

Registered managers webinar: Medicines from the regulatory perspective



Skills for Care webinar, in partnership with CQC Wednesday 7 July 2021

Here is a list of question raised during the webinar, with responses provided by CQC.

All of our recorded registered manager webinars on a variety of topics, including this one, can be found on the website [here](#).

Questions

Is there a template that incorporates the CQC update?

- The CQC Key Lines of Enquiry (KLOEs) [document](#) sets out the areas that CQC inspect for adult social care providers. S4 is ‘How does the provider ensure the proper and safe use of medicines?’.

Is it best practice to get this information from the patient information leaflet in the boxes applied?

- The patient information leaflet is one source of medicines information. NICE guidance ([NG67](#)) also sets out good practice for information sharing and joint working relating to medicines.

Medicine care plans have the risk to become outdated; would a medication profile be adequate? / As the MAR forms part of the care plan, is it OK to signpost to this record in the main medication care plan instead of duplicating information about the medicines as this may lead to a mismatch of information from duplication?

- Providers must ensure that they have accurate up-to-date information about medicines available for their staff. We would not be in the position to tell you exactly how this should be done – this should be decided within your organisation.

Where can I find the contact details of the NHS controlled drugs officer?

- You can view the controlled drug accountable officer register [here](#).

As a private care provider with self-funded clients, do we still have to notify the NHS controlled drugs officer if we have a controlled drugs medicines incident?

- Yes. The Controlled Drugs (Supervision of Management and Use) Regulations cover both NHS and private use of controlled drugs. Any information about controlled drug concerns should be shared with the relevant controlled drugs accountable officer.

What is CQC's guidance on eMAR (electronic records) / medication?

- CQC has guidance on its website on [what good looks like for digital records in adult social care](#) and further medicines information on [administration records](#).

As a domiciliary care provider, we are finding it more and more difficult to support clients with their medications and often during inspection asked to put things in place, which may not always be accessible. Often GPs will not provide us with information, including GP summaries and local authorities do not always provide us with the most up-to-date information regarding service users' medication of their health conditions. Yet, we are expected to provide care provisions very quickly. Can you please advise the best way to tackle this?

As a care provider, we find that there is a real lack of communication between GPs, pharmacies and hospitals regarding medication changes. What does CQC ask of GPs, pharmacies and hospitals when it comes to communication with care providers? Is the emphasis for them to work with social care? If we find it a constant battle to get this information, what is the best course of action?

- We would advise you contact your local CCG medicines management team and discuss this with them. NICE guidance ([NG67](#)) states: '1.4 sharing information about a person's medicines. It is important that information about medicines is shared with the person and their family members or carers, and between health and social care practitioners, to support high-quality care'.

How are we meant to know if clients have had a medication review as we do not always get informed by the GP?

- We would expect adult social care providers to work jointly with healthcare professionals and to share information about people's medicines as described in NICE guidance ([NG67](#)), section 1.3 'joint working' and section 1.4 'shared information'.

I have a concern about getting information from GPs; we never get told what medication the client is on unless the client or their family tells us.

- NICE guidance promotes joint working between healthcare professionals and social care providers. NICE makes specific mention that for time sensitive and 'when required medicines'. Prescribers, supplying pharmacists and dispensing doctors should provide clear written directions on the prescription and a dispensing label on how each prescribed medicine should be taken or given, including what the medicine is for.

If a client has Type 2 diabetes, but you don't have further details from the GP, and if the family isn't present to give you further information to add to the care plan, except

the client has regular reviews with the GP, what is the best approach to include a risk assessment?

- Ask your relevant healthcare professional for more information. NICE guidance ([NG67](#)) also sets out good practice for information sharing and joint working relating to medicines.

The hospital requested that a client's tablets be crushed; however, when the client came home, there were no clear instructions on the discharge plan. Please advise.

- Speak to the hospital that discharged the client and seek advice from their pharmacist or contract your local pharmacy to see if they are able to advise.