RQIA/NICE Medicines Management Workshop

The Regulation and Quality Improvement Authority

Welcome and introduction

Theresa Nixon
Director of Assurance

The Regulation and Quality Improvement Authority

Objectives of the workshop

- Understand the role of NICE
- Understand how NICE guidance can support the management of medicines in care homes
- Share experiences and good practice of medicines management in care homes
- Review the governance of medicines management in order to drive improvement

The Regulation and Quality Improvement Authority

Quality Improvement is ……

"The combined and unceasing efforts of everyone- healthcare professionals, patients, their families, payers, planners researchers and educators to make the changes that will lead to better patient outcomes, better system performance and better professional judgement"

BMJ

The Regulation and Quality Improvement Authority

NICE: SUPPORTING QUALITY IN CARE HOMES

Lesley Edgar
Implementation Facilitator NI

The Regulation and Quality Improvement Authority

NICE: Supporting quality in care homes

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Overview

- NICE: who we are and what we do
- NICE guidelines
- NICE Quality Standards: supporting quality improvement
- Practical support
- Finding what you need
- Staying up to date and opportunities for getting involved

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What is NICE?

Improving health and social care through evidence-based guidance

The National Institute for Health and Care Excellence (NICE) is the independent organisation responsible for providing national guidance and advice to improve health and social care

www.nice.org.uk

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Role of NICE

*The **national point of reference for advice on safe, effective and cost effective practice** in health and social care, providing guidance, advice and standards aligned to the needs of its users and the demands of a **resource constrained system.***

Evidence → Guidance → Quality standards → Improved outcomes

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NICE in the adult social care sector

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NICE Guidelines

- NICE guidelines are comprehensive sets of recommendations based on the **best available evidence.** They describe:
  - what is **effective** (what will result in the best outcomes)
  - what is **cost effective** (best value for money)
  - what **good looks like**
- Set out the care and services suitable for most people with a specific condition or need, and people in particular circumstances or settings
- Support person-centred care
- Developed by independent advisory committees involving providers, commissioners, people who use services, carers and professionals / practitioners
- Kept up to date
- Linked to legislation

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Why use NICE guidelines?

- Improve health and wellbeing outcomes for service users and carers
- Ensure that care provided is effective and makes efficient use of resources
- Increase national consistency of care provision
- Reduce inequalities and unwarranted variation
- Supports quality improvement activities (good news stories)
- Can help address incidents (action plans)
- Demonstrates quality to commissioners and to service users & their families
- Support professional decision-making and continuous development
- Support the case for investment (value for money)
- Help answer questions on quality from RQIA

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Some relevant guidance

Residential care:

- Supporting people to live well with dementia
- Mental wellbeing in over 65s: occupational therapy and physical activity interventions
- Managing medicines in care homes
- Older people with social care needs and multiple long-term conditions
- Transition between inpatient hospital settings and community or care home settings for adults with social care needs
- Falls in older people: assessing risk and prevention
- Oral health for adults in care homes
- Intermediate care including reablement

Social care experience:

- People's experience in adult social care services: improving the experience of care and support for people using adult social care services

Nursing care:

- Care of dying adults in the last days of life
- Delirium: prevention, diagnosis and management
- Dementia: assessment, management and support for people living with dementia and their carers
- Pressure ulcers: prevention and management
- Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition
- Healthcare-associated infections: prevention and control

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Managing medicines in care homes (SC1)

Aims to promote the safe and effective use of medicines in care homes.

The starting point for the NICE guideline on managing medicines in care homes is that residents should have the same involvement in decisions about their care and treatment, and the right to access appropriate services and support equivalent to those who do not live in care homes

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Managing medicines in care homes

Social care guideline [SC1] Published date: March 2014

Guidance | Tools and resources | Information for the public | Evidence | History

1 Recommendations

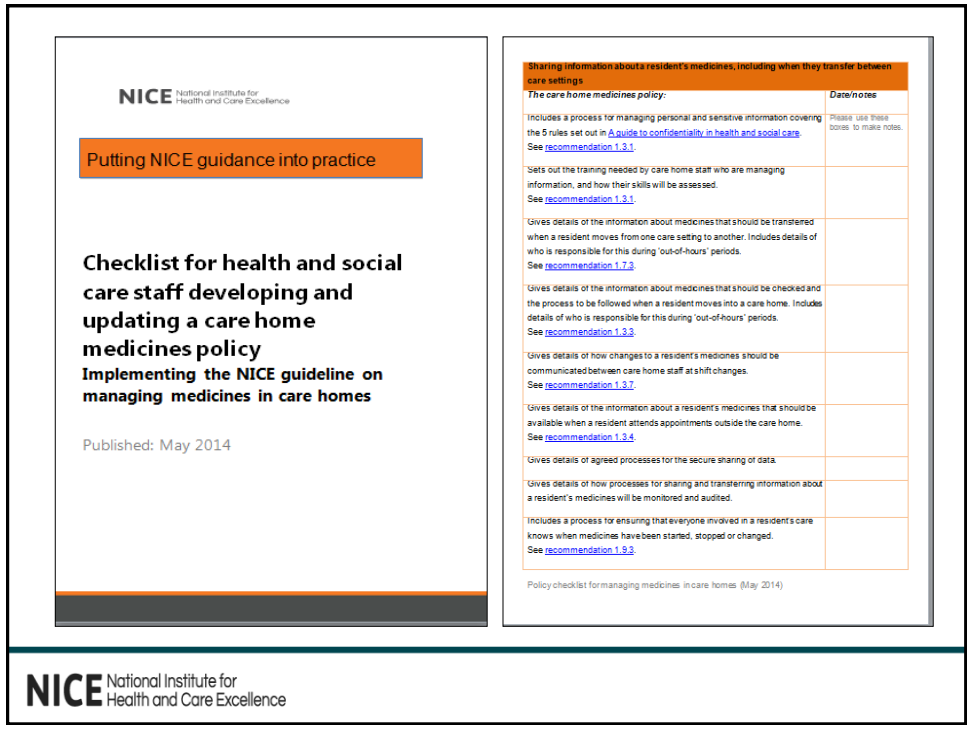
Next

1.1 Developing and reviewing policies for safe and effective use of medicines
1.2 Supporting residents to make informed decisions and recording these decisions
1.3 Sharing information about a resident's medicines
1.4 Ensuring that records are accurate and up to date
1.5 Identifying, reporting and reviewing medicines-related problems
1.6 Keeping residents safe (safeguarding)
1.7 Accurately listing a resident's medicines (medicines reconciliation)
1.8 Reviewing medicines (medication review)
1.9 Prescribing medicines
1.10 Ordering medicines
1.11 Dispensing and supplying medicines
1.12 Receiving, storing and disposing of medicines
1.13 Helping residents to look after and take their medicines themselves (self-administration)
1.14 Care home staff administering medicines to residents
1.15 Care home staff giving medicines to residents without their knowledge (covert administration)
1.16 Care home staff giving non-prescription and over-the-counter products to residents (homely remedies)
1.17 Training and skills (competency) of care home staff

Care home medicines policy

- Assessing mental capacity (legislation)
- Storing and sharing information (including transfers)
- Keeping accurate records
- Problem identification and reporting
- Safeguarding residents
- Medicines reconciliation and review
- Ordering and disposing of medicines
- Stock control of medicines
- Administration of medicines (by resident, staff and covertly)
- Staff training and competency
- Non-prescription medicines

NICE has published a 'checklist' to help you put a local policy in place



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Putting NICE guidance into practice

Checklist for health and social care staff developing and updating a care home medicines policy

Implementing the NICE guideline on managing medicines in care homes

Published: May 2014

Sharing information about a resident's medicines, including when they transfer between care settings

The care home medicines policy:	*Date/notes*
Includes a process for managing personal and sensitive information covering the 5 rules set out in A guide to confidentiality in health and social care. See recommendation 1.3.1.	Please use these boxes to make notes.
Sets out the training needed by care home staff who are managing information, and how their skills will be assessed. See recommendation 1.3.1.	
Gives details of the information about medicines that should be transferred when a resident moves from one care setting to another. Includes details of who is responsible for this during 'out-of-hours' periods. See recommendation 1.7.3.	
Gives details of the information about medicines that should be checked and the process to be followed when a resident moves into a care home. Includes details of who is responsible for this during 'out-of-hours' periods. See recommendation 1.3.3.	
Gives details of how changes to a resident's medicines should be communicated between care home staff at shift changes. See recommendation 1.3.7.	
Gives details of the information about a resident's medicines that should be available when a resident attends appointments outside the care home. See recommendation 1.3.4.	
Gives details of agreed processes for the secure sharing of data.	
Gives details of how processes for sharing and transferring information about a resident's medicines will be monitored and audited.	
Includes a process for ensuring that everyone involved in a resident's care knows when medicines have been started, stopped or changed. See recommendation 1.9.3.	

Policy checklist for managing medicines in care homes (May 2014)

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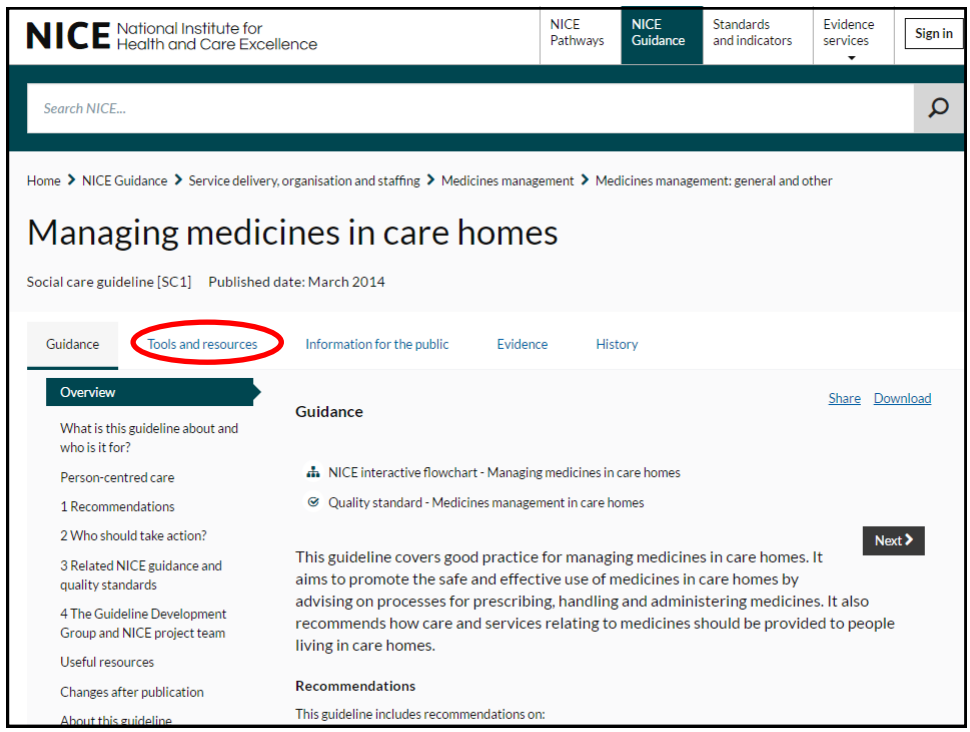

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Managing medicines in care homes

Social care guideline [SC1] Published date: 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 Related NICE guidance and quality standards
- 4 The Guideline Development Group and NICE project team
- Useful resources
- Changes after publication
- About this guideline

Share Download

Guidance

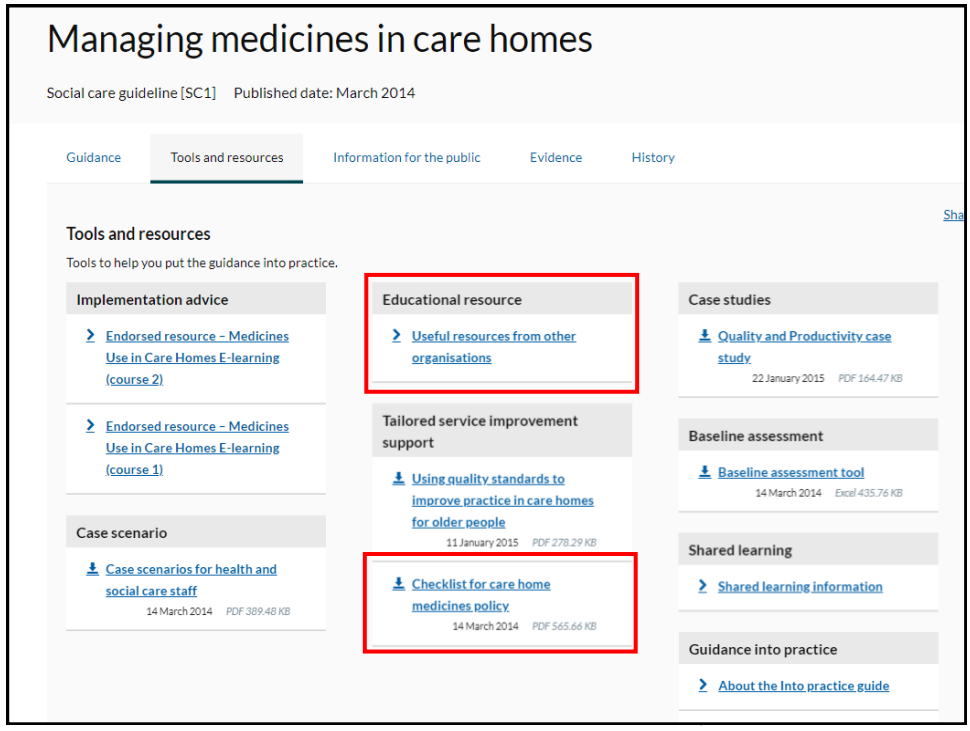
- NICE interactive flowchart - Managing medicines in care homes
- Quality standard - Medicines management in care homes

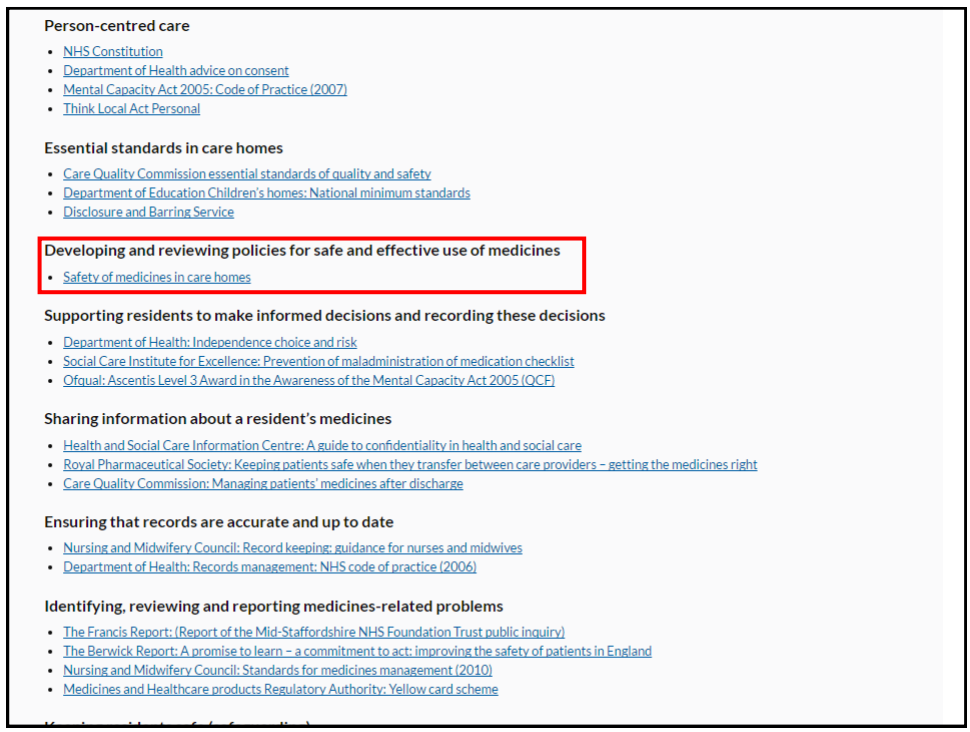
Next ›

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.

Recommendations

This guideline includes recommendations on:





Person-centred care

- NHS Constitution
- Department of Health advice on consent
- Mental Capacity Act 2005: Code of Practice (2007)
- Think Local Act Personal

Essential standards in care homes

- Care Quality Commission essential standards of quality and safety
- Department of Education Children's homes: National minimum standards
- Disclosure and Barring Service

Developing and reviewing policies for safe and effective use of medicines

- Safety of medicines in care homes

Supporting residents to make informed decisions and recording these decisions

- Department of Health: Independence choice and risk
- Social Care Institute for Excellence: Prevention of maladministration of medication checklist
- Ofqual: Ascentis Level 3 Award in the Awareness of the Mental Capacity Act 2005 (QCF)

Sharing information about a resident's medicines

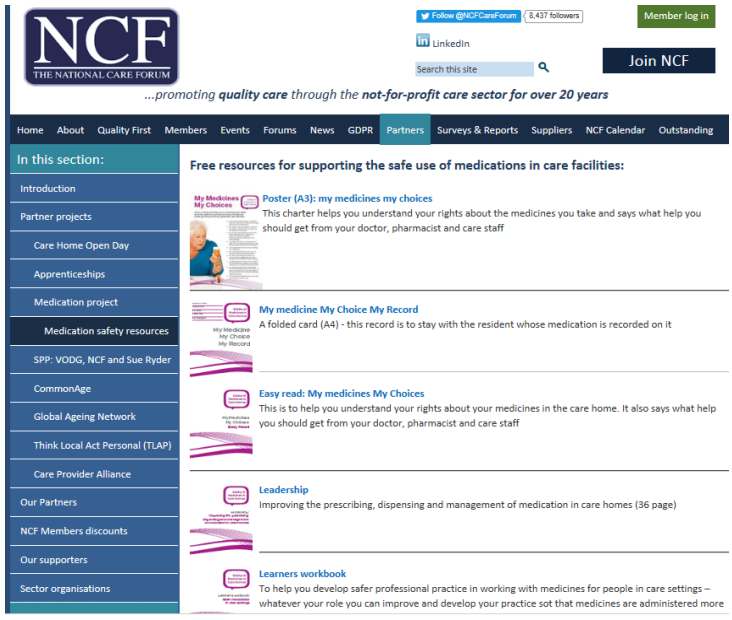
- Health and Social Care Information Centre: A guide to confidentiality in health and social care
- Royal Pharmaceutical Society: Keeping patients safe when they transfer between care providers – getting the medicines right
- Care Quality Commission: Managing patients' medicines after discharge

Ensuring that records are accurate and up to date

- Nursing and Midwifery Council: Record keeping: guidance for nurses and midwives
- Department of Health: Records management: NHS code of practice (2006)

Identifying, reviewing and reporting medicines-related problems

- The Francis Report: (Report of the Mid-Staffordshire NHS Foundation Trust public inquiry)
- The Berwick Report: A promise to learn – a commitment to act: improving the safety of patients in England
- Nursing and Midwifery Council: Standards for medicines management (2010)
- Medicines and Healthcare products Regulatory Authority: Yellow card scheme



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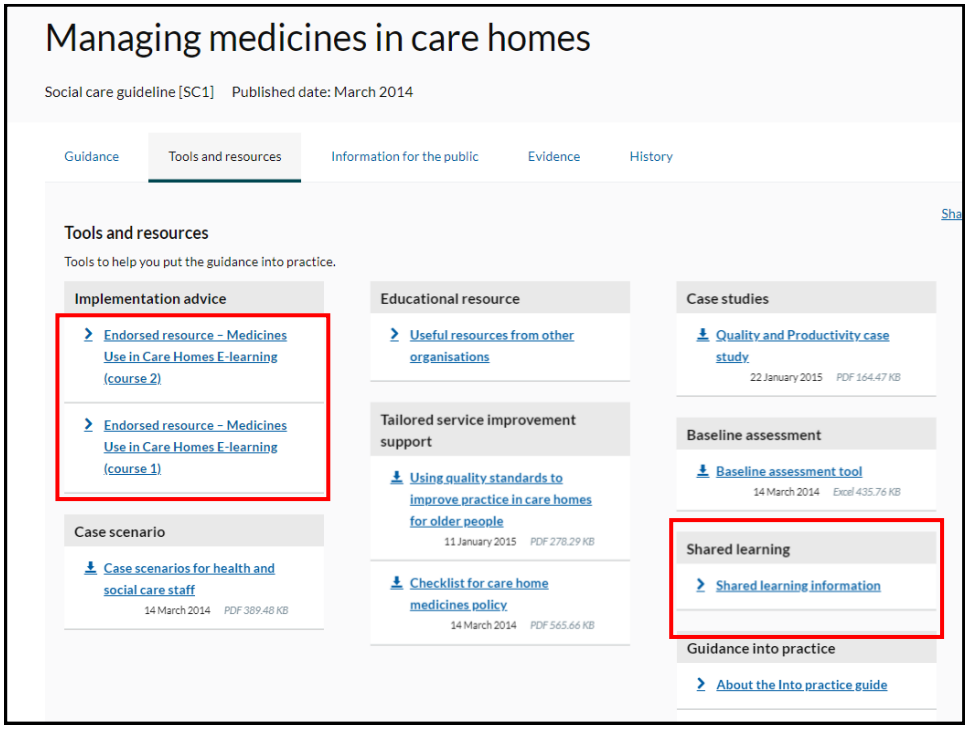

Shared learning case studies

- Medicines awareness, administration and competency assessment in residential and domiciliary care services (April 2018)
- Overprescribing of rivaroxaban in non-atrial fibrillation patients in primary care (February 2018)
- Improving medicines optimisation for care home residents and providing medicines management support to care homes - The Wigan Borough CCG Approach (Nov 2017)
- Implementing NICE's medicines management in care homes guidance in Plymouth (April 2017)
- General practitioners employing pharmacist independent Prescriber to jointly optimise care of our care home patients (December 2015)
- Peer support meetings for pharmacists undertaking medication reviews for older people in care homes and domiciliary settings (August 2015)
- Developing and implementing a parent held medicines record for children with complex conditions (February 2014)

Using NICE guidance or quality standards to improve services?

Share your experiences and you could win the NICE Shared Learning Award

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Quick guides

- Key information
- Simple format
- Co-produced with SCIE
- Practical support

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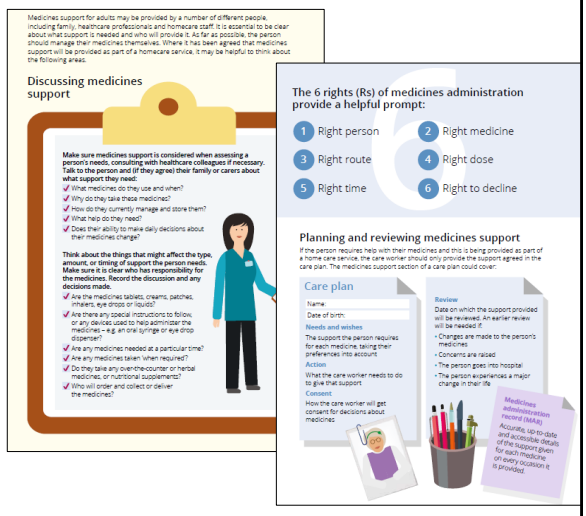
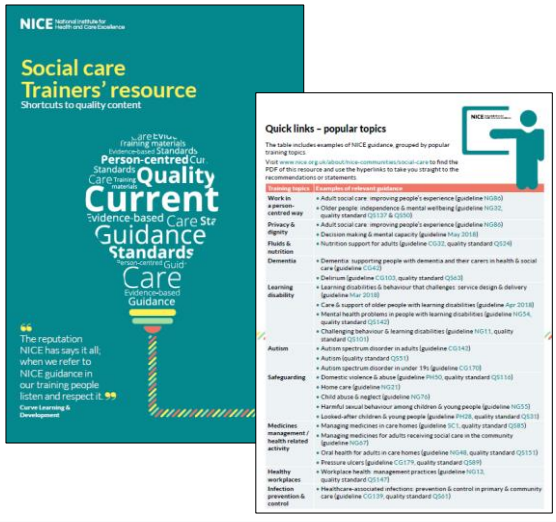
Quick guide – medicine support



Social care trainers resource



Help to find content for use in your training. This PDF resource includes:

- links to social care related guidance and standards
- free resources to download
- tips on finding guidance

Supporting inspection

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?

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Supporting inspection

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- S1 There are, at all times, suitably qualified, competent and experienced persons working in the service in such numbers as are appropriate for the health and welfare of service users.
- S2 The service promotes and makes proper provision for the welfare, care and protection of service users.
- S3 There are systems in place to ensure that unnecessary risks to the health, welfare or safety of service users are identified, managed and where possible eliminated.
- S4 The premises and grounds are safe, well maintained and suitable for their stated purpose.
- E1 The service responds appropriately to and meets the assessed needs of the people who use the service.
- E2 There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.
- E3 There are robust systems in place to promote effective communication between service users, staff and other key stakeholders.

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- C1 There is a culture/ethos that supports the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.
- C2 Service users are listened to, valued and communicated in an appropriate manner.
- C3 There are systems in place to ensure that the views and opinions of service users, and or their representatives, are sought and taken into account in all matters affecting them.
- L1 There are management and governance systems in place to meet the needs of service users.
- L2 There are management and governance systems in place that drive quality improvement.
- L3 There is a clear organisational structure and all staff are aware of their roles, responsibility and accountability within the overall structure.
- L4 The registered person/s operates the service in accordance with the regulatory framework.

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Quality standards for quality improvement

A set of systematically developed, action-oriented recommendations to guide decisions for a particular area of care or health issue

Research studies - experimental and observational, quantitative and qualitative, process evaluations, descriptions of experience, case studies

A prioritised set of statements designed to drive and measure quality improvement in specific areas of care.

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Medicines management in care homes

Quality standard [QS85] Published date: March 2015

List of quality statements

Next

Statement 1. People who transfer into a care home have their medicines listed by the care home on the day that they transfer.

Statement 2. Providers of health or social care services send a discharge summary, including details of the person's current medicines, with a person who transfers to or from a care home.

Statement 3. People who live in care homes are supported to self-administer their medicines if they wish to and it does not put them or others at risk.

Statement 4. Prescribers responsible for people who live in care homes provide comprehensive instructions for using and monitoring all newly prescribed medicines.

Statement 5. People who live in care homes have medication reviews undertaken by a multidisciplinary team.

Statement 6. Adults who live in care homes and have been assessed as lacking capacity are only administered medicine covertly if a management plan is agreed after a best interests meeting.

A set of quality statements

Provide a clear focus on the priority areas for continuous improvement in quality and outcomes: areas where there is variation

Associated with outcome and process measures

Aligned to outcomes frameworks

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Quality statement 1

Record keeping

Structure
Evidence of local arrangements to ensure that a list is made of a person's medicines on the day that they transfer into a care home
Data source: Local data collection

Process
Proportion of transfers of people into a care home where a list of the person's medicines is made by the care home on the day of transfer.

Numerator – the number in the denominator where a list of the person's medicines is made by the care home on the day of transfer.

Denominator – the number of transfers of people into a care home.
Data source: Local data collection

Outcome
Time between a person moving into a care home and completion of a list of their medicines.
Data source: Local data collection.

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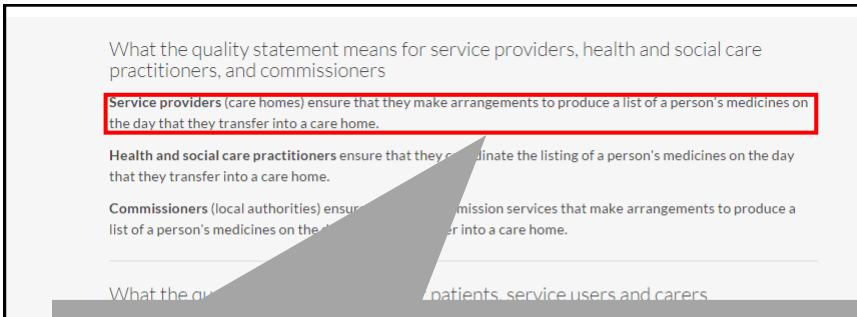

Suggested service review questions:

How do we ensure that a list is made of a person's medicines on the day that they transfer into our care?

1. *Who is responsible for making the list?*
2. *At what stage is the list made?*
3. *Do we use a template?*
4. *Does the person completing the list of medicines routinely provide their details (name, job title) and the date the list was recorded?*
5. *Once written up, where is the list kept?*

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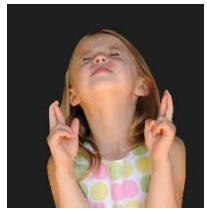
Finding what you need



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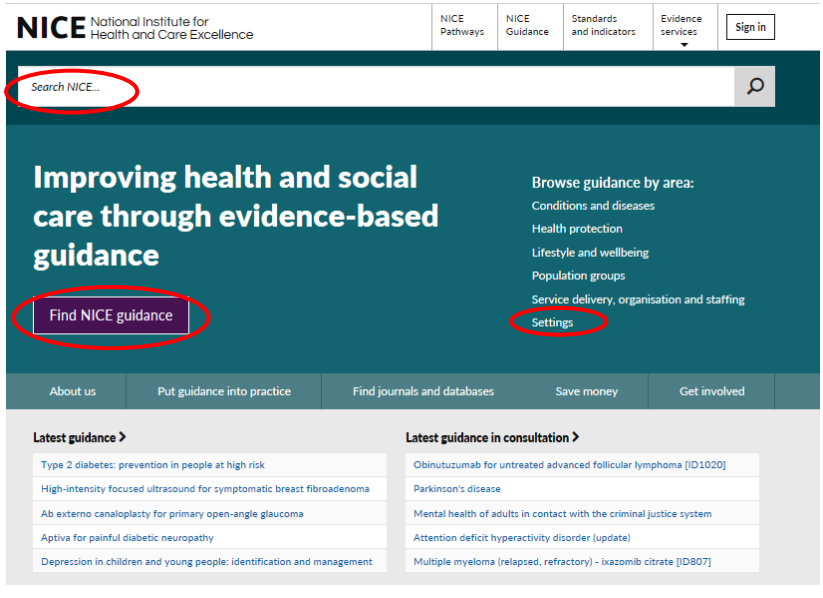

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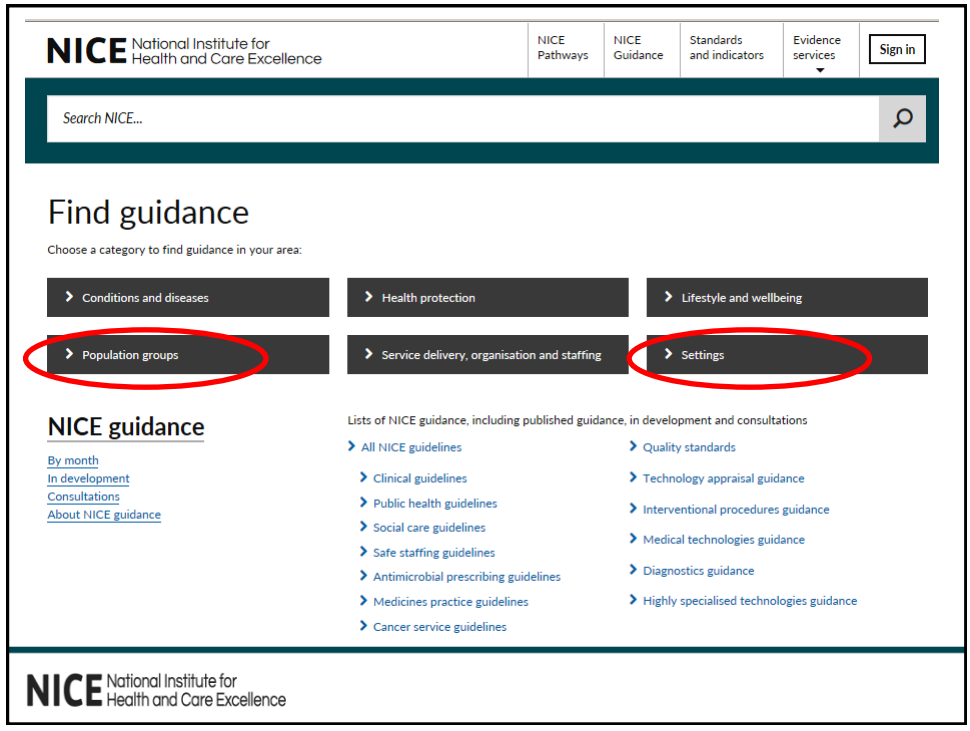
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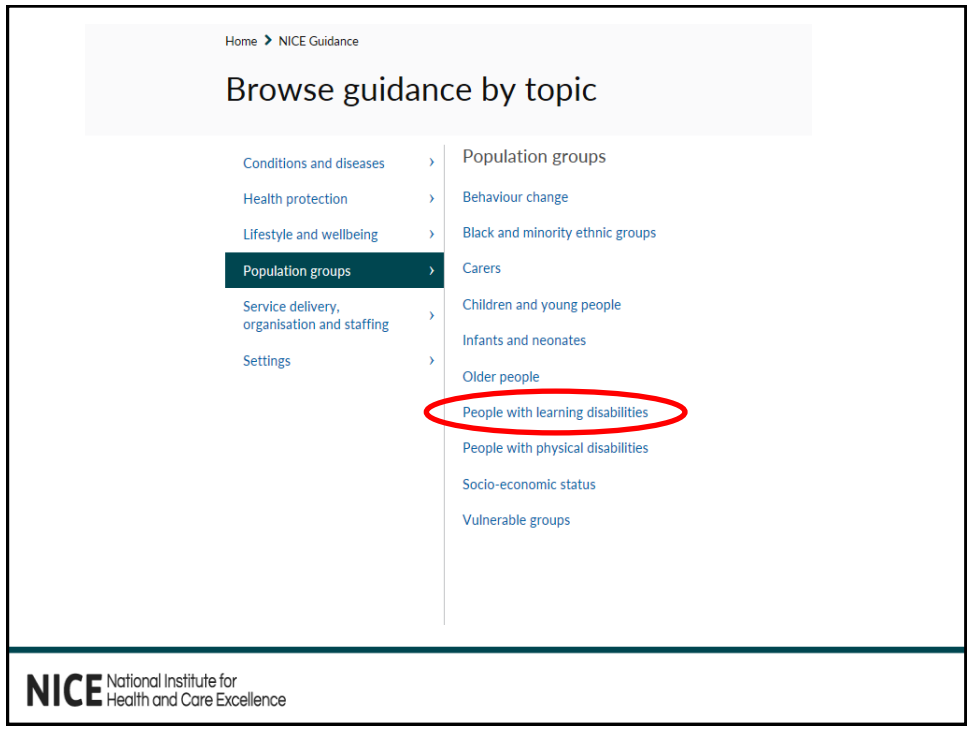
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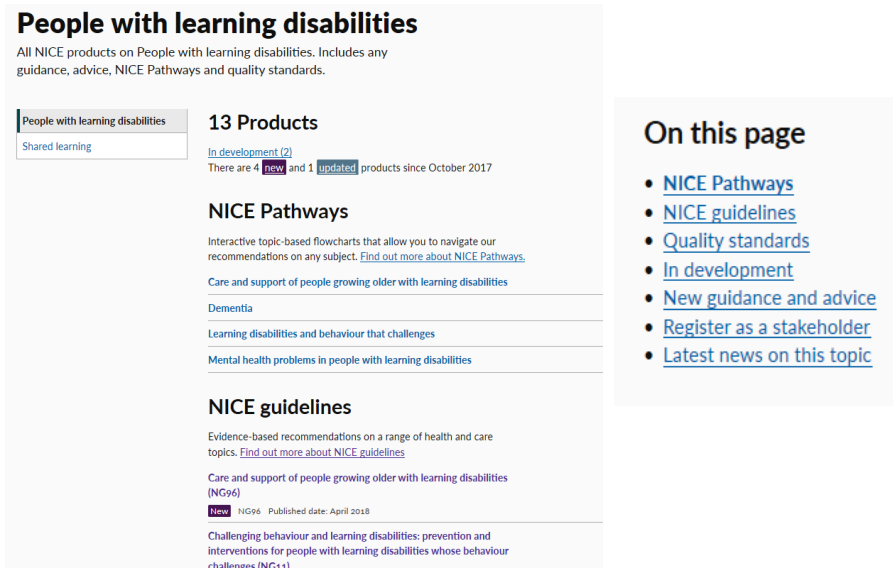

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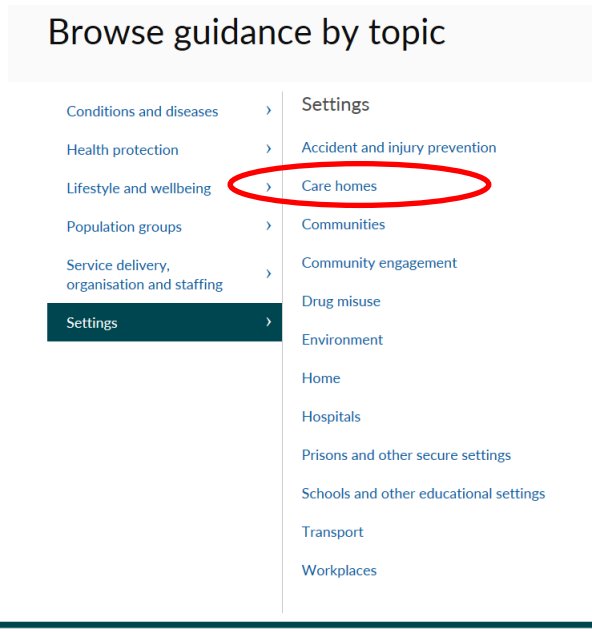

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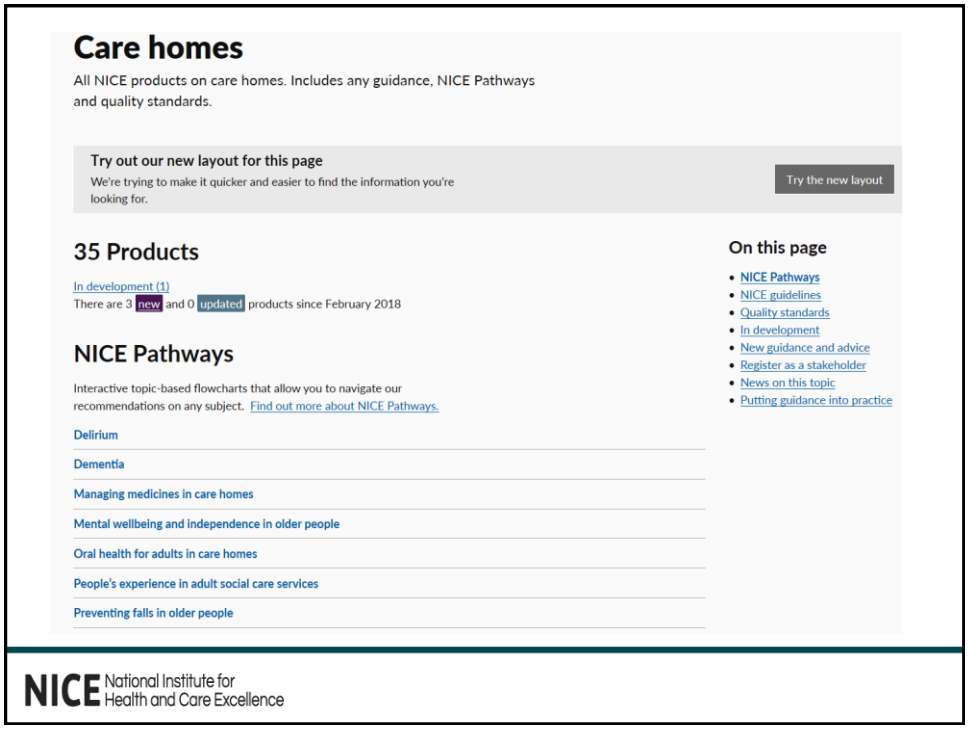

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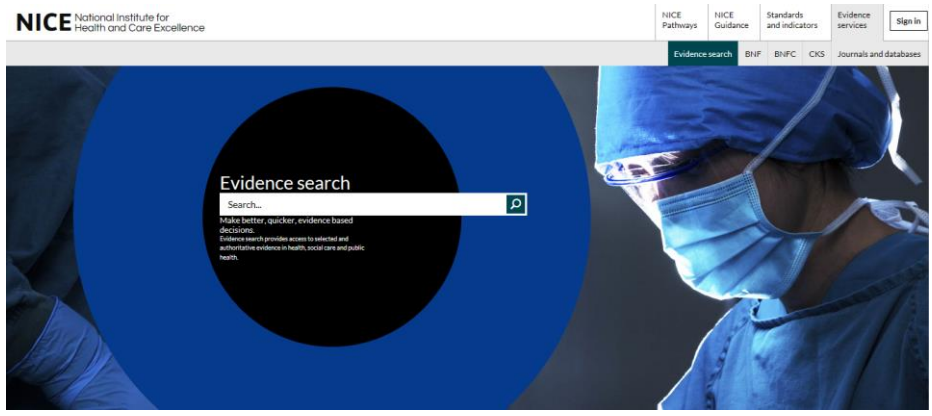
NICE Evidence Services is a service that provides fast access to authoritative health and social care evidence and best practice through a web-based portal. In one place, you can simultaneously search over 250,000 resources from hundreds of trustworthy and accredited sources including The Cochrane Library, NICE and Royal Colleges.



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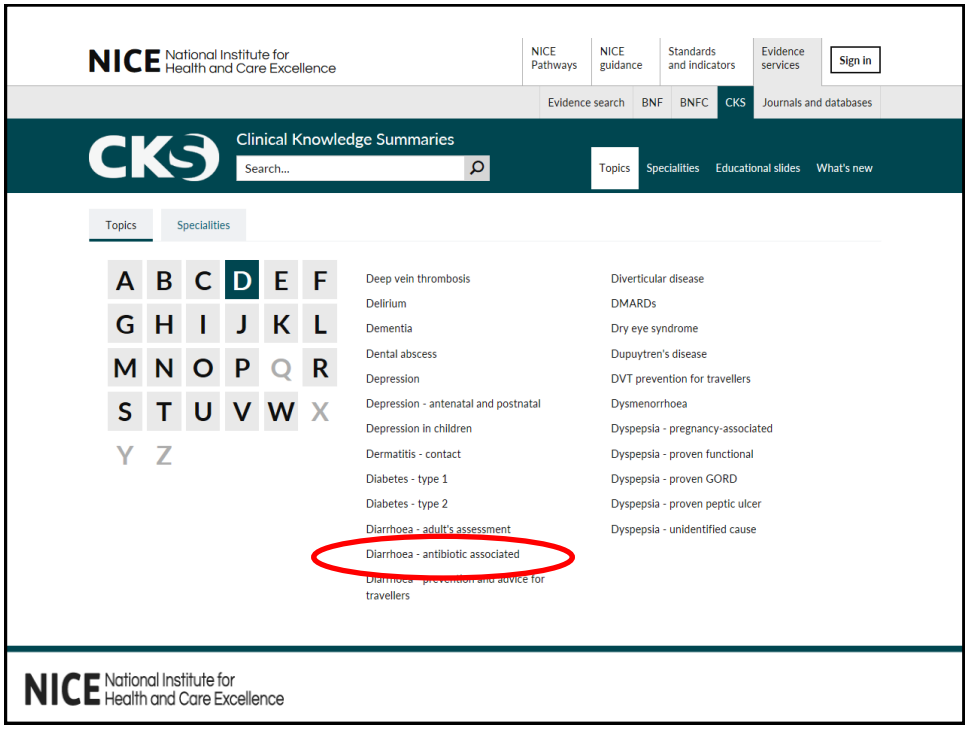

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BNF

Last updated: **2 August 2017**

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  Browse the list of drug monographs, arranged alphabetically.
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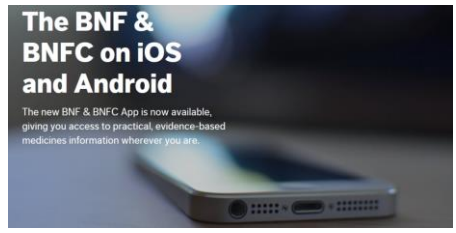

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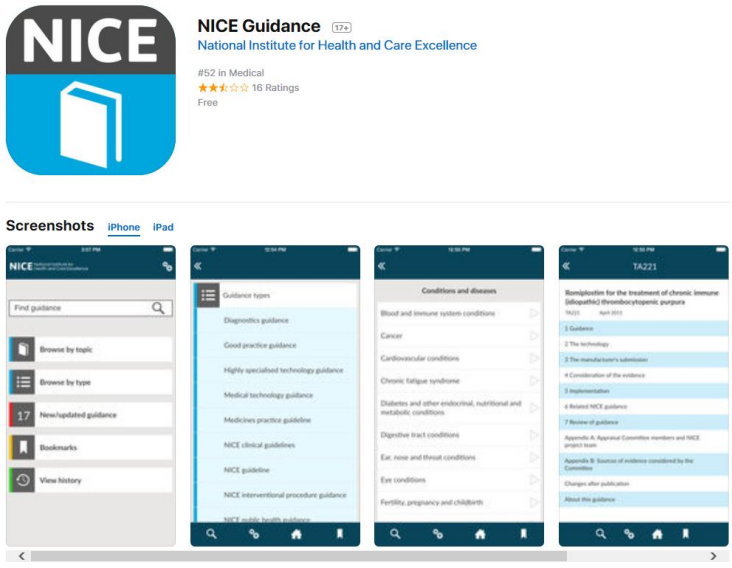

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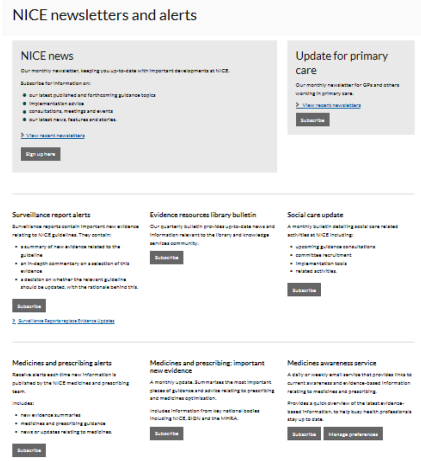
Staying up to date with NICE



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Offer of support to you

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- on systems and processes and how to implement NICE Guidance and Quality Standards
- on development/availability of metrics to support local evaluation
- answer queries and provide advice via email or telephone

Support
- local educational/awareness events (audit days)
- quality planning, quality improvement and quality assurance
- shared learning
- provide regular updates to this network

Connect
- network/organisations to other teams and specialist support at NICE
- network with other organisations and networks working in areas of shared interest

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Medicines management in care homes – the improvement journey

Frances Gault
Senior Pharmacist Inspector

The Regulation and Quality Improvement Authority

The past
The present
The future

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Aims of the Medicines Inspection

To ensure the systems in place for the management of medicines provide safe, effective and compassionate care and the service is well led.

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Good medicines management vital to the quality of care residents receive in a nursing home.

The experience of living in a nursing home Patient Client Council report June 2018

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Is the Service Well Led?

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The Management of Enteral Feeding in Domiciliary Care Settings
August 2011
Evaluation of the Administration of Prescribed Medicines in the Management of Distressed Reactions in Nursing and Residential Care Homes
April 2018
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Advice on the Management of When Required Medicines to Service Users Displaying Distressed Reactions
December 2015
Guidance on Standard Operating Procedures for the Safer Management of Controlled Drugs in Registered Facilities
July 2011
The Management of Enteral Feeding in Domiciliary Care Settings
August 2011
Evaluation of the Management of Medicines in Domiciliary Care Agencies
September 2010
The Regulation and Quality Improvement Authority
Evaluation of the Management of Warfarin in Nursing and Residential Care Homes
November 2015

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
Splitting tablets 'can be dangerous'
Admissions to elderly care home suspended over fears
Vulnerable adults 'driven to despair'
'Inappropriate' charges for 'care' forced some to steal to eat - and others to the very brink of suicide
Care home set to remain closed
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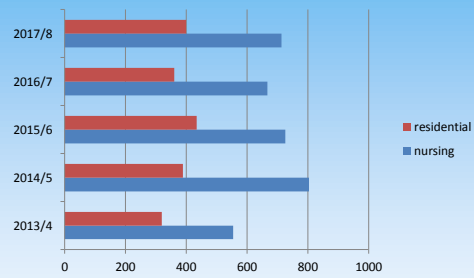
Number of reported incidents



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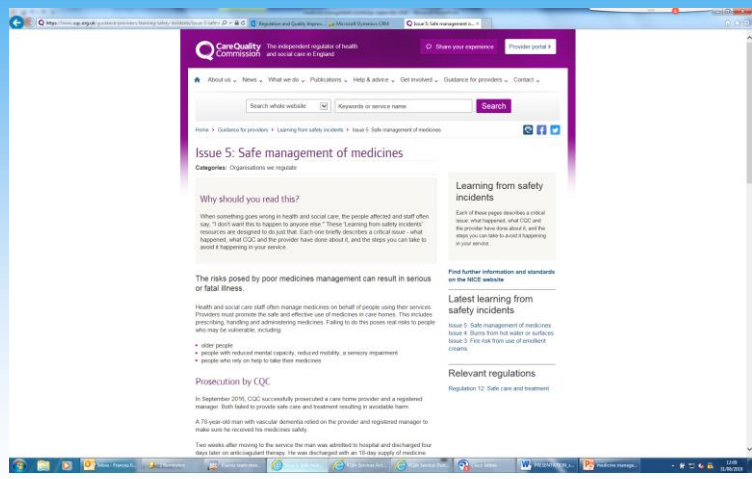
A note of caution



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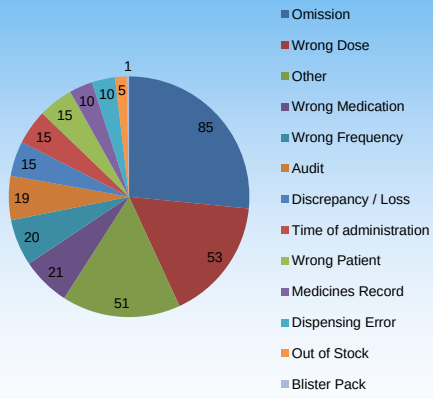
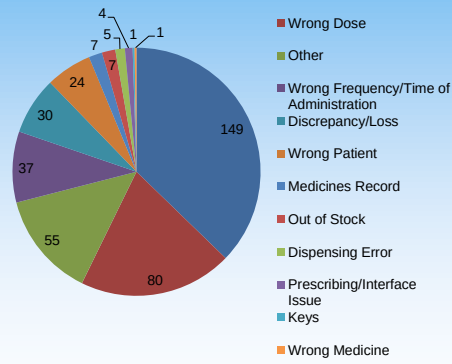
Residential notifications 2013/4 and 2017/8

Medication notifications - residential care 2013/14



Medication notifications - residential care 2017/18



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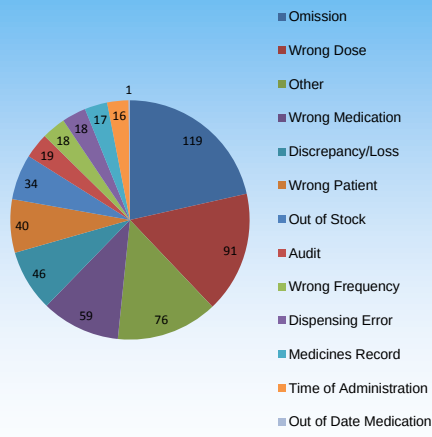
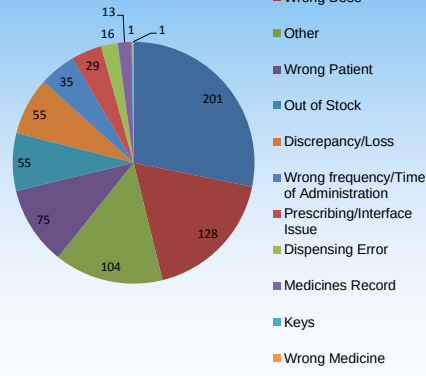
Nursing notifications 2013/4 and 2017/8

Medication notifications - nursing homes 2013/14



Medication notifications - nursing homes 2017/18



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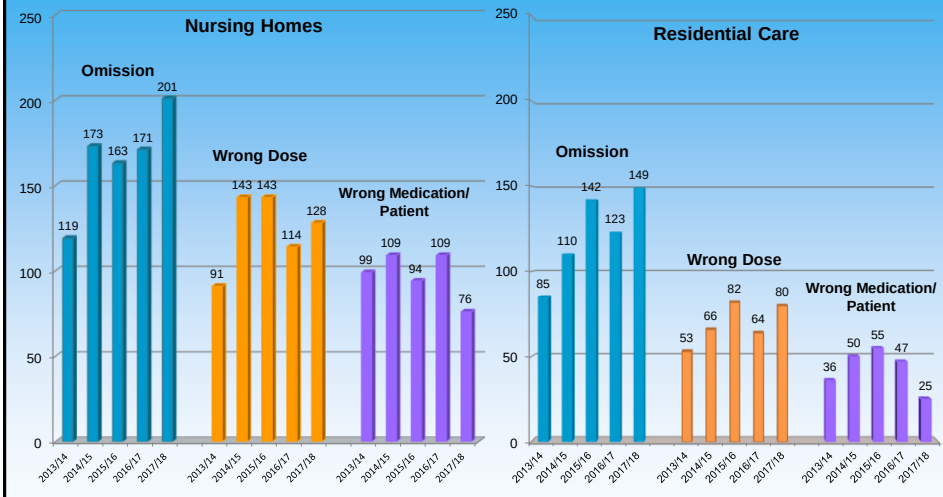
Notification Trends – 1 April 2013- 31 March 2018



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If inspections show that there are robust systems in place

Why is there no reduction in the number of notifications?

What has to change/improve?

Can medicines administration be done differently?

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Can the administration of medicines be done differently?

Could more residents self administer or be enabled to do so by staff?

Is there more flexibility over the timing of medicines?
When do people want their medicines?

Do once a day medicines have to be given at breakfast?

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What could be considered?

Many ways tested by homes – tabards/ do not disturb signs

Be proactive:

- Clear roles and responsibilities
- Involve the residents, a person centred approach
- Follow up prescriptions
- No blame approach
- Too much audit
- Review medicine round
- Do nurses analyse each non administration and ask why and record their reasons?
- Good communication with other professionals
- Using an oral syringe instead of a 5ml spoon to measure dose meant one home didn't run out of liquid medicines

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Resources available?

Other health professionals
Mr Google
NICE
National Care Forum

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Quality improvements across Northern Ireland

Health and Wellbeing 2026:Delivering Together

- Medicines Optimisation Quality Framework
- MORE Nutrition Project

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Medicines optimisation

NICE definition

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

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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.

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Quality Standard 8 - clinical and cost effective use of medicines and reduced waste

Within organisations a culture exists promoting a shared responsibility for the appropriate, clinical and cost effective use of medicines supported by systems for avoiding unnecessary waste

WHY?

Cost of wasted medicines is £18 million in N.I. per year (2010)

Waste in nursing and residential is recognised as a particular challenge.

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Quality Standard 8 - clinical and cost effective use of medicines and reduced waste

What best practice should be delivered?

- Systems are in place to check that items ordered on repeat prescriptions are required before supply is made (pharmacy).
- Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies and prevent wastage.
- RQIA encourages and promotes good stock control(social care).

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Quality Standard 8 - clinical and cost effective use of medicines and reduced waste

Gaps in delivery of best practice

The level of waste returned for disposal by the public is not monitored(pharmacy).

Stock control is an ongoing problem(social care).

Over ordering and waste returned for disposal from nursing and residential homes is not monitored.

Actions needed to address the gaps

Levels of waste returned from pharmacies and care homes should be monitored.

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MORE Nutrition Project

Rationale for project

- £23 million spent annually on GP prescribing of nutritional products
- £15million on enteral feeds and oral nutritional feeds
- Efficiencies possible in the ordering and supply.

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MORE Nutrition Project

What could be done:

- Improve enteral feed supply
- Improve arrangements for ONS use in care homes
- Develop systems to embed prescribing policies for nutrition across the HSC.

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Summary

- Improvement across care homes in relation to medicines management
- Challenge is to maintain and improve through the current climate with the resources available.

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Scenario 1

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A new resident is admitted to the care home; the resident wishes to look after and take (self-administer) their own medicines.

- Should residents be encouraged/discouraged to self-administer their medicines?
- How do you determine what their current medicine regimen is?
- What needs to be considered when a resident wishes to look after and take (self-administer) their own medicines?
- Who may be involved in the risk assessment?
- What information should be included in the process of the self-administration of controlled drugs?

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Scenario 2

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A resident who has been living in the care home for some time appears to be increasingly confused and has started to refuse their medicines.

- What should care home staff consider and what should they do?
- The GP is notified by care home staff. On review, the GP has concerns that the resident no longer has the capacity to make a valid and informed decision about refusal. What needs to be considered by the care team?
- Can the care staff administer medicines covertly and if so what needs to be done to implement this?
- Can the care staff crush medicines and add to food and if so what needs to be done to implement this?

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Scenario 3

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Medicines change safety incident

A resident who lives in a care home has recently had a medicines review and some changes have been made. These changes were verbally communicated to the care home staff but the discontinued medicine was administered in addition to the new medicine. The resident didn't come to harm as the error was spotted after the first dose was administered.

- Who should be involved in implementing the changes?
- What are the responsibilities of the prescriber to manage the changes?
- What are the responsibilities of the care home staff in this case?
- What should care home staff do if the resident does not accept the changes and refuses their medicines?
- What type of medicine incidents need to be reported to RQIA and safeguarding?

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Scenario 4

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You have been recently appointed as the manager of a care home. There have been some care issues in the home, including an increase in the number of medicine incidents.

- Who should be involved in implementing the changes
- How would you address this?
- How would you implement an effective medicines auditing system? What would you include in the audits?
- Who would complete the audits and how often?
- How would you manage any issues arising from medicine audits?
- How would you ensure that all staff are aware of the audit findings?

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Any questions

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Closing remarks / evaluation sheets

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