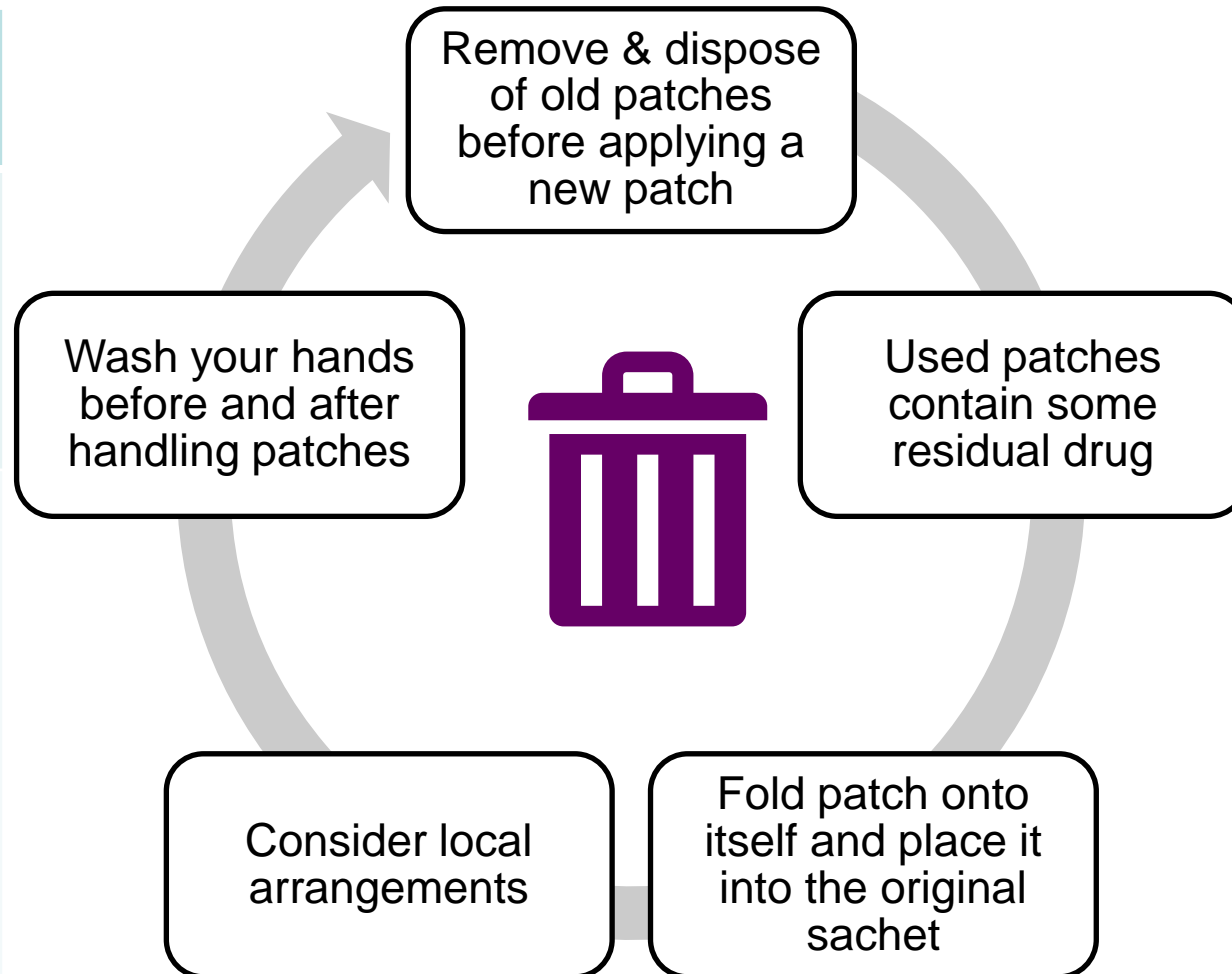
<https://www.cqc.org.uk/guidance-providers/adult-social-care/external-medicines-such-creams-patches>

Disposal of controlled drugs patches

Controlled drugs disposal

Care home with nursing: Disposal via licensed company

Care home without nursing / Home care: Return medicines to community pharmacy for disposal



- The person applying the external medication should be able to access information about:
 - The frequency of use
 - Thickness of application
 - Where on the body the medicine should be applied
 - You should keep records of any creams applied by staff, nurses, and carers.
 - TMAR and body maps are recommended
 - Please be aware of the [fire risk](#) associated with emollients.
-

Thickeners

- Appropriate assessment carried out
 - Medicines review completed
 - Guidance and care plans
 - Individually prescribed or bulk prescribed?
 - Is risk assessed, safe storage available for them, as incidents have been reported where harm has been caused by accidental swallowing of thickening powders.
 - Are staff (including kitchen staff who prepare foods), trained on the use of thickeners, and on any food modifications required by individuals?
 - Where is the use of thickeners recorded? How is it monitored?
 - Follow advice in [Drug Safety Update 27 April 2021](#). Avoid directly mixing together polyethylene glycol (PEG) laxatives (e.g. macrogol powder) and starch-based thickeners.
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NICE guidance SC1: managing medicines in care homes 2014

Care home providers should ensure that medicines administration records include:

- the full name, date of birth and weight where appropriate
 - details of any medicines
 - known allergies and reactions to medicines
 - when the medicine should be reviewed or monitored
 - any support needed to carry on taking the medicine
 - any special instructions such as before, with or after food
-

NICE guidance NG67: managing medicines for people receiving social care in the community 2017

- All medicines support must be recorded, including over the counter medicines.
 - Medicines support can include reminding, assisting or administering medicines
 - Medicines administration must be recorded on a medicines administration record (MAR)
-

What good looks like for digital records in adult social care

Considerations if considering digital records:

- Policy
 - Staff training – including agency
 - Business continuity
 - Mid-month medicines
 - Audit
 - Additional records and documents
 - <https://www.cqc.org.uk/guidance-providers/adult-social-care/electronic-medicines-administration-records>
-

Best practice guidance



All services:

- Timeliness of recording
 - Accuracy of hand written or self-produced MARs
 - Variable doses
 - When required medicines
 - Time of administration
 - Use of non-administration codes
 - Guidance or protocols for when required medicines
-

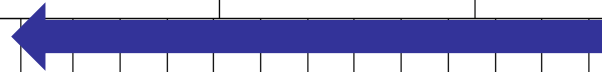
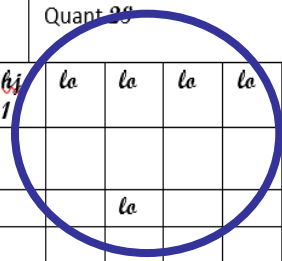
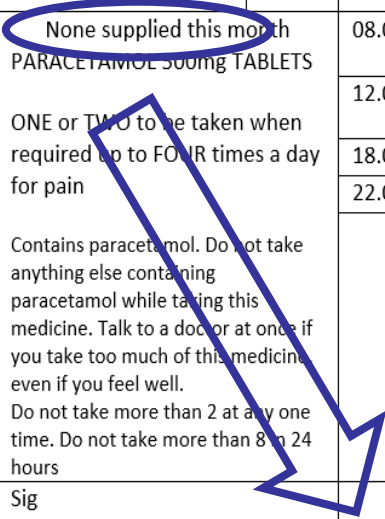
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|---|-------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------------------------|-----------|----|----|----|----|----|--------------------|----|----|----|----|----|----|-------------------------|--|--|--|--|--|--|----|--|--|--|--|--|--|
| Name of resident <i>Anne Other</i> | | ALLERGIES <i>No known allergies</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth <i>01 January 1940</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: (room number, care home) <i>Room 14</i> | | GP Practice <i>GP name Dr Gerald, The GP practice</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication | | START DATE <i>08 Jan 2022</i> | | | | | | | | | | | | | | END DATE <i>04 Feb 2022</i> | | | | | | | | | | | | | | START DAY <i>Monday</i> | | | | | | | | | | | | | |
| | | WEEK 1 | | | | | | | WEEK 2 | | | | | | | WEEK 3 | | | | | | | WEEK 4 | | | | | | | | | | | | | | | | | | | | |
| 28 AMLODIPINE 5mg TABLETS | | Time: | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 01 | 02 | 03 | 04 | | | | | | | | | | | | | |
| ONE to be taken daily | | Dose | 08.00 | <i>hj</i> | <i>hj</i> | <i>hj</i> | <i>la</i> | <i>la</i> | <i>la</i> | <i>la</i> | <i>R</i> | <i>ee</i> | <i>ee</i> | <i>ee</i> | <i>ee</i> | <i>la</i> | <i>la</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 12.00 | | | | | | | | | | | <i>hj</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 18.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 22.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sig | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commenced | Route | rec'd/CF <i>03/01/18</i> | | | | | | | Quant <i>28</i> | | | | | | | By <i>FG</i> | | | | | | | Returned/destroyed | | | | | | | quant | | | | | | | by | | | | | | |
| <i>None supplied this month</i> | | 08.00 | <i>hj</i> | <i>hj</i> | <i>hj</i> | <i>la</i> | <i>la</i> | <i>la</i> | <i>la</i> | <i>la</i> | <i>ee</i> | <i>ee</i> | <i>ee</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PARACETAMOL 500mg TABLETS | | 12.00 | | <i>hj</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ONE or TWO to be taken when required up to FOUR times a day for pain | | 18.00 | | <i>hj</i> | | | <i>la</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contains paracetamol. Do not take anything else containing paracetamol while taking this medicine. Talk to a doctor at once if you take too much of this medicine even if you feel well. Do not take more than 2 at any one time. Do not take more than 8 in 24 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sig | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commenced | Route | rec'd/CF | | | | | | | Quant | | | | | | | By <i>FG</i> | | | | | | | Returned/destroyed | | | | | | | quant | | | | | | | by | | | | | | |
| | | R refused N nausea/vomiting C in hospital D social leave E refused and destroyed O other reason (see overleaf) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



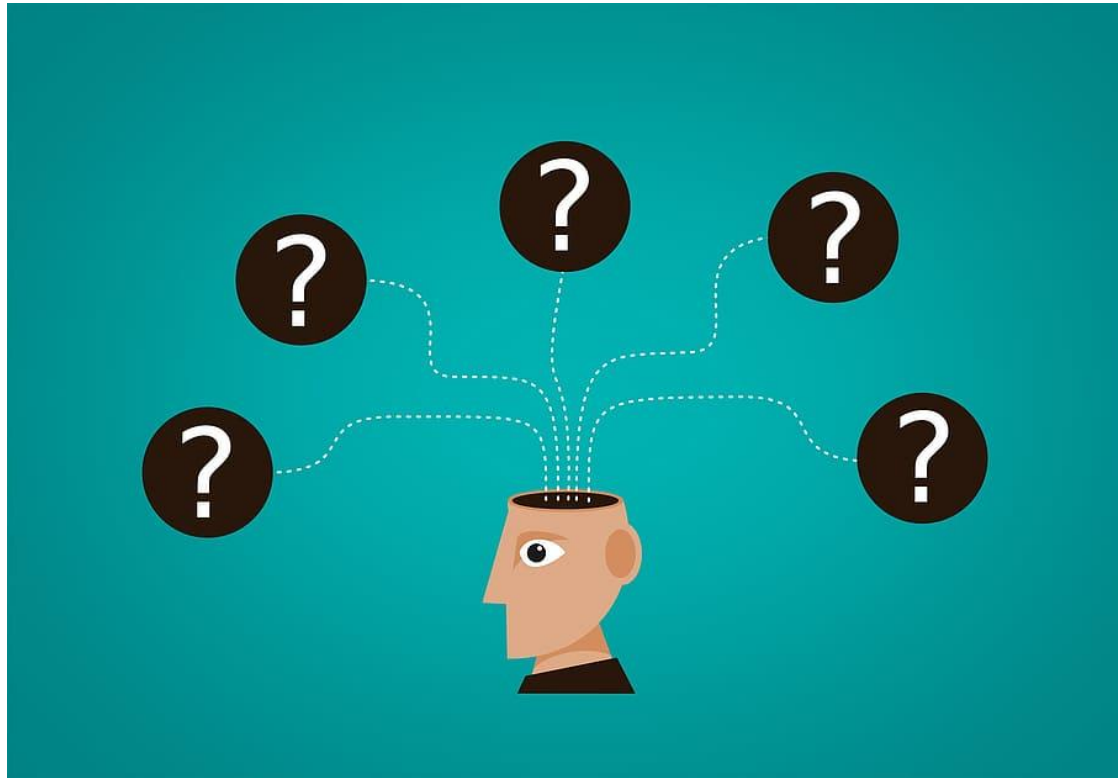
None supplied this month

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Any questions



***Thank you
Medicines optimisation team***

Medicines.enquiries@cqc.org.uk