

RQIA/NICE Medicines Management Workshop



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

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Health and Care Excellence

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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

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

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.



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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

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

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

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1 Recommendations

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- [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 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 1.7.2 .	
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 1.9.2 .	

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

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NICE Pathways

NICE Guidance

Standards and indicators

Evidence services

Sign in

Search NICE... 🔍

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Managing medicines in care homes

Social care guideline [SC1] Published date: March 2014

Guidance

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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

Guidance

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👤 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.

Next >

Recommendations

This guideline includes recommendations on:

Managing medicines in care homes

Social care guideline [SC1] Published date: March 2014

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Tools and resources

Tools to help you put the guidance into practice.

Implementation advice

[Endorsed resource - Medicines Use in Care Homes E-learning \(course 2\)](#)

[Endorsed resource - Medicines Use in Care Homes E-learning \(course 1\)](#)

Case scenario

[Case scenarios for health and social care staff](#)
14 March 2014 PDF 389.48 KB

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 2015 PDF 278.29 KB

[Checklist for care home medicines policy](#)
14 March 2014 PDF 565.66 KB

Case studies

[Quality and Productivity case study](#)
22 January 2015 PDF 164.47 KB

Baseline assessment

[Baseline assessment tool](#)
14 March 2014 Excel 435.76 KB

Shared learning

[Shared learning information](#)

Guidance into practice

[About the Into practice guide](#)

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](#)

NCF
THE NATIONAL CARE FORUM

...promoting *quality care* through the *not-for-profit care sector* for over 20 years

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- SPP: VODG, NCF and Sue Ryder
- CommonAge
- Global Ageing Network
- Think Local Act Personal (TLAP)
- Care Provider Alliance
- Our Partners
- NCF Members discounts
- Our supporters
- Sector organisations

Free resources for supporting the safe use of medications in care facilities:

My medicines My Choices
Poster (A3): my medicines my choices
This charter helps you understand your rights about the medicines you take and says what help you should get from your doctor, pharmacist and care staff

My medicine My Choice My Record
A folded card (A4) - this record is to stay with the resident whose medication is recorded on it

Easy read: My medicines My Choices
This is to help you understand your rights about your medicines in the care home. It also says what help you should get from your doctor, pharmacist and care staff

Leadership
Improving the prescribing, dispensing and management of medication in care homes (36 page)

Learners workbook
To help you develop safer professional practice in working with medicines for people in care settings – whatever your role you can improve and develop your practice so that medicines are administered more

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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

Tools to help you put the guidance into practice.

Implementation advice

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

Case scenario

- Case scenarios for health and social care staff
14 March 2014 PDF 389.48 KB

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 2015 PDF 278.29 KB
- Checklist for care home medicines policy
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- Quality and Productivity case study
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14 March 2014 Excel 435.76 KB

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Guidance into practice

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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

<p>Getting help to overcome abuse A quick guide for young people receiving support</p>  <p>View the guide Download (PDF)</p>	<p>Helping to prevent infection A quick guide for managers and staff in care homes</p>  <p>View the guide Download (PDF)</p>	<p>Discussing and planning medicines support A quick guide for home care managers providing medicines support</p>  <p>View the guide Download (PDF)</p>
<p>Understanding intermediate care, including reablement A quick guide for people using intermediate care</p>  <p>View the guide Download (PDF)</p>	<p>Moving between hospital and home, including care homes A quick guide for registered managers of care homes and home care</p>  <p>View the guide Download (PDF)</p>	<p>Recognising and preventing delirium A quick guide for care home managers</p>  <p>View the guide Download (PDF)</p>
<p>Building independence through planning for transitions A quick guide for practitioners supporting young people</p>  <p>View the guide Download (PDF)</p>	<p>Improving oral health for adults in care homes A quick guide for care home managers</p>  <p>View the guide Download (PDF)</p>	<p>Better home care for older people A quick guide for people who arrange their own home care</p>  <p>View the guide Download (PDF)</p>

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Quick guide – medicine support

Medicines support for adults may be provided by a number of different people including family, healthcare professionals and homecare staff. It is essential to be clear about what support is needed and who will provide it. As far as possible, the person should manage their medicines themselves. Where it has been agreed that medicines support will be provided as part of a homecare service, it may be helpful to think about the following areas:

Discussing medicines support

Make sure medicines support is considered when assessing a person's needs, consulting with healthcare colleagues if necessary. Talk to the person and if they agree their family or carers about what support they need.

- ✓ Are there medicines to use and when?
- ✓ Why do they take these medicines?
- ✓ How do they currently manage and store them?
- ✓ What help do they need?
- ✓ Does their ability to make daily decisions about their medicines change?

Think about the things that might affect the type, amount, or timing of support the person needs. Make sure it is clear who has responsibility for the medicines. Record the discussion and any decisions made.

- ✓ Are the medicines tablets, creams, patches, inserts, eye drops or liquid?
- ✓ Are there any special instructions to follow, or any devices used to help administer the medicines – e.g. an oral syringe or eye drop dispenser?
- ✓ Are any medicines needed at a particular time?
- ✓ Are any medicines taken 'when required'?
- ✓ Do they take any over-the-counter or herbal medicines or nutritional supplements?
- ✓ Why will order and collect or deliver the medicine?

The 6 rights (Rs) of medicines administration provide a helpful prompt:

- 1 Right person
- 2 Right medicine
- 3 Right route
- 4 Right dose
- 5 Right time
- 6 Right to decline

Planning and reviewing medicines support

If the person requires help with their medicines and this is being provided as part of a home care service, the care worker should only provide the support agreed in the care plan. The medicines support section of a care plan could cover:

Care plan

Name:
Date of birth:
Needs and wishes:
The support the person requires for each medicine taking their preferences into account.
Action:
What the care worker needs to do to give that support:
Consent:
How the care worker will get consent for decisions about medicines:

Review

Date on which the support provided will be reviewed. An earlier review will be needed if:

- Changes are made to the person's medicines
- Concerns are raised
- The person goes into hospital
- The person experiences a major change in their life

Medicines administration records (MARs) require you to date and sign every entry of the support given for each medicine on every occasion it is provided.

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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

Quick links – popular topics

The table includes examples of NICE guidance, grouped by popular training topics. Visit www.nice.org.uk/about/who-we-are/social-care to find the PDF of this resource and use the hyperlinks to take you straight to the recommendations or statements.

Training topic	Examples of relevant guidance
Work in systems	<ul style="list-style-type: none"> • Adult social care: improving people's experience (Guideline NG162) • Child people: independence & mental wellbeing (Guideline NG132, quality standard Q1137 & Q1303)
Self-care	<ul style="list-style-type: none"> • Adult social care: improving people's experience (Guideline NG162)
Privacy & dignity	<ul style="list-style-type: none"> • Decision making & mental capacity (Guideline NG148)
Health & nutrition	<ul style="list-style-type: none"> • Nutrition support for adults (Guideline CG12, quality standard Q1248)
Dementia	<ul style="list-style-type: none"> • Dementia: supporting people with dementia and their carers in health & social care (Guideline CG142) • Dementia (Guideline CG103, quality standard Q103)
Learning disability	<ul style="list-style-type: none"> • Learning disabilities & behaviour that challenges: service design & delivery (Guideline NG138) • Care & support of older people with learning disabilities (Guideline NG138) • Mental health problems in people with learning disabilities (Guideline NG134, quality standard Q1162)
Autism	<ul style="list-style-type: none"> • Challenging behaviour & learning disabilities (Guideline NG11, quality standard Q118) • Autism spectrum disorder in adults (Guideline CG143) • Autism (quality standard Q113) • Autism spectrum disorder in under 19s (Guideline CG178)
Substance use	<ul style="list-style-type: none"> • Domestic violence & abuse (Guideline NG190, quality standard Q1148) • Home care (Guideline NG122) • Child abuse & neglect (Guideline NG174) • Harmful sexual behaviour among children & young people (Guideline NG151) • Looked after children & young people (Guideline NG150, quality standard Q1118) • Managing medicines in care homes (Guideline SC1, quality standard Q183) • Managing medicines for adults receiving social care in the community (Guideline NG171) • Oral health for adults in care homes (Guideline NG161, quality standard Q1131) • Pressure ulcers (Guideline CG175, quality standard Q181) • Work place health management practices (Guideline NG113, quality standard Q147) • Healthcare-associated infections: prevention & control in primary & community care (Guideline CG139, quality standard Q141)

Supporting inspection

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

Supporting inspection



- **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



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 [QS85] Published date: March 2015

List of quality statements

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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

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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What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers (care homes) ensure that they make arrangements to produce a list of a person's medicines on the day that they transfer into a care home.

Health and social care practitioners ensure that they coordinate the listing of a person's medicines on the day that they transfer into a care home.

Commissioners (local authorities) ensure that commissioning services that make arrangements to produce a list of a person's medicines on the day that they transfer into a care home.

What the quality statement means for patients, service users and carers

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?

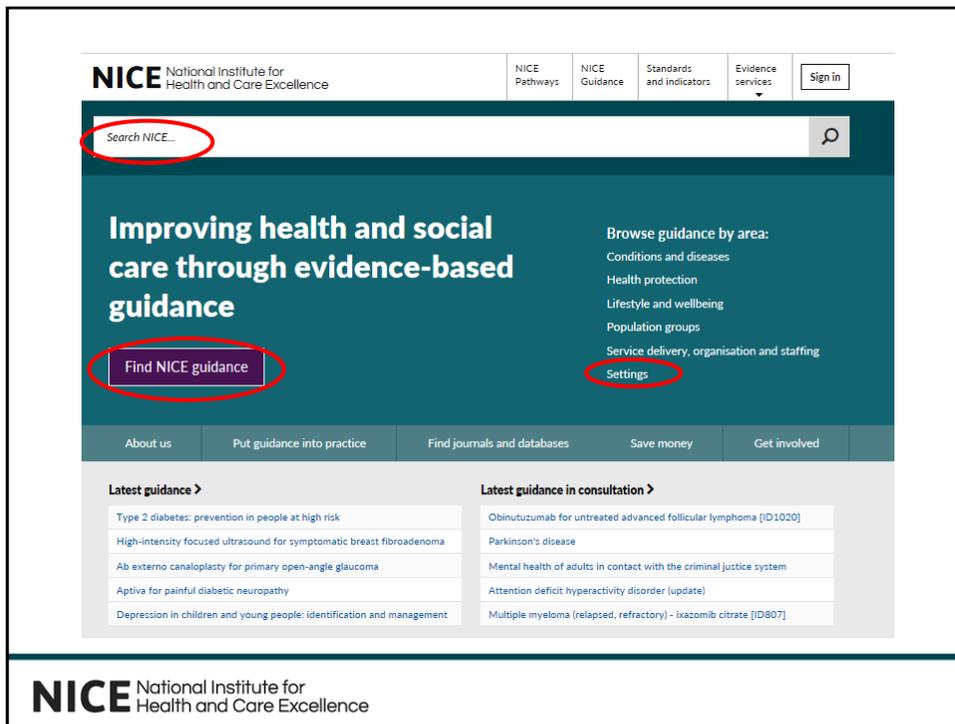
- 1. Who is responsible for making the list?*
- 2. At what stage is the list made?*
- 3. Do we use a template?*
- 4. Does the person completing the list of medicines routinely provide their details (name, job title) and the date the list was recorded?*
- 5. Once written up, where is the list kept?*

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Finding what you need



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Search NICE...

Improving health and social care through evidence-based guidance

[Find NICE guidance](#)

Browse guidance by area:

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Latest guidance >

- Type 2 diabetes: prevention in people at high risk
- High-intensity focused ultrasound for symptomatic breast fibroadenoma
- Ab externo canaloplasty for primary open-angle glaucoma
- Aptiva for painful diabetic neuropathy
- Depression in children and young people: identification and management

Latest guidance in consultation >

- Obinutuzumab for untreated advanced follicular lymphoma [ID1020]
- Parkinson's disease
- Mental health of adults in contact with the criminal justice system
- Attention deficit hyperactivity disorder (update)
- Multiple myeloma (relapsed, refractory) - ixazomib citrate [ID807]

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Find guidance

Choose a category to find guidance in your area:

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- Health protection
- Lifestyle and wellbeing
- Population groups**
- Service delivery, organisation and staffing
- Settings**

NICE guidance

Lists of NICE guidance, including published guidance, in development and consultations

- All NICE guidelines
- Clinical guidelines
- Public health guidelines
- Social care guidelines
- Safe staffing guidelines
- Antimicrobial prescribing guidelines
- Medicines practice guidelines
- Cancer service guidelines
- Quality standards
- Technology appraisal guidance
- Interventional procedures guidance
- Medical technologies guidance
- Diagnostics guidance
- Highly specialised technologies guidance

By month
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About NICE guidance

NICE National Institute for Health and Care Excellence

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People with learning disabilities

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

People with learning disabilities

Shared learning

13 Products

[In development \(2\)](#)

There are 4 **new** and 1 **updated** products since October 2017

NICE Pathways

Interactive topic-based flowcharts that allow you to navigate our recommendations on any subject. [Find out more about 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 \(NG96\)](#)

New NG96 Published date: April 2018

[Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges \(NG11\)](#)

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Browse guidance by topic

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- Settings
- Accident and injury prevention
- Care homes**
- Communities
- Community engagement
- Drug misuse
- Environment
- Home
- Hospitals
- Prisons and other secure settings
- Schools and other educational settings
- Transport
- Workplaces

Care homes

All NICE products on care homes. Includes any guidance, NICE Pathways and quality standards.

Try out our new layout for this page

We're trying to make it quicker and easier to find the information you're looking for.

Try the new layout

35 Products

[In development \(1\)](#)

There are 3 **new** and 0 **updated** products since February 2018

NICE Pathways

Interactive topic-based flowcharts that allow you to navigate our recommendations on any subject. [Find out more about NICE Pathways.](#)

[Delirium](#)

[Dementia](#)

[Managing medicines in care homes](#)

[Mental wellbeing and independence in older people](#)

[Oral health for adults in care homes](#)

[People's experience in adult social care services](#)

[Preventing falls in older people](#)

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- [NICE Pathways](#)
- [NICE guidelines](#)
- [Quality standards](#)
- [In development](#)
- [New guidance and advice](#)
- [Register as a stakeholder](#)
- [News on this topic](#)
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NICE Pathways

<http://pathways.nice.org.uk>

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Managing medicines in care homes overview

Managing medicines in care homes - everything NICE says in an interactive flowchart



- Managing medicines in care homes overview
- Ordering, receiving, dispensing and supplying medicines to care homes
- Care home staff administering medicines
- Medicines-related incidents and safeguarding in care homes

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Topics	Specialities
A	Deep vein thrombosis
B	Delirium
C	Dementia
D	Dental abscess
E	Depression
F	Depression - antenatal and postnatal
G	Depression in children
H	Dermatitis - contact
I	Diabetes - type 1
J	Diabetes - type 2
K	Diarrhoea - adult's assessment
L	Diarrhoea - antibiotic associated
M	Diarrhoea - prevention and advice for travellers
N	Diverticular disease
O	DMARDs
P	Dry eye syndrome
Q	Dupuytren's disease
R	DVT prevention for travellers
S	Dysmenorrhoea
T	Dyspepsia - pregnancy-associated
U	Dyspepsia - proven functional
V	Dyspepsia - proven GORD
W	Dyspepsia - proven peptic ulcer
X	Dyspepsia - unidentified cause
Y	
Z	

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Last updated: **2 August 2017**

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- > **Drugs**
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Browse the list of drug interactions, arranged alphabetically.
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Browse the list of treatment summaries, arranged alphabetically.

Browse by type

Wound management
Browse wound management products and elasticated garments, by type.

Medical devices
Browse medical devices, by type.

Borderline substances
Browse borderline substances, by type.

Dental Practitioners' Formulary
View the list of approved preparations

Nurse Prescribers' Formulary
View the list of approved preparations and appliances.

Medicines Guidance
Browse medicines guidance and related topics.

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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.

The BNF & BNFC on iOS and Android

The new BNF & BNFC App is now available, giving you access to practical, evidence-based medicines information wherever you are.





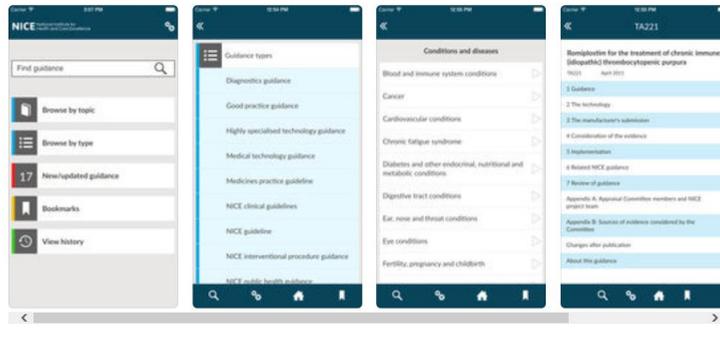
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NICE Guidance ¹⁷⁺
National Institute for Health and Care Excellence

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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?





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'

SAFETY RAP CARE HOME STILL FAILING

Troubled care home's ban lifted

Probe launched into standards of care at home for the elderly

Bid to find beds for 40 residents

67

So what led to closure order?

Home working to make improvements

Admissions to elderly care home suspended over fears

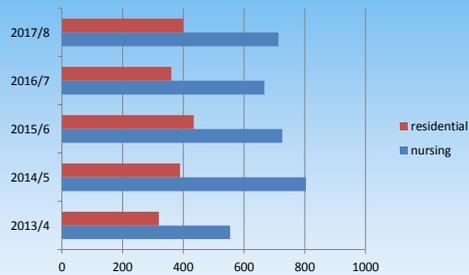
Splitting tablets 'can be dangerous'

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

Number of reported incidents



A note of caution

Issue 5: Safe management of medicines

Why should you read this?

When something goes wrong in health and social care, the people affected and staff often say "I don't want this to happen to anyone else". These "Learning from safety incidents" reports are designed to do just that. Each one briefly describes a critical issue, what happened, what CQC and the provider have done about it, and the steps you can take to avoid it happening in your service.

The risks posed by poor medicines management can result in serious or fatal illness.

Health and social care staff often manage medicines on behalf of people using their services. Providers must provide the safe and effective use of medicines in care homes. This includes prescribing, handling and administering medicines. Failing to do this poses real risks to people who may be vulnerable, including:

- older people
- people with reduced mental capacity, reduced mobility, a sensory impairment
- people who rely on help to take their medicines

Prosecution by CQC

In September 2016, CQC successfully prosecuted a care home provider and a registered manager. Both failed to provide safe care and treatment resulting in avoidable harm.

A 78-year-old man with vascular dementia relied on the provider and registered manager to make sure he received his medicines safely.

Two weeks after moving to the service the man was admitted to hospital and discharged four days later on anti-coagulant therapy. He was discharged with an 11-day supply of medicine.

Learning from safety incidents

Each of these pages describes a critical issue with implications for CQC and the provider have done about it, and the steps you can take to avoid it happening in your service.

Find further information and standards on the RQIA website

Latest learning from safety incidents

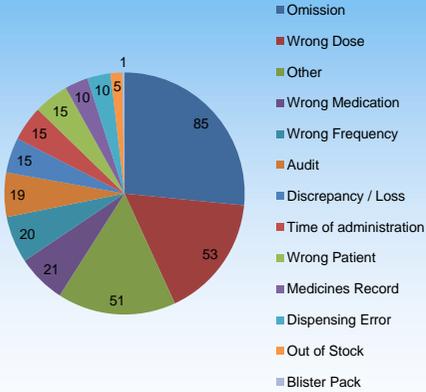
Issue 5: Safe management of medicines
 Issue 4: Risks from fall risks or falls
 Issue 3: Fire risk from use of electrical circuits

Relevant regulations

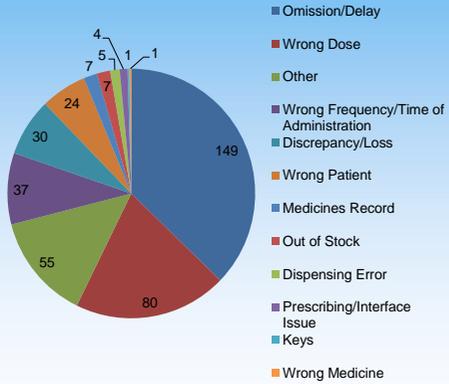
Regulation 12: Safe care and treatment

Residential notifications 2013/4 and 2017/8

Medication notifications - residential care 2013/14

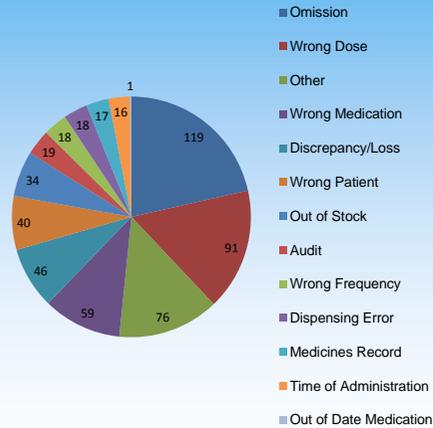


Medication notifications - residential care 2017/18

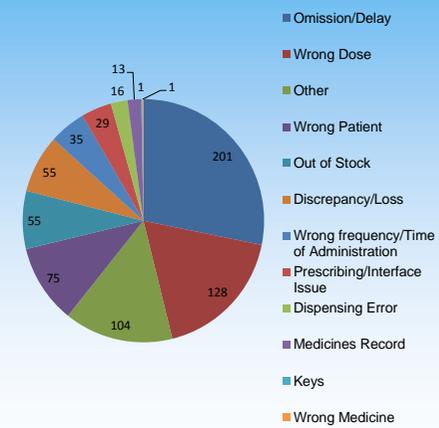


Nursing notifications 2013/4 and 2017/8

Medication notifications - nursing homes 2013/14



Medication notifications - nursing homes 2017/18



Notification Trends – 1 April 2013- 31 March 2018



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.



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).



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
- £15million 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