



Implementing the CQC Medicines Information for Adult Social Care Services

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Reference: CQC Medicines: Information for Adult Social Care Services Sept 2018

1 Report incidents internally and externally where appropriate

You do not normally need to notify CQC about medicines errors **EXCEPT** in the following circumstances:

- Death
- Injury
- Abuse or allegation of abuse
- Incident reported to or investigated by the police

NOTE:

Where relevant, make it clear that a medicine error was a known or possible cause or effect of the incident

NOTE:

Report incidents involving Controlled Drugs (including loss and theft) to your local NHS Controlled Drugs Accountable Officer.

Record and investigate “near misses”. A near miss is defined as a “prevented patient safety incident”.

2 Duty of Candour

For incidents that could have resulted in:

- Death
- Severe harm
- Moderate harm
- Prolonged psychological harm

These unintended or unexpected incidents are covered by Regulation 20. As soon as practicable, you must notify the person that an incident has occurred or you must notify the relevant person acting on their behalf.

When things go wrong, you must:

- Inform the person or relevant person acting on their behalf
- Provide them with reasonable support and truthful information
- Apologise

3

Notification of Safety Incidents

You must notify CQC of certain safety incidents (Regulation 18).

This includes:

- Death of a person who uses the service
- Deaths and unauthorised absences of people who are detained or liable to be detained under the Mental Health Act 1983
- Serious injuries to a person who uses the service

Examples of safeguarding incidents with medicines include:

- Deliberate withholding of a medicine(s) without a valid reason
- Incorrect use of a medicine for reasons other than the benefit of a resident
- Deliberate attempt to harm through use of a medicine(s)
- Accidental harm caused by incorrect administration or a medication error

NOTE:

Nurses should follow the NMC professional standards of practice and behaviour.

POLICY

Should include:

- A process for recording ALL medicines-related incidents INCLUDING ALL near misses.
 - *Whether to notify CQC*
 - *Which medicines-related safeguarding issues to report under local safeguarding processes*
 - *How to report the incident to the person, their family or carers*
 - *How to handle referrals to regulators and other agencies e.g. NMC*

TOP TIPS



Maintain an open “no blame” policy



Encourage staff to report errors without delay



Share your learning from incidents across your organisation



Record accurate details of safeguarding incidents as soon as possible after the incident



Agree a process for care staff to follow for contacting the family, carer, prescriber, emergency service etc where necessary



Give people, their family, carers etc information about who they can report medicines-related safety incidents or concerns to. This should include:

- Your complaints process
- Any local authority (or local safeguarding) processes
- Relevant regulators’ processes

Reference: CQC Medicines: Information for Adult Social Care Services Sept 2018

POLICY

Process for self-administration of medicines (including Controlled Drugs) should include:

- Individual risk assessment
- Obtaining or ordering medicines
- Storing medicines
- Recording administration
- Reminding or prompting people to take their medicines
- Monitoring adherence
- Disposal of unwanted medicines

Risk assessment should consider:

- The person's choice
- Risk to themselves or others
- Can they take the dose at the right time and in the right way? Do they have mental capacity and manual dexterity?
- How often the assessment will need to be repeated or reviewed
- How the medicines will be stored
- Responsibilities of care home staff
 - This must be recorded in the care plan
 - Also how to effectively monitor adherence

NOTE:

If a person in a residential setting is self-administering, they can keep their own supply of Controlled Drugs in their own lockable cupboard.

A record is needed:

- When people are supplied with medicines for self-administration (including CDs)
- When people are reminded to take them

NOTE:

It is not necessary to fill out the administration section of the MAR chart when people self-administer but the chart should indicate the person self-administers AND how adherence is effectively monitored.

Reference: CQC Medicines: Information for Adult Social Care Services Sept 2018

NOTE:

Residential homes must not hold “stocks” of Controlled Drugs. They must only hold CDs prescribed and dispensed for an individual person.

Nursing homes may also hold “stocks” of Controlled Dugs e.g. for end of life care. A Home Office CD Licence may be needed.

CD CUPBOARDS - REQUIREMENTS

The CD cupboard must be:

- Secured to a wall and fixed with bolts that are not accessed from outside the cupboard
- Fitted with a robust multiple-point lock or digital code
- Made of metal with strong hinges –the wall of the room must be of suitable thickness and made of a suitable material e.g. bricks. The cupboard must be securely fixed to a wall

NOTE:

NOTE: If a safe is used to store CDs, they should be stored in a separate container within it. You must also show how the safe complies with the safe custody regulations.

TOP TIPS



You can fix the cupboard to an internal wall as long as it is secure



You do not need to store the CD cupboard within another cupboard



You must restrict access to the cupboard proportionally



The cupboard must be in a suitable location



Store spare keys securely



Only use the CD cupboard to store Controlled Drugs

CONTROLLED DRUG SCHEDULES

The Misuse of Drugs Regulations 2001 splits CDs into 5 schedules

Schedule 2

Examples:

- *Morphine*
- *Diamorphine*
- *Methadone*
- *Fentanyl*
- *Alfentanil*
- *Oxycodone*
- *Methylphenidate*
- *Dexamphetamine*
- *Ketamine*
- *Tapentadol*

- ✓ Store in a CD cupboard
- ✓ Record in CD register

Schedule 3

- Certain schedule 3 CDs need to be stored in the CD cupboard e.g. buprenorphine, temazepam
- Other schedule 3 CDs that do not need to be stored in the CD cupboard include midazolam, tramadol and barbiturates e.g. phenobarbitone
- You do not need to record schedule 3 CDs in the CD register. Some services may choose to do so.

Schedules 4 and 5

- You do not need to store certain schedule 4 and 5 medicines in the CD cupboard
- You do not need to record them in the CD register –some services may choose to do so. E.g. Oramorph 10mg/5ml, zopiclone, codeine and benzodiazepines.

TOP TIPS

As good practice, 2 staff members should sign when:



Receiving CD stocks



Checking stock balances



Administering CDs



Disposing of CDs

NOTE:

For CDs that need fridge storage, store in the medicines fridge in a separate lockable container.

POLICY

The CD policy should include:

- What to do if there is a discrepancy
- Name and contact details of anyone who needs to be informed
- Details of the NHS Controlled Drugs Accountable Officer (CDAO) at NHS England

NOTE:

When administering CD patches, records should include:

- The site of application
- The frequency of rotation of the site

Reference: CQC Medicines: Information for Adult Social Care Services Sept 2018

POLICY

The medicines policy should include how and where the medicines are stored including:

- Medicines supplied in MDS and original packs
- Controlled Drugs
- Other medicines with the potential for abuse or misuse
- Medicines which need to be stored in the fridge
- Skin creams and other topical preparations
- Oral nutritional supplements and thickeners
- Appliances and devices including sharps

Policy should also include:

- How you make sure the keys are securely stored
- How staff will monitor the storage conditions

NOTE:

Emergency medicines must be stored safely and must be able to be accessed quickly when needed.

NOTE:

Medicines for disposal should be stored in a tamper-proof container. Control access to the container until it is collected or taken to the pharmacy.

Reference: CQC Medicines: Information for Adult Social Care Services Sept 2018

OTC medicines (over-the-counter) medicines can be purchased from a pharmacy or other outlet e.g. supermarket, petrol station etc.

HOMELY REMEDIES

A homely remedy is:



Used to treat minor ailments



Purchased over the counter



Does not require a prescription



Kept as stock in a care home



Used for a particular minor ailment usually for a short duration of treatment e.g. up to 48 hours

POLICY

If you offer treatment for minor ailments with homely remedies, your policy should contain:

- A process for the use of homely remedies
- Advice from a healthcare professional e.g. GP or Pharmacist on the use of homely remedies for each resident. This can be taken in advance or at the time of need
- An authorised list of staff who sign to confirm they are competent to administer the homely remedy and are accountable for their actions

The homely remedy protocol should include:

- Which medicinal product may be administered and for what indication it may be administered
- Which residents may be excluded from receiving specific homely remedies
- Dose and frequency
- Maximum daily dose
- Recording of the homely remedy on the MAR chart
- Duration of use before referring the resident to the GP

TOP TIPS



All homely remedies should be clearly identifiable as “homely remedy”



Homely remedies should be stored securely separated from the prescribed medication

Reference: CQC Medicines: Information for Adult Social Care Services Sept 2018

POLICY

Access to OTC medicines to self-care is an issue of equality. You should have a policy in place to support people who wish to access OTC medicines in a timely manner.

Policy should outline:

- The necessary safeguards to support people to self-care when carers or relatives provide OTC products
- For example- how people who lack mental capacity to make decisions are protected
- When health needs and medicines will be discussed with the person and their family
- How a clear plan will be drawn up including how reviews will be triggered to ensure medicines given are safe and still appropriate.

THIS IS DIFFERENT TO THE USE OF HOMELY REMEDIES.

Guidance for CCGs has been published on conditions for which over-the-counter (OTC) medicines should NOT be routinely prescribed in primary care. This will have an impact on people receiving social care. CCGs will have local arrangements to support implementation of the guidance.







Examples of conditions are:

- Diarrhoea
- Infrequent constipation
- Minor conditions associated with pain, discomfort and fever
- Coughs, cold, nasal congestion
- Mild, dry skin

Etc, etc....

There are various exceptions to the guidance e.g. patients who are being treated for long term conditions.

TOP TIPS

-  As a result of this guidance, a GP may instruct the person, relatives or care staff to purchase a specific product to treat a minor ailment for a particular person.
-  Verbal or written instructions must be recorded in the individual care plan
-  All purchased medicines must be checked for potential interactions with prescribed medicines with an appropriate healthcare professional before use
-  People may provide their own OTC products following consultation with the GP or Pharmacist. In a care home, these are not for general use and must remain specific to the person.
-  Receipt of these medicines must be documented
-  If care staff administer these medicines, it should be recorded on a MAR chart
-  All OTC products purchased on behalf of the person or brought into the care setting should be checked to ensure:
 - They are suitable for use
 - In date
 - Stored according to manufacturer's guidance

Reference: CQC Medicines: Information for Adult Social Care Services Sept 2018