

Supporting service users with their medicines

Frances Gault
Senior Pharmacist Inspector



Objectives

- Review how medicines are managed in DCA
- Review the governance of medicines management in order to drive improvement
- Share experiences and good practice of medicines management in DCA



Quality Improvements across Northern Ireland

Health and Wellbeing 2026: Delivering Together

Medicines Optimisation Quality Framework



Medicines Optimisation

NICE definition

A person centred approach to safe and effective medicine use to ensure the best possible outcomes from their medicines.



Medicines Optimisation Quality Framework

Medicines optimisation model

Describes what patients can expect when medicines are included in their care plan in each of four different settings. hospital, general practice, pharmacy, social care.

Quality standards

Describe the best practices that should be delivered in each setting, identifies the gaps in best practice and the actions needed to address them in order to deliver high quality outcomes when medicines are prescribed, dispensed or administered.

Implementation through integrated innovation and change programme

Which will identify test and scale up models of best practice.



What is a Medicine?

All prescription and non prescription healthcare treatments such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.



The service user

- Not all Service Users in receipt of personal care will need help with medicines
- They have the right to be involved in decisions – no decision about me without me
- Promote, maintain their independence
- Level of support from family/friends

Group work 1

What do you need to deliver safe care?

How do you get it?

Challenges – what are the challenges/obstacles you face as you provide this

10 – 15 minutes and feed back

Assessing Medicines Support Needs

Are service users and their families (if appropriate) involved in the decisions about their care?

What help/support is needed by the service user?

Are there concerns about their ability to manage their medicines?

How to they currently manage and store?



Assessing Medicines Support Needs

What medicines do they use and when?

Why do they take them?

Are they medicines, tablets, creams, patches, inhalers, eye/eardrops or liquids

Are there specific directions or devices used to administer – oral syringe

Are the medicines needed at a particular time?



Assessing Medicines Support Needs

Record the discussions and agreements
Details should be in the care plan
Are any medicines taken "PRN"?
What about OTC medicines or herbal or nutritional supplements

Problems and possible solutions

Problem	Possible solution
Unable to collect medicines	Delivery by pharmacist, family, friend etc
Forgetting to take/ getting mixed up when to take	Telephone reminder Reminder cards with names of medicines and times
Difficulty reading labels	Larger labels, larger print
Difficulty opening bottles	Wing tops
Can't pop the blister pack	Can get device to help open the blister
Too many medicines kept	Request clear out of medicines

Remember

What would you want in their place?
Can you deliver?
Are they satisfied?

NICE Guidance

Managing medicines for adults receiving care in the community. NICE Guideline (NG67), 30 March 2017

Home Care: delivering personal care and practical support to older people living in their own homes. NICE Guideline (NG21), September 2015



RQIA Guidance

- 2009: Guidance on medicines to help agencies develop their policies and procedures as part of the registration process
- 2010: Evaluation of the Management of Medicines in Domiciliary Care Agencies
- 2018: Sharing innovation and good practice

Care Inspectorate guidance

Prompting, assisting and administration of medication in a care setting: guidance for professionals. Care Inspectorate March 2015



Governance for Safe Practice

Clear agreement between trust and providers about level of support to be provided

Assessment of service users' needs and preferences

Detailed medicine policy in place that reflects all aspects of how staff manage medicines



Group work 2

Medicines policy

Why do you need one?

What should be in it?

10 – 15 minutes and feed back



Medicines policy

- Policy and procedure understood by all
- Involve service user and their family in discussions
- Accurate up to date information
- Bought off the shelf?



Policy to cover

Assessing the service user's needs
Support service user requires
Joint working with other DCAs
Sharing information
Records
Dealing with concerns about medicines

Group work 3

**What is needed in a service users
care/support plan?**

What is missing from the plan?

10 minutes to discuss

Care plan

- Level of assistance required
- Current list of prescribed medicines including dosages
- what if - refusal
- Details of storage arrangements/access
- Risk assessments
- Consent to support from DCA

Levels of Help and Support

Can vary over time depending on the service users health and capability.

May involve:

- Prompting
- Assisting
- Administration of medicines

Prompting

The action of saying something to persuade, encourage or remind someone to do or say something.

Assisting with Medicines

- Ordering and collecting repeat prescriptions
- Collecting dispensed medicines
- Bringing medicines to a person at their request so that they can take their medicine
- Opening bottles or packets including multi-compartmental compliance aids at the request and direction of the person
- Reading labels and checking time as requested by service user

Administration of Medicines

Service user cannot take responsibility and care staff are involved to ensure that the service user gets:

- The correct medicine
- At the correct time
- In the correct way

Solutions

Problem	Possible solution
Service user non compliant	Discuss reasons and explain why necessary
Side effects putting service user off	Review of medication
Difficulty swallowing tablets	Change of formula may resolve
Difficulty measuring liquids	Change of formula may resolve
Service User can't use inhaler	Request demonstration of inhaler technique
Service User can't apply cream	Get aids to help apply cream
Service User can't apply eye drops	Auto dropper for eye drops

Roles not Usually Undertaken by Care Staff

- Rectal administration of suppositories
- Insulin given by pre filled PEN devices
- Administration through a PEG tube

When could administering medicines be considered abuse?

- If forcing Service User to take medicines when they refuse
- Hiding in food because they refuse
- Refusing them treats if they do not take their medicine

Covert Administration

- Giving medicines without the service users knowledge
- Consider under Human Rights
- If necessary, clear discussion, agreement and care plan should be in place

Ordering, Supplying, Storing and Disposal of Medicines

- Responsibility usually stays with service user and/or their family
- There should be clear agreement if other processes are in place

Training and Competency

Resources:

- NICE
- National Care Forum
- NISCC app

Staff must be trained and competent for the tasks undertaken



A screenshot of the National Care Forum (NCF) website. The header includes the NCF logo, navigation links (Home, About, Quality First, Members, Events, Forums, News, GDPR, Partners, Surveys & Reports, Suppliers, NCF Calendar, Outstanding), and social media links (Twitter @NCFCareForum, LinkedIn, and a 'Join NCF' button). The main content area is titled 'Free resources for supporting the safe use of medications in care facilities:' and lists several resources: 'Poster (A3): my medicines my choices', 'My medicine My Choice My Record', 'Easy read: My medicines My Choices', 'Leadership', and 'Learners workbook'. A sidebar on the left lists various sections like 'Introduction', 'Partner projects', 'Care Home Open Day', etc. The footer features the Regulation and Quality Improvement Authority logo.

Training

- Meet the needs of care staff and service users
- How to prepare correct dose of medicine
- How to administer medication – tablets, capsules, liquids, eye, ear and nose drops, inhalers, external preparations
- The 6Rs
- Storage and expiry dates
- Checking medicine not already given



Training

- Expectations re side effects
- What to do about refusals and mistakes
- What about PRN
- What about non prescribed medicines
- Record
- Trainer qualifications (in general for DCA), knowledgeable, relevant current experience
- Assessment of care staff



Record Keeping

- Accurate and up to date
- Systems in place for making changes if medicines change
- Record level of support provided
- Record if medicines not taken
- Agreement about process if both agency and family administer medicines e.g. pain relief

Warfarin



Controlled Drugs

- It is a prescribed medicine
- Is there a difference in what you do?
 - Paracetamol tablets vs MST tablets
 - Pain patch vs Butrans patch

Common Issues

- Time sensitive medicines
- Social activities
- Storage
- Medicines for later
- Refusal of medicines
- Management of specific health conditions

When required medicines (PRN)

- Confirm need
- When was last dose administered
- Minimum interval
- Date and time when given
- Two medicines same ingredients

Group work 4

Service user home after a fall and physio visiting 2-3 time a week to improve mobility. No exercises done with physio as he is in pain. Physio found he hadn't taken paracetamol. She had left note in care plan to give paracetamol 30 minutes before her visit. Supply in box labelled "two to be taken 4 times a day when required."

DCA had not given as not in blister.

DISCUSS – how to avoid this situation

Over the counter medicines

- Choice of service user
- May interact with prescribed medicines
- Assurance from GP or pharmacist that they are safe to take
- Record appropriately
- Do not offer any opinion or advice on the medicines

Managing Concerns

- Medicines can be complex
- Service users may have several health conditions
- They may take multiple medicines
- Do you and staff know how and where to raise any concerns?
- Seek advice from prescriber or pharmacist
- Arrangements to report to trust and manager when medicines are administered incorrectly.

PATIENTS LET DOWN

Nursing home at centre of criticism still failing
 Owners given to end of month to take action

Hip patient 'killed by wrong drugs'
 Admissions suspended

CARE HOME SHUT OVER 'SERIOUS RISK TO LIFE'
 Bid to find beds for 40 residents

SAFETY RAP CARE HOME STILL FAILING

Troubled care home's ban lifted

Probe launched into standards of care at home for the elderly
 So what led to closure order?


Home working to make improvements

Admissions to elderly care home suspended over fears


Splitting tablets 'can be dangerous'

Care home set to remain closed

Vulnerable adults 'driven to despair'
'Inappropriate' charges for 'care' forced some to steal to eat - and others to the very brink of suicide

 The Regulation and Quality Improvement Authority

NISCC
 Helen McVicker
 Head of Fitness to Practice

 The Regulation and Quality Improvement Authority

Incidents

- No one perfect
- Incidents will occur
- Action to take
- No longer report to RQIA unless PSNI involvement?
- Advice available from RQIA



How to minimise likelihood of incidents

- Staff should be trained and competent for the tasks they are expected to undertake
 - Know the DCA medicine policy
 - Follow the care plan
 - Understand what they can and can't do
 - Stop think and seek advice if in doubt.
-
- Staff must be sure of management support irrespective of time of day



Actions to take

- Inform line manager who should seek advice from prescriber
- Stay with SU until the risks of the situation have been assessed
- Investigate what happened
- Learning from incident
- Share anonymously with all staff
- Adhere to DCA medicine policy



RQIA Pharmacist Team

- One senior inspector
- Five pharmacist inspectors
- Inspect a range of different services including: nursing homes, residential homes, children's homes, hospitals, prisons



MDS Cassette



MDS vs conventional packaging

- Community pharmacist role
- MDS service supplied by pharmacist
- Some introducing charging or limiting the number they can provide
- Knock on effect for DCA
- Medicines take longer to administer, prompt
- Service Users require more help to prepare medicines

Summary

- Everyone is an individual
- One size does not fit all
- There are no black and white answers

REMEMBER.....

Trained competent and confident staff

Risk assess the task



Ongoing challenges?



NISCC

Alison Shaw and Mairead Harkin

