Registered managers webinar: Medicines from the regulatory perspective (part 3)

Skills for Care webinar, in partnership with CQC
Tuesday 21 November 2023

Here is a list of question raised during the webinar, with responses provided by CQC. This webinar covered three topics:

1. paper vs electronic medication administration records (eMAR) – what does good look like?
2. over the counter medications and homely remedies
3. working with others.

All of our recorded registered manager webinars on a variety of topics, including this one, can be found on the website here.

Questions

TOPIC 1: Paper and eMAR

We introduced an eMAR system last week, we are struggling to find a suitable audit and competency to go with the new system. As our previous audits and competency checks are based on paper MAR charts.

- You may wish to contact the company that own the electronic system as most systems have audit tools embedded.

The eMAR system I use does not have a section stating the route of administration. I have been asking the provider to develop this as NICE guidance says it should, but I'm not getting anywhere. Can you please advise?

- There is no nationally agreed template for a medicines administration record. NICE guidance provides information on what should be included on a medicines administration record for both care homes (SC1) and people receiving care in the community (NG67).

- It is difficult to answer this question without more information on the specific electronic system. NICE guidance SC1 states: 'Care home providers should ensure that medicines administration records (paper-based or electronic) include:
  - the full name, date of birth and weight (if under 16 years or where appropriate, for example, frail older residents) of the resident
  - details of any medicines the resident is taking, including the name of the medicine and its strength, form, dose, how often it is given and where it is given (route of administration)
  - known allergies and reactions to medicines or their ingredients, and the type of reaction experienced

- when the medicine should be reviewed or monitored (as appropriate)
- any support the resident may need to carry on taking the medicine. (adherence support)
- any special instructions about how the medicine should be taken (such as before, with or after food).

We are using a digital platform and will be looking to introduce eMAR. Would it be possible to contact yourselves for further advice/guidance?

- We have two webpages that you should review in the first instance: digital record systems and eMARs.

Who signs the MAR chart for topical creams - the nurse or the carer administering the cream? Carers normally document cream applied in the person-centred care system.

- The MAR chart should be annotated clearly with information about where the application has been recorded - for example see topical medicines administration records (TMAR) and guidance.

Should we be highlighting Warfarin or just noting anticoagulant medication as we use other anticoagulant medicines, e.g. apixaban?

- We are not clear on the question here. If a person is taking an anticoagulant medicine, then the care plan and risk assessment should be highlighting this and stating risks associated, for example, increased risk of bleeding and bruising. This applies to all anti-coagulants.

Do we need to keep records of all medication the service user uses even if the family administer and oversee all medication?

- If social care providers are providing medicines support, then according to NICE guidance (NG67) 'Social care providers are required by law (The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014) to securely maintain accurate and up-to-date records about medicines for each person receiving medicines support.' If the provider is not involved in medicines support, then they do not keep a record.

If we are not responsible for administering the medication but know a client either takes their own or given by family. What records will CQC expect us to keep in this situation?

- CQC would not expect to see any records as the provider has not taken responsibility to manage the medicines.

How should medicines purchased on the internet be dealt with from a records perspective? E.g., antibiotics.

- If the service is not providing medicines support, there would be no input required from the service. If a person has received an online consultation from a CQC registered healthcare provider and has been prescribed a medicine which will be administered by the service, then the medicines should be added to the MAR chart as per your policy. If a

medicine that is classed as an over-the-counter (OTC) product has been purchased, then the service should follow their policy for OTC medicines.

If a service user has paracetamol or vitamin tablets that are not prescribed, can we add these to our MAR chart and administer?

- Yes. From NICE NG67: 'Care workers must record the medicines support given to a person for each individual medicine on every occasion, in line with Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This includes details of all support for prescribed and over-the-counter medicines, such as:
  - reminding a person to take their medicine
  - giving the person their medicine
  - recording whether the person has taken or declined their medicine (see also recommendation 1.6.4 on raising concerns).'

Is it acceptable to scan MARs or do hard copies need to be retained?

- Keep medicines administration records for at least eight years after the person's care ended at the service. If you scan records, complete any quality checks and destroy the original paper copies. Find out more about standards of scanned records in the Records Management Code of Practice for Health and Social Care.

TOPIC 2: Over-the-counter (OTC) medication and homely remedies

Regarding over-the-counter medications, would they still require a MAR or PRN chart for these and stored the same (locked cabinet, etc.)?

- All medicines need to be recorded. They must be stored safely; this can be in the person's own room if they are self-administering. OTC medicines do not need a PRN protocol but should have a care plan.

As a non-medical provider, we don't encourage care professionals to purchase OTC medicines as this could be detrimental to existing medication and potentially result in overdose.

- People should be supported to manage their own care. Giving people access to over-the-counter products and enabling them to choose is an issue of equality. You should therefore make adjustments to support all people to access them. This may include having a process that involves accessing medical advice to ensure that over the counter medicines can be used safely. See NICE guidance SC1 and NG67 for more information and CQC webpage.

Some alternative choices involve overseas products that other cultures see as an alternative to Laxido. What is the position in these circumstances for the care providers?

- Seek clinical advice – this would need to be assessed on a case-by-case basis.

Just for clarification, if a resident is taking an OTC themselves, does this just need to be in care plan not MAR chart?

- All medicines and administrations need to be recorded on the MAR chart.

Is there a list of what could be kept as a homely remedy?

- There is no specific list. You can discuss with the person's GP and/or community pharmacy.

Why is there a distinction between OTCs and homely remedies. Isn't a homely remedy an OTC?

- Homely remedies are OTC medicines purchased and kept as bulk or stock by a care home and can be administered to anyone with a homely remedy protocol in place. OTC medicines can also be purchased by and individual for their sole use.

Are we supposed to have labels with SU Name, instructions on how to take it etc on the home remedy medicine bottles/boxes? Our pharmacy won't provide any labels.

- Homely remedies are bulk or stock items so should not have people's name and instructions on them. The service should have a separate protocol for each person with the medicines they can take and how to take them.

TOPIC 3: Working with others

When administering from a Dossett box, who is ultimately responsible for the accuracy of the medications - the pharmacy or care provider?

- The pharmacy takes responsibility for the accurate dispensing and labelling of the medicine. The service should have a system in place to ensure the medicines are given safely.

In the community, some families are extremely insistent to require care providers to give remedies that they device like smoothies with various ingredients for bowel movement purposes. What are the providers rights in these scenarios?

- The CQC is not able to comment on this.

When families are involved in administering medications, it can be very challenging regarding reporting, so we tend for safety all or nothing - to avoid errors, old and ongoing issues - any advice for this?

- As per the webinar, families should be involved in supporting with medicines if they wish. The provider will need to have a robust policy and risk assessments in place to manage this.

How do we get around GP's not sharing information with care providers?

- From NICE guidance NG67: 1.4 Sharing information about a person's medicines - It is important that information about medicines is shared with the person and their family members or carers, and between health and social care practitioners, to support high-quality care. Take into account the 5 rules set out in the Health and Social Care Information Centre's guide to confidentiality in health and social care (2013) when sharing information. Health and social care practitioners are defined in NICE as: 'The wider health and social care team of health professionals and social care practitioners. Health professionals include, but are not limited to, **GPs**, pharmacists, hospital consultants, community nurses, specialist nurses and mental health professionals. Social care practitioners include, but are not limited to, care workers, case managers, care coordinators and social workers.'

TOPIC 4: General

For 16–17-year-olds who have a mental health condition with a high risk of overdose, but have capacity around their medication, what is best practice for the management of this? Would this be through consent with the young person (as least restrictive) and a shared risk management plan with local authorities?

If consent was refused would this be an inherent jurisdiction decision or is evidence of a shared risk approach in care planning/Risk management plan with the corporate parent of the local authority sufficient?

- You would need to make a best interest decision involving all the relevant parties (client, parents / carers / independent advocate if applicable, prescriber, care provider).

When community nurses are responsible for insulin injections and have their own records, do community care providers need to replicate those records?

- From NICE guidance NG67: 1.4 Sharing information about a person's medicines - it is important that information about medicines is shared with the person and their family members or carers, and between health and social care practitioners, to support high-quality care. Take into account the five rules set out in the Health and Social Care Information Centre's guide to confidentiality in health and social care (2013) when sharing information.

Does the CQC provide any guidance for provider responsibilities when supporting someone with an Omnipod insulin administration system?

- The CQC is not able to provide guidance for specific administration systems.

There has been a lot of discussion on Pill Time pouches. Our MOCH team is not keen; what is your stance?

- As a regulator, we do not have an opinion on this system of medicines administration. Care providers need to ensure that the level of care they provide is not compromised and that they are able to implement the system and still provide safe and high-quality care and medicines support. We have seen this system in operation, but each care provider

needs to ensure it works for them and their service users and then ensure their medicines policy reflects this.

Is there a legal requirement or recommended standard of medication cabinet to use?

- Only for controlled drugs. There is a recommended standard for healthcare establishments.

Internal and external prep meds have historically required to be stored separately. I have spoken to the Local Authority since and they have advised this is not the case, please can you clarify?

- There is no recommendation. The service should follow their own policy for safe storage of medicines.

We also have in our contract with the Local Authority that all antipsychotic medication should be reviewed every three months, I can't find this in the NICE guidelines. Please could you clarify?

- You would need to follow your contract with the Local Authority.