PROVIDING SAFE CARE IN CARE HOMES

East Midlands Academic Health Science Network
Igniting Innovation

Medicines Management

The East Midlands Patient Safety Collaborative, working in partnership with 360 Assurance and the National Institute for Health and Care Excellence, has produced a series of resources designed to help care home staff to identify and provide safe, effective care. Each resource highlights priority areas for quality improvement based on relevant NICE quality standards. Service review questions are suggested to help care home managers and their teams identify any areas where quality and safety can be improved. This paper discusses 5 aspects of Medicines Management.

Tip: This NICE resource* explains how you can make use of NICE quality standards, and sets out the improvement opportunities offered by the quality standards in the context of the Care Quality Commission's new framework for inspection.

1. 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.

Rationale: Information about medicines should be available for people who transfer into a care home, either for the first time or when moving back into the care home after a hospital stay (where their medicines may have changed). This will allow information about a person's medicines to be available to relevant health and social care practitioners (while respecting confidentiality), improving continuity of care and ensuring that people get the right medicines at the right time.

Suggested service review questions:

1. How do we ensure that a list is made of a person's medicines on the day that they transfer into our care?
2. Who is responsible for listing a person's medicines on the day that they transfer into our care?
3. At what stage is the list made?
4. Do we use a template?
5. Does the person completing the list of medicines routinely provide their details (name, job title) and the date the list was recorded?
6. Once written up, where is the list kept?

Hints, Tips & Links:

Link to NICE guideline: Managing Medicines in Care Homes, *NICE SC1 2014*, Recommendations 1.7.1 and 1.7.3: http://www.nice.org.uk/guidance/sc1/chapter/1-Recommendations#accurately-listing-a-residents-medicines-medicines-reconciliation

Medicines record template from National Care Forum: http://www.nationalcareforum.org.uk/medsafetyresources.asp

Checklist for developing and updating a care home medicines policy (based on the NICE guideline on managing medicines in care homes): https://www.nice.org.uk/guidance/sc1/resources

*https://www.nice.org.uk/guidance/sc1/resources/using-quality-standards-to-improve-practice-in-care-homes-for-older-people-62241661

360 ASSURANCE

2. Service providers (such as care homes, hospitals, intermediate care services) ensure that a discharge summary, including details of a person's current medicines, is sent with a person who transfers to or from a care home.

Rationale: Good communication about a resident's medicines is a key factor in preventing medication errors when care home residents transfer between care settings, and also promotes continuity of care following transfer.

Suggested service review questions:

1. Who is responsible for providing a discharge summary, including accurate information about a person's medicines, on the day that they transfer from our care?
2. At what stage and in what format is this information made available? Do we use a template?
3. Does the discharge summary contain (as a minimum):
   - resident's details, including full name, date of birth, NHS number, address and weight (for those aged under 16 or where appropriate, e.g. frail older residents)
   - GP's details
   - details of other relevant contacts defined by the resident and/or their family members or carers (e.g. the consultant, regular pharmacist, specialist nurse)
   - known allergies and reactions to medicines or ingredients, and the type of reaction experienced
   - medicines the resident is currently taking, including name, strength, form, dose, timing and frequency, how the medicine is taken (route of administration) and what for (indication), if known
   - changes to medicines, including medicines started, stopped or dosage changed, and reason for change
   - date and time the last dose of any 'when required' medicine was taken or any medicine given less often than once a day (weekly or monthly medicines)
   - other information, including when the medicine should be reviewed or monitored, and any support the resident needs to carry on taking the medicine
   - what information has been given to the resident and/or family members or carers
4. Does the person completing the list of medicines routinely provide their details (name, job title) and the date the list was recorded?
5. What actions would we take if we didn't receive accurate information about a resident's medicines when they transfer **to our care setting** from another (including hospital)?

Hints, Tips & Links:

Link to NICE guideline: http://www.nice.org.uk/guidance/sc1/chapter/1-Recommendations#sharing-information-about-a-residents-medicines

"If you are given verbal information about changes to a resident's medicine (e.g. a phone call from their GP or hospital doctor), ask a colleague to witness the phone call and sign and date the amendments to the residents MAR chart pending receipt of the changes in writing from the doctor."

3. Care homes ensure that staff support people to self-administer their medicines if they want to, unless an individual risk assessment has indicated that they are not able to do so safely.

Rationale: It is important for people living in care homes to maintain their independence. However, when a person enters a care home staff will often automatically assume responsibility for managing their medicines. It should be assumed that people who live in a care home can take and look after their medicines themselves, unless a risk assessment has indicated otherwise. Risk assessments are also important to determine what support a person needs to help them to self-administer different medicines, allowing care homes to ensure that necessary support is provided. Risk assessment should be reviewed periodically, and whenever circumstances change.

(For suggested service review questions see next page)

Suggested service review questions (Quality Statement 3):

1. Do any of our residents currently self-administer their medicines?
2. Is there a potential for more residents to self-administer their medicines, if they wish to?
3. When a person transfers into our care home, do we carry out an individual risk assessment to find out how much support a resident needs to carry on taking and looking after their medicines themselves (self-administration)?
4. Does our risk assessment include (as a minimum):
   - resident choice
   - if self-administration will be a risk to the resident or to other residents
   - if the resident can take the correct dose of their own medicines at the right time and in the right way (for example, do they have the mental capacity and manual dexterity for self-administration?)
   - how often the assessment will need to be repeated based upon individual resident need
   - how the medicines will be stored
   - the responsibilities of the care home staff, which should be written in the resident's care plan
5. What records are made and kept when adult residents are supplied with medicines for taking themselves (self-administration), or when residents are reminded to take their medicines themselves?

Hints, Tips & Links:

Link to NICE guidance: http://www.nice.org.uk/guidance/sc1/chapter/1-Recommendations#helping-residents-to-look-after-and-take-their-medicines-themselves-self-administration

Risk assessment tool from National Care Forum : http://www.nationalcareforum.org.uk/medsafetyresources.asp

DH guidance on independence, choice and risk:

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/SocialCare/Socialcarereform/Managementofrisk/DH_079297

4. People who live in care homes have medication reviews undertaken by a multidisciplinary team (who agree and document the roles and responsibilities of each member of the team and how they work together).

Rationale: Many care home residents have multiple and complex conditions. These conditions can change, and the medicines that residents receive to treat these conditions need to be reviewed regularly to ensure that they remain safe and effective. The frequency of multidisciplinary medication reviews should be based on the health and care needs of the resident, with their safety being the most important factor when deciding how often to do the review. The interval between medication reviews should be no more than 1 year, and many residents will need more frequent medication reviews.

Suggested service review questions:

1. Do we have local arrangements in place to ensure that multidisciplinary medication reviews take place with appropriate frequency?
2. Do we agree and document the roles and responsibilities of each member of the team and how they work together?

(For more service review questions for Quality Statement 4, see overleaf)

Other subjects covered by this series of resources for care homes:

- Pressure Ulcers
- Delirium
- Falls
- Promoting Continence
- Nutrition

If you would like additional copies of this resource, or would like support in accessing the documents from any of the web links, please call Emma Coates on **0115 7484336**. Visit http://emahsn.org.uk/resource-hub/ for an electronic copy of this resource.

Suggested service review questions (continued)

3. What actions would we take if we feel that a medication review is due but this hasn't been initiated by the resident's GP?
4. Does our local review process include discussion of (as a minimum):
   - ☐ the purpose of the medication review
   - ☐ what the resident (and/or their family members or carers, as appropriate, and in line with the resident's wishes) thinks about the medicines and how much they understand
   - ☐ the resident's (and/or their family member or carer's, as appropriate, and in line with the resident's wishes) concerns, questions or problems with the medicines
   - ☐ all prescribed, over-the-counter & complementary medicines that the resident is taking/using, and what these are for
   - ☐ how safe the medicines are, how well they work, how appropriate they are, and whether their use is in line with national guidance
   - ☐ any monitoring tests that are needed
   - ☐ any problems the resident has with the medicines, such as side effects or reactions, taking the medicines themselves (for example, using an inhaler) and difficulty swallowing
   - ☐ helping the resident to take or use their medicines as prescribed (medicines adherence)
   - ☐ any more information or support that the resident (and/or their family members or carers) may need

Hints, Tips & Links:

NICE guideline: http://www.nice.org.uk/guidance/sc1/chapter/1-Recommendations#reviewing-medicines-medication-review

A guide to medications review: http://www.nice.org.uk/about/nice-communities/medicines-and-prescribing

Using the NO TEARS tool for medications review: http://www.bmj.com/content/329/7463/434

5. Care homes ensure that if a decision is taken to covertly administer medicine to an adult care home resident, then a management plan is also agreed and recorded after a best interests meeting.

Rationale: The covert administration of medicines should only be used in exceptional circumstances when such a means of administration is judged necessary, in accordance with the Mental Capacity Act 2005. However, once a decision has been made to covertly administer a particular medicine (following an assessment of the capacity of the resident to make a decision regarding their medicines and a best interests meeting), it is also important to consider and plan how the medicine can be covertly administered, whether it is safe to do so and to ensure that need for continued covert administration is regularly reviewed (as capacity can fluctuate over time).

Suggested service review questions:

1. Do we ever administer medicines to a resident without their knowledge (covert administration), e.g. in food or drink?
2. How do we ensure that covert administration only takes place in the context of existing legal and good practice frameworks to protect both the resident who is receiving the medicine(s) and the care home staff involved in administering the medicines?
3. Does our local process for covert administration of medicines to adult residents in care homes include:
   - ☐ assessing mental capacity
   - ☐ holding a best interest meeting involving care home staff, the health professional prescribing the medicine(s), pharmacist and family member or advocate to agree whether administering medicines without the resident knowing (covertly) is in the resident's best interests
   - ☐ recording the reasons for presuming mental incapacity and the proposed management plan
   - ☐ planning how medicines will be administered without the resident knowing
   - ☐ regularly reviewing whether covert administration is still needed

Hints, Tips & Links:

"If the situation is urgent, it is acceptable for a less formal discussion to occur between the care home staff, prescriber and family or advocate to make an urgent decision. However, a formal meeting should be arranged as soon as possible".

NICE guideline: http://www.nice.org.uk/guidance/sc1/chapter/1-Recommendations#care-home-staff-giving-medicines-to-residents-without-their-knowledge-covert-administration

SCIE Common safeguarding issues: maladministration of medication: http://www.scie.org.uk/publications/guides/guide46/commonissues/maladministration.asp

Ofqual Ascentis level 3 mental capacity act: http://register.ofqual.gov.uk/Qualification/Details/601_0505_7