Welcome and introduction

Theresa Nixon
Director of Assurance
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

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
NICE: SUPPORTING QUALITY IN CARE HOMES

Lesley Edgar
Implementation Facilitator NI

NICE: Supporting quality in care homes

Lesley Edgar
Implementation Facilitator – Northern Ireland
lesley.edgar@nice.org.uk
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

What is NICE?

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
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

NICE in the adult social care sector

NICE evidence-based guidance and standards

Evidence Guidance Quality standards Improved outcomes

Government Commissioners People who use services, and their carers Providers Care Quality Commission SCIE HealthWatch Professional regulators Skills for Care

Evidence Guidance Quality standards Improved outcomes
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

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
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

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

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

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.
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
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

Managing medicines in care homes
Social care guideline [SC1] Published date: March 2014

Guidance

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

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...
Managing medicines in care homes

Social care guideline [SC1]  Published date: March 2014

Tools and resources
Tools to help you put the guidance into practice.

Educational resource
- Useful resources from other organisations

Tailored service improvement support
- Using quality standards to improve practice in care homes for older people
  11 January 2011  PDF 378KB 42 pages

Case studies
- Quality and Productivity case study
  22 January 2013  PDF 164KB 47 pages

Baseline assessment
- Baseline assessment tool
  14 March 2014  PDF 425KB 79 pages

Shared learning
- Shared learning information

Guidance into practice
- About the Into practice guide

Person-centred care
- NMC Constitution
- Department of Health advice on consent
- 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
- Official Aspects 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

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
- Medicines and Healthcare products Regulatory Authority: Yellow card scheme
- Veterinary Medicines Directorate: Report a problem
Managing medicines in care homes

Social care guideline [SC 1] Published date: March 2014

Tools and resources
Tools to help you put the guidance into practice.

- Endorsed resource – Medicines Use in Care Homes E-learning (course 2)
- Endorsed resource – Medicines Use in Care Homes E-learning (course 1)
- Shared learning
  - Shared learning information
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)

Quick guides

• Key information
• Simple format
• Co-produced with SCIE
• Practical support
Quick guide – medicine support

Social care trainers resource
Supporting inspection

- Is care safe?
- Is care effective?
- Is care compassionate?
- Is the service well led?
• **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.

• **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.
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

Evidence

Guidelines

Quality Standards

Improved Outcomes

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.

Medicines management in care homes

Quality standard [QS05] Published date: March 2015

List of quality statements

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 in 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
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.

Numerateur – 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.

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?
Finding what you need

Improving health and social care through evidence-based guidance

Browse guidance by area:
- Conditions and diseases
- Health protection
- Lifestyle and wellbeing
- Population groups
- Service delivery, organisation and staffing

Latest guidance:
- Type 2 diabetes: prevention in people at high risk
- High-intensity focused ultrasound for symptomatic breast fibroadenoma
- All-cause mortality for primary open-angle glaucoma
- Appropriate for painful diabetic neuropathy
- Depression in children and young people: identification and management

Latest guidance in consultation:
- Difficult-to-cure advanced follicular lymphoma (D1002)
- Parkinson's disease
- Mental health of adults in contact with the criminal justice system
- Attention deficit hyperactivity disorder (ADHD)
- Multiple myeloma (belipasag, raltezumab - isacadex ryan)

About us | Put guidance into practice | Find journals and databases | Save money | Get involved
People with learning disabilities

All NICE products on People with learning disabilities. Includes any guidance, advice, NICE Pathways and quality standards.

13 Products

- Education
- Learning
- Learning disabilities
- Learning disabilities and behaviour
- Mental health problems in people with learning disabilities
- NICE Pathways
- Care and support of people growing older with learning disabilities
- Dementia
- Learning disabilities and behaviour that challenges
- Mental health problems in people with learning disabilities

NICE guidelines

- Evidence-based recommendations on a range of health and care topics. Find out more about NICE guidelines
- Care and support of people growing older with learning disabilities
- Dementia
- Learning disabilities and behaviour that challenges
- Mental health problems in people with learning disabilities

On this page

- NICE Pathways
- NICE guidelines
- Quality standards
- In development
- New guidance and advice
- Register as a stakeholder
- Latest news on this topic

Browse guidance by topic

<table>
<thead>
<tr>
<th>Conditions and diseases</th>
<th>Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health protection</td>
<td>Accident and injury prevention</td>
</tr>
<tr>
<td>Lifestyle and wellbeing</td>
<td>Care homes</td>
</tr>
<tr>
<td>Population groups</td>
<td>Communities</td>
</tr>
<tr>
<td>Service delivery, organisation and staffing</td>
<td>Community engagement</td>
</tr>
</tbody>
</table>

| Drug misuse |
| Environment |
| Home |
| Hospitals |
| Prisons and other secure settings |
| Schools and other educational settings |
| Transport |
| Workplaces |
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.
Prescribing information at your fingertips

The BNF & BNFC App has been developed for NHS UK healthcare professionals by the publishers of the BNF. Its fast, intuitive searching and easy-to-use design gives you access to practical, evidence-based medicines information whenever – and wherever – you need it.
Offer of support to you

Tailored support aligned to your needs. We can:

**Advise**
- 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
Medicines management in care homes – the improvement journey

Frances Gault
Senior Pharmacist Inspector

The past
The present
The future
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.

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
Is the Service Well Led?

Is care safe?
Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Is care effective?
The right care, at the right time in the right place with the best outcome.

Is care compassionate?
Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Improvements seen in the management of medicines
- Management of PRN medicines
- Management of antibiotics
- Admission and discharge process
- Improvements seen in the management of medicines
- Record Keeping
- Management of warfarin
- Management of controlled drugs
Number of reported incidents

A note of caution
Residential notifications 2013/4 and 2017/8

Medication notifications - residential care 2013/14
- Omission
- Wrong Dose
- Other
- Wrong Medication
- Wrong Frequency
- Audit
- Discrepancy / Loss
- Time of administration
- Wrong Patient
- Medicines Record
- Dispensing Error
- Out of Stock
- Blisted Pack

Medication notifications - residential care 2017/18
- Omission/Delay
- Wrong Dose
- Other
- Wrong Frequency/Time of Administration
- Discrepancy/Loss
- Wrong Patient
- Medicines Record
- Out of Stock
- Dispensing Error
- Prescribing/Interface Issue
- Keys
- Wrong Medicine

Nursing notifications 2013/4 and 2017/8

Medication notifications - nursing homes 2013/14
- Omission
- Wrong Dose
- Other
- Wrong Medication
- Discrepancy/Loss
- Wrong Patient
- Out of Stock
- Audit
- Wrong Frequency
- Dispensing Error
- Medicines Record
- Time of Administration
- Out of Date Medication

Medication notifications - nursing homes 2017/18
- Omission/Delay
- Wrong Dose
- Other
- Wrong Patient
- Out of Stock
- Discrepancy/Loss
- Wrong frequency/Time of Administration
- Prescribing/Interface Issue
- Keys
- Wrong Medicine
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?
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?

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
Resources available?

Other health professionals
Mr Google
NICE
National Care Forum

Quality improvements across Northern Ireland

Health and Wellbeing 2026: Delivering Together

• Medicines Optimisation Quality Framework

• MORE Nutrition Project
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.
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.

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).
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.

MORE Nutrition Project

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

Summary

• Improvement across care homes in relation to medicines management
• Challenge is to maintain and improve through the current climate with the resources available.
Scenario 1

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?
Scenario 2

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?
Scenario 3

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?
Scenario 4

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?
Any questions

Closing remarks / evaluation sheets