

Medicine Matters (SC)

February 2023

Medicines information for care staff in social care settings

Welcome to our newsletter.

Welcome to our second newsletter aimed at social care services across the North of England.

Medicine Matters newsletter has been produced for a number of years by our team of pharmacists and pharmacy technicians within the Medicine Optimisation team at North of England Care support (NECS) who specialise in supporting care homes in the management of medicines. More recently, our work has diversified, and we now support and advise a number of other social care services including care at home, reablement and independent living services.

We have therefore decided to produce a medicine focussed bulletin every 6 months for our customers and colleagues in the other care settings and alternate this with our care home bulletin.

The electronic newsletter format will enable the widespread sharing of this newsletter. Ideally, we would like service managers to distribute the newsletter to all staff within their social care settings and teams, and raise awareness of the key issues at staff meetings or communication forums.

Our advice and guidance are based on national resources such as:

- NICE Guidance; Managing medicines for adults receiving social care in the community published 2017 [Overview | Managing medicines for adults receiving social care in the community | Guidance | NICE](#)
- CQC guidance; Medicines information for adult social care services [Medicines information for adult social care services - Care Quality Commission \(cqc.org.uk\)](#)

Emergency Hospital Admissions

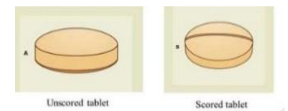
We have had a recent request from the North East, North Cumbria Integrated Care System (NENC ICS) to ensure people are reminded to take any regular medicines with them to hospital, particularly when attending hospital as an emergency. Prolonged waiting times and increased pressures in Emergency Departments make it very difficult for staff to obtain some medicines which may be critical, and can result in disruption to ongoing treatment. Advising clients to take medicines with them if attending as an emergency will help to alleviate the pressure on emergency departments to obtain specific medicines, and support continuity of care.

Some frequently asked questions from social care providers...

We are often contacted by home care providers for practical advice about administering medicines, below are some examples of the questions we have received recently...and the answers too!

Q. Can care staff split solid tablets in half if the person is struggling to swallow a large tablet?

- A "scored" tablet is one that has an indented mark on the tablet to help with halving (or sometimes quartering) the dose
- If the tablet is scored, and the client is having difficulties swallowing the tablet whole or is prescribed half a tablet consider speaking to a pharmacist to confirm and document the outcome of discussions.
- If it is safe to break in half prior to taking the dose, use or obtain a tablet cutter (Note: tablet cutters often have a sharp blade - *take care when handling and cleaning*)
- If the person is only prescribed half a tablet, ask the pharmacy to pre-half the medication when dispensing
- If the tablet is not scored, DO NOT cut in half – this may not be suitable to be halved such as tablets with a slow / controlled release mechanism or a protective coating



Q. What should I do if I notice that a person is buying and taking a herbal remedy or over-the-counter medicine?

- Even if you are not supporting the person with medicines, it's important to inform the regular prescriber of any additional medicines the person may be taking – people often think a herbal medicine is safe to take alongside prescribed medicines (and many are), however some may interact with prescribed medicines and either stop them working in the way we need them to, or cause an increased absorption which could be harmful.
- Speak to the person to identify why they chose to purchase the product in the first instance? Did they ask anyone for advice on which product would be best for them to take?
- Contact a community pharmacist – they will be able to provide initial guidance as to whether the purchased

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product is safe to use alongside regularly prescribed medicines

- Make sure the prescriber is aware of use of purchased preparation – is it suitable for them to continue to take the product?
- Document and report details of your discussions to inform other staff – an additional risk assessment may be needed

Q. How do I deal with excess supplies of medicines in peoples homes?

- First, check if the medication is still within its expiry date. Where the medicine has been dispensed in the manufacturer's packaging this information should be on the packaging. If no expiry date can be found, check that the medicines were dispensed within the last 6 months (or 8 weeks for medicines packed into weekly / monthly trays) NOTE: some products have a shorter shelf life once opened - check with the pharmacy.
- How are medicines ordered?
 - Do they come automatically?
 - Does the person order them?
- Is the medication still being used?
 - Has the person stopped taking it?
 - Is the prescriber aware?
- Contact GP surgery AND community pharmacy to request a temporary halt on issues of this medicine until current supplies are used.

Medicines returned to pharmacy are disposed of, and when these are returned and continually reordered, this is a waste of NHS resources. Only return items if no longer prescribed, expired or if there is a risk to the person.

Controlled Drugs

The Misuse of Drugs Act 1971 places controls on certain medicines. These are called 'Controlled Drugs' (CDs).

[List of most commonly encountered drugs currently controlled under the misuse of drugs legislation - GOV.UK \(www.gov.uk\)](#)

Depending on the schedule of the CD;

- Prescriptions for CDs are valid for 28 days after the date on the prescription.
- Maximum quantity of CDs should not exceed 30 days.
- Emergency supplies are not permitted.
- Staff collecting on behalf of a client may be asked to provide personal identification.

Controlled Drugs in Home Care

Home Care Providers must have a policy in place outlining how medication, including CDs, is managed. When support needs are assessed in a person's general assessment, this should be recorded in their Care Plan.

Storage of Controlled Drugs in Home Care

Medication belongs to the person that it is prescribed for and will be stored in their own home. Therefore, **in home care, there is**

no requirement for CDs to be stored separately from other medicines, meaning a CD cupboard is not necessary. Some services may introduce additional measures subject to risk assessment (e.g., use of a locked box), however the individual care plan should detail how and where all medicines are stored.

Keeping Records

Staff providing support with medication (including controlled drugs) must be trained and assessed as competent to do so.

There is no legal requirement for a second member of staff to act as a witness to the administration or provision of support with controlled drugs in a person's home. A controlled drug register is not required in a client's home (unless a specific risk has been identified).

Care providers should have policies and procedures that include information on record keeping for their staff to follow. Keep detailed records when administering topical CDs, for example, patches. These should include the site of application and the frequency of rotation of the site

Disposing of Controlled Drugs

For any CDs that need to be disposed of, agree with the person for whom they are prescribed, how this will be done, in line with the risk assessment. This should be recorded in the Care Plan. All unwanted medicines should be returned to a community pharmacy. Returned CDs are handled differently to other medicines, therefore you should inform the pharmacy there are CDs for disposal.

Your medication policy should include the process for disposing medicines and records which need to be kept.

Information regarding managing CDs for home care services: <https://www.cqc.org.uk/guidance-providers/adult-social-care/controlled-drugs-home-care>

Process for reporting controlled drug-related incidents

Recently, the procedure for reporting medicine related incidents concerning CDs was updated for care homes and other social care support settings. This reporting pathway is to work **alongside** the usual reporting mechanisms that providers follow and will provide information to the Controlled Drug Local Intelligence Network (CD LIN) which has oversight into CD management across all health and social care settings.

- For further information on reporting issues regarding CDs please refer the [letter](#) produced by the Regional Controlled Drugs Accountable Officer (CDAO) or seek advice from the Medicine Optimisation CD support team:
- england.cumbrianortheast-cds@nhs.net

If you have any specific learning or areas of new ways of working regarding medicine management in your service or with healthcare partners that you would like to share, please contact the team and we will use Medicine Matters to disseminate your experience to others

If you have any questions regarding this newsletter or if you have an idea for an article to be included in a future issue, please contact us via necsu.moadmin@nhs.net where you will be forwarded to the most appropriate member of the team

Please don't forget to share this newsletter with your colleagues!