Registered managers webinar: Medicines from the regulatory perspective (part 2)

Skills for Care webinar, in partnership with CQC
Thursday 27 January 2022

Here is a list of question raised during the webinar, with responses provided by CQC. This webinar covered three topics: **PRN ('when required') medicines, controlled drugs and patches, including rotation.**

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: PRN ('when required') medicines

What would you expect to see on a risk assessment for an adult who chooses to smoke, but uses paraffin-based emollients by choice?

- This information should be documented in a risk assessment. Further information can be found on the CQC website on fire risk from use of emollient creams and managing oxygen in care homes.

Is there a comprehensive template of a medication chart / administration of PRN medications you can share?

- 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).

The NICE guidance for managing medicines in a care home (SC1) is from 2014; how often is this reviewed?

- NICE decides how often its guidance is reviewed. The guidance was last reviewed in December 2017, and it was decided there wasn't a need to update the document at that time.

Can you please clarify the differences between 'PRN' (when required) medicines and homely remedies?

- CQC has webpages that detail homely remedies and PRN medicines.

Can CQC provide a sample of what a good person-centred PRN looks like?

- This was covered during the webinar, and you may also wish to speak to your local CCG medicines optimisation team for further advice.

Is there a NICE guidance, like NG67 for paediatrics?

- No, not that we are aware.

Do carers have the power to stop service users from taking their PRN medications?

- We advise you visit the CQC website on the Mental Capacity Act 2005 for further information.

Can you please advise how in social care, we manage medications that require specialist techniques (usually a clinical task / delegated task), such as rectal diazepam, when we are more frequently being asked to deliver tasks that health professionals would ordinarily complete in care home services?

- CQC has a webpage that discusses delegating medicines administration, which we recommend you visit for further information.

Do PRN medications need to be signed off by the GP?

- No, however, staff should have access to enough information to enable them to follow the instructions of the prescriber, so if this is not the case, you may need to liaise with the GP to seek clarity.

Where is the best place to record the outcomes of PRN medicines, in CQC's view?

- As a regulator, we are not in the position to tell you where to store information on the outcomes of PRN medicines that have been administered.

What is the recommended review date of PRN medicines?

- The review date will vary depending on the circumstances of the individual being supported with their medicines.

Should moisturisers be considered medicines? If not, can we apply when requested by clients?

- If prescribed or bought over-the-counter for treatment of a minor ailment, moisturisers should be treated as medicines. If this is in relation to a cosmetic moisturiser, such as fragranced body lotion, then this is not a medicine, but could still be applied by care staff during personal care.

If there is a PRN protocol in place and there is a MAR-type record, does this medication have to be entered on a MAR record as well?

- As a regulator, we are not in the position to tell you where to store information on PRN medicines that have been administered. Providers need to decide how they will manage

this within their own organisations. You should also be complying with the requirements on management of PRN medicines set out in the NICE guidance.

In reference to a 'Medication Review', can you make explicit the role of the GP in relation to the role of the domiciliary care provider? Who take the lead on this?

- NICE NG67 states: *Health professionals should provide ongoing advice and support about a person's medicines and check if any changes or extra support may be helpful, for example, by checking if a) the person's medicines regime can be simplified, b) information about time-sensitive medicines has been shared, c) any medicines can be stopped, d) the formulation of a medicine can be changed, e) support can be provided for problems with medicines adherence, and f) a review of the person's medicines may be needed.*

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When recording on the MAR, should staff record when administered or offered but refused and not record 'not required'?

- It is good practice to make a record of when a PRN medicine has been offered but refused. This record could be on the MAR chart or elsewhere as per your own medicine's policy. As a regulator, we are not in a position to tell you how to manage this. The provider should decide how this will be managed and ensure that it is included in the medicines policy. Please also visit the PRN medicines webpage for further information.

Do we record PRN only when it has either been given or offered but refused?

- As a regulator, we are not in a position to tell you how to manage this. The provider should decide how this will be managed and ensure that it is included in the medicines policy. The plan should also tell your staff what records to make. You might not need to record on the MAR every time a PRN medicine is offered but not taken. For example, glyceryl trinitrate spray is sometimes used for check pain in angina – you might record this on the MAR only when used. Another example is pain relief that you assess at each medicine round – you might record this each time you assess it. Or you might only record when it's given – this will depend on the requirements laid out in the care plan. For further information, please visit the PRN medicines webpage.

What training would you expect staff to have completed in relation to medication?

- There is no defined template or standard for this. Training should cover all aspects of medicines that the provider is undertaking and supporting people with.

Do PRN protocols need GP signatures?

- No, however, staff should have access to enough information to enable them to follow the instructions of the prescriber, so if this is not the case, you may need to liaise with the GP to seek clarity.

We have been brought into compliance issues for not having a PRN protocol, but staff have known when to prescribe the medicines and we were unable to challenge this. Can you please provide further context?

- Staff need to have access to information on PRN medicines to enable them to support people and to ensure consistency in how people are supported. This information should be recorded, but there is no set template for this. Staff 'knowing' is not sufficient.

Is there guidance on the recording of PRN on a MAR chart? I have experience of different inspectors expecting different recording styles.

- It is good practice to make a record of when a PRN medicine has been offered but refused. This record could be on the MAR chart or elsewhere as per your own medicines policy. As a regulator, we are not in a position to tell you how to manage this. The provider should decide how this will be managed and ensure that it is included in the medicines policy. Please also visit the PRN medicines webpage for further information and NICE also has information in its SC1 and NG67 guidance documents.

Some GPs no longer prescribe PRN medicines, e.g., paracetamol, and it can be hard to get them added to the MAR chart. Staff may not be aware of the effects of some PRN reacting with other medicines and are not medically trained to say dose or frequency. Can you offer any advice please?

- Staff should seek advice from a healthcare professional (e.g., doctor, pharmacist or nurse) to ensure that medicines purchased over-the-counter do not interact with existing medicines. For further information, please visit the CQC webpage on over-the-counter medicines and homely remedies.

Is the STOMP initiative informed by some research findings? If so, can you please signpost us to the source?

- You can read more about this in the original Public Health England paper (2015).

I work in a setting for adults with learning disabilities, and we are finding it is near impossible to get the prescribers to be involved in our PRM protocols. Where do we stand if the information is not forthcoming from the prescribers?

What do you do if, as a care manager, you ask a health professional (behavioural nurse specialist or consultant) to complete a protocol for a service user in our care, but they refuse saying that we should just give as needed. An example of this would be lorazepam.

- Staff must have access to enough information to enable them to follow the instructions of the prescriber, so if this is not the case, you may need to liaise with the GP to seek clarity. NICE guidance SC1 states: *When prescribing variable dose and 'when required' medicine(s), the health professional prescribing the medicine should:*

- note in the resident's care record the instructions for:

- when and how to take or use the medicine (for example, 'when low back pain in troublesome take 1 tablet'

- monitoring

- the effect they expect the medicine to have

- include dosage instructions on the prescription (including the maximum amount to be taken in a day and how long the medicine should be used, as appropriate) so that this can be included on the medicine's label

- prescribe the amount likely to be needed (for example, for 28 days or the expected length of treatment)

- liaise with care home staff to see how often the resident has had the medicine and how well it has worked'

Health professionals are not responsible for writing the PRN information; the care provider is. However, they may contribute, and this may help overcome this obstruction.

If the service user has advanced dementia, how can the care worker determine when pain requires paracetamol? You mentioned that we should look out for signs, symptoms and behaviours, but how can a care worker be sure that the sign is pain?

- When the care plan is written, it should include enough information for care workers to determine when to offer the paracetamol and how much to give if the does is variable. If you require further support with determining this information, you may wish to seek clarity from the prescriber, and relatives / carers of the person.

TOPIC 2: Controlled drugs

What about the storage of controlled drugs in domiciliary care?

- This was covered in the webinar, but for further information, please visit the controlled drugs webpage.

Is there a list of controlled drugs and how should they be stored?

- Yes, on the CQC webpage and the Government webpage.

Does there need to be two people to sign and administer controlled drugs in a client's home?

- No. For further information, please visit the CQC webpage.

Did I hear that the controlled drugs keys should be kept separate to the other medication keys?

- We said that **spare** controlled drugs keys should be kept separately. For further information, please visit the CQC webpage.

Where do you keep controlled drugs keys for safety?

You mentioned the second member of staff administering controlled drugs should have the appropriate knowledge. Where would we stand with the resident being the second person if they understand?

- As a regulator, we are not in a position to tell you how to manage this. The provider should decide how this will be managed and ensure that it is included in the medicines policy.

What is the length of time between opening topical creams and expiry in a care home?

- In residential services, creams need to be stored securely and record the date they're opened. Some are subject to environmental contamination. Discard these according to the manufacturer's directions. For further information, please visit the CQC webpage.

What is the expiry once liquid medication is open?

- This depends on the item and the advice of the manufacturer.

How do you measure liquids for controlled drugs?

- We are unable to respond to this question without further details. Please email medicines.enquiries@cqc.org.uk

How can we best train people to witness the administration of controlled drugs when they are not fully trained to give medication?

- Staff must be trained and competent to undertake the task asked of them. If they are not trained and assessed as competent to support people with their medicines, they would not be able to witness the administration of a controlled drug.

Is there anything about managing drugs liable to misuse, i.e., benzos, pregabalin, codeine, etc.

- Yes. For further information, please visit the CQC webpage.

Can you please clarify about the storage of gabapentin medication in a care home? I read that you can store it in the general medicine cupboard with a good record.

- For further information, please visit the CQC webpage.

Can you please clarify when the temperature of medicines needs to be taken?

- This will depend on your service. For further information, please visit the CQC webpages on storing medicines in fridges in care homes and storing medicines in care homes.

Can you explain why, when controlled drugs are administered by staff in a care home or hospital environment, that two members of staff have to administer, and when controlled drugs are administered by staff in a person's own home, then one member of staff can administer without the second to check?

- It is good practice for controlled drugs to be checked by two members of staff; however, this is not a legal requirement in any setting.

Controlled drugs normally require two signatures. Is this the same for homecare please? Some clients are one carer calls.

- It is good practice for controlled drugs to be checked by two members of staff, but not a legal requirement in any setting. It is widely understood that this may not be practical in home care settings.

What if there is risk to the client of misusing controlled drugs; is it preferred to have the controlled drugs kept in a more controlled environment to manage risk?

- This should be decided as part of a risk assessment.

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- It is good practice for controlled drugs to be checked by two members of staff, but not a legal requirement in any setting. It is widely understood that this may not be practical in home care settings.

If you are the only nurse on shift, where do you stand with regards to signing out controlled drugs to patients? Is it acceptable to record your dispensing on an electronic system, but get an agency carer to witness and countersign in the controlled drugs record book / register?

- It is good practice for controlled drugs to be checked by two members of staff, but not a legal requirement in any setting. Staff should be following the organisation's medicines policy.

Can you please explain what the Home Office licence is? Does this relate to home carers who administer controlled drugs as per prescription?

- The Home Office licence only relates to care homes. People receiving care in their own home have controlled drugs that are prescribed and dispensed for them to use.

Who issues the T28 forms?

- The Home Office does. For further information, please visit here.

When might the Home Office licence be required?

What type of issues would be discussed or considered for the Home Office licence?

- Care homes with nursing can hold stocks of controlled drugs in schedules 3, 4 and 5 without a Home Office licence. This may be the case if several people are receiving end of life care. You need a controlled drugs licence to hold stocks of controlled drugs in schedule 2 if less than 50% of the care home's funding comes from public funds or charitable donations.

  Care homes without nursing must not hold stocks of controlled drugs. They can only hold controlled drugs prescribed and dispensed for an individual person. You can ask for advice on Home Office legislation by contacting the Home Office Duty Compliance Officer.

Is a home care provider required to contact the Home Office regarding controlled drugs?

- No, as the controlled drugs in homes care will be prescribed for individual use.

Regarding the disposal of controlled drugs in the community (clients' own homes) – would they need to go back to the pharmacy?

- Yes. For further information, please visit the CQC webpage.

Do we have a responsibility working in peoples' homes to dispose medication at the pharmacy or would it be the family?

- If providing medicines support, then yes, you have a duty to ensure that medicines are disposed of appropriately. If controlled drugs, they should be returned to the community pharmacy. For further information, please visit the CQC webpage.

As a domiciliary care provider, we find that oramorph labelling does not routinely include a maximum dose in 24 hours. It will say 5-10mls when required. Should the label contain a maximum dose?

- If being used when required, NICE guidance says that the prescriber should state the maximum dose to be taken in a day.

Do social care providers require a controlled drugs register for clients in their own homes?

- It does not have to be a controlled drugs register, btu there would need to be records of medicines administered. For further information, please visit the CQC webpage.

Should controlled drugs books be hardbound?

- A controlled drugs register must be bound (this may be in the form of a separate bound booklet for each preparation) / have separate sections for each class of controlled drugs – within this each, the formulation and strength should be recorded on a separate page / have the name, form and strength of the drug specified at the top of each page. Controlled drugs registers can also be electronic. For further information, please visit here.

Is it advisable to carry out audits on our PRN and controlled drugs MAR chart? If so, is there one to share please?

- There is no nationally agreed audit template. As a provider, you must adhere to Regulation 17 - good governance. For further information, please visit the CQC webpage.

TOPIC 3: Patches rotation

When a patch falls off, a new one is to be applied and the planned patch change day be altered and documented – is this correct?

- This is something that should be determined on a case-by-case basis in liaison with the prescriber.

Does the absorption increase after a shower or bath apply to gels as well as patches?

- This would depend on individual circumstances. The advice is more applicable generally to transdermal administration from patches.

My client rotates her oxybutynin patch onto each buttock, so on the left side for three days and on the right side for four days. Is this enough of a rotation or should I encourage her to use more sites?

- According to the manufacturer of Kentera: '*A new patch application site should be selected with each new patch to avoid reapplication to the same site within seven days'.*

What alternative process for disposing of medication should be followed when community pharmacies have refused to take unwanted / unused medication?

- Community pharmacies MUST accept unwanted / out-of-date / waste medicines for disposal from patients and households, as this is an NHS contractual requirement. If this is not happening, contract the general pharmaceutical council, who regulate community pharmacies. For further information, please visit here.

Regarding disposing patches, how should we be disposing of them safely in the community?

Regarding domiciliary care patches – can these be disposed of in clients' own wastebins?

- This needs to be decided by the care provider in accordance with local arrangements. Used patches contain some residual drugs. After use, patches should be folded so that the adhesive side of the patch sticks to itself. The folded patch should then be placed back into the original sachet. Used patches should be kept out of sight and reach of children – even used patches contain some medicine that may harm children and may even be fatal.

My understanding is that while the over-prescription of antipsychotics has been reduced, the pandemic saw an increase in the prescription of epilepsy medication and anti-depressives in order to control behaviour. Is that also your experience, and what should social care providers do about it?

- The NHS digital data can be found here, but yes, prescribing of antipsychotics has reduced slightly, but is still significantly higher prevalence in people with a learning disability compared to the general population. Medicines should be prescribed in the best interest of the individual. Prescribers should be following best practice and should be ensuring that medicines are reviewed appropriately. For further information, please visit the CQC webpage.

What is the patch falls off and when you want to apply a new one, you can't find the old patch?

- Seek advice from the prescriber to decide the best course of action.

Regarding patches, is it worth having some kind of body mapping regarding the location of patches, as well as carers documenting them in their notes?

- Yes.

TOPIC 4: General

What learning and development should staff who administer medication and those who assess competency have? And what is the definition of 'appropriately trained'?

- NICE say staff can only administer medicines when they have had the necessary training and are assessed as competent. In that context, 'appropriately trained' would be whatever training is required for a person to be competent. For further information, please visit the CQC webpage.

How do you assess clients that are self-administering? Is a form available that I can have access to? I do a basic needs assessment and cover medication topics there, but it is very basis.

- If you are working in a care home, refer to the assessment of medicines support section on the CQC webpage.

I need to complete a 'lessons learnt' reflection. Are there any templates on the website that I can refer to?

- There is no national agreed template on this.