



Sharing Innovation and Good Practice

Medicines Management



In May 2018, RQIA made presentations to the Northern Ireland Social Care Council's (NISCC) Social Care Manager Forum. At the meetings we asked:

“If there was one area that you would like guidance or help from RQIA what would it be?”

The comments and questions which we received have been answered, where possible, in this document.

To view the answers, just click on the relevant question from the list below.

Staff training in the management of medicines

- What training support is available for staff delivering medication training? Could RQIA have some input?

Audit of external preparations

- How can we audit topical creams?

Administration of medicines

- Should domiciliary care staff be administering warfarin as a lone worker and when warfarin is not in a blister pack?
- Our pharmacist said that staff can prompt service users to take from family filled medicine systems?

Records

- Could RQIA provide more specific guidance on the type of documentation that should be used to record medicines in domiciliary care and supported living?
- Do we need a separate Kardex and MARs sheet or could these be combined in the one document?
- Can you share an audit template for domiciliary care?
- Why encourage paperless recording yet request staff file with documentation when logged on a system?

Service Users

- Day Care Centres – guidance around service users arriving at centre with a weekend respite bag and the bag full of medication for their weekend's respite (no audit trail)
- Service user involvement in choice of holiday and choice of supporting staff (no choice)
- Service user involvement in who they share with at home

RQIA Inspections

- Consistency/clarity between inspectors – this can be very frustrating for teams that have requirements/recommendations change between inspectors.

Staff training in the management of medicines

What training support is available for staff delivering medication training? Could RQIA have some input?

Trainers are usually managers of services, supported in many instances by their community pharmacist, or other appropriate training provider. As managers they are knowledgeable about the necessary legislation and standards for medicines management as they apply to their registered establishment/service. They are also familiar with the National Institute for Health and Clinical Excellence (NICE) guidance and the Nursing Midwifery Council (NMC) / Northern Ireland Social Care Council (NISCC) guidance.

There are a number of training providers in the statutory and private sectors. RQIA do not advocate any particular one. The type of training that is required needs to be decided by the individual service provider.

RQIA are running some workshops with NICE in September 2018 for managers of registered care homes. Later in the year, we hope to explore with our care colleagues how we might support the management of medicines in domiciliary care. Pharmacist inspectors are available to provide advice and guidance on medicines management by telephone (028 9536 1111) or email (info@rqia.org.uk) if required.

Audit of external preparations

How can we audit topical creams?

It is important to ensure that the records relating to the administration of creams are accurate and that they are being used as they have been prescribed. The date of opening should be recorded on creams so that they can be disposed of when they have expired.

Administration of medicines

Should domiciliary care staff be administering warfarin as a lone worker and when warfarin is not in a blister pack?

Staff should have clear specific written instructions from the prescriber as to the dose to be administered.

There is no requirement for medicines to be packaged into blister packs. Medicines should be administered from an appropriately labelled pack as prepared by the pharmacist. Warfarin is usually not included in monitored dosage systems or blister packs prepared by the community pharmacist as the dosage may change frequently.

Staff administering medicines should be trained and competent for all tasks they are required to complete. Staff should be trained to administer warfarin and be deemed competent in completing this task. In some establishments/services two members of staff would be involved in the administration of warfarin but this is not always practical. Where possible the service user should also be involved in confirming the dose administered.

Our pharmacist said that staff can prompt service users to take from family filled medicine systems?

This advice is only appropriate if staff are only verbally reminding the service user to take their medication and are not physically helping them. As family filled medicine systems have not been prepared by a pharmacist and appropriately labelled they should not be administered by care staff.

Records

Could RQIA provide more specific guidance on the type of documentation that should be used to record medicines in domiciliary care and supported living? Do we need a separate Kardex and MARs sheet or could these be combined in the one document? Can you share an audit template for domiciliary care?

RQIA do not specify the type of documentation used as we understand there are different types available. Standard 7 of the Domiciliary Care Agencies Minimum Standards (August 2011) clarifies the expectations regarding the management of medicines as follows:

7.10 The agency ensures that the care worker documents, on each occasion, the administration or assistance with medication.

7.11 The agency ensures that, where care workers are involved, records are kept of all requests for, receipt and disposal of medicines.

7.14 Practices for the management of medicines are systematically audited to ensure that they are consistent with the agency's policy and procedures and action is taken when necessary

As a minimum, staff should have a list of the prescribed medicines and a record of administration. Whilst Kardexes and Medicine Administration Records (MARs) sheets are not specified in the standards, it is acknowledged that a number of services use these as they provide a clear record of the currently prescribed medicines and the medicines that have been administered.

The need for ongoing assessment, audit and identification of risks by the staff of the agency is necessary to ensure that the agency meets the needs of each service user and that the safety of the service user and staff is assured.

Why encourage paperless recording yet request staff file with documentation when logged on a system?

Unfortunately we are unclear what this refers to. For further advice please contact the care inspector aligned to the service.

Service Users

Day Care Centres – guidance around service users arriving at centre with a weekend respite bag and the bag full of medication for their weekend’s respite (no audit trail)

Each service provider’s policy should detail what the procedure is for the storage of personal belongings, including medicines when a service user is enroute to or from their period of respite. Reasonable precautions should be made to ensure that the medicines are safely stored and cannot be tampered with or misplaced. The medicine bag can be stored with the service user’s belongings in a safe and secure place. The risk assessment should identify that these will not be counted while they are in the day centre. A record should be maintained that the medicines were stored and returned.

Service user involvement in choice of holiday and choice of supporting staff (No choice)

This is a matter for the service provider who should discuss the choices available with the service users.

Service user involvement in who they share with at Home

See response above.

RQIA Inspections

Consistency/clarity between inspectors – this can be very frustrating for teams that have requirements/recommendations change between inspectors.

Inspections are a snapshot of a service and the focus of inspection can change so different elements may be highlighted each year. As an organisation, we try to minimise the effect through regular team meetings where consistency is discussed and agreed, peer review of reports and supervision. Inspectors are happy to discuss reasons for identifying areas for improvement and to clarify any perceived inconsistencies.

Please discuss any matters with the inspector during or after the inspection.

If you have any comments or ideas on how we can improve please contact Frances Gault, Senior Inspector (028 9536 1111) or frances.gault@rqia.org.uk.