

Managing medicines for people receiving social care in the community overview

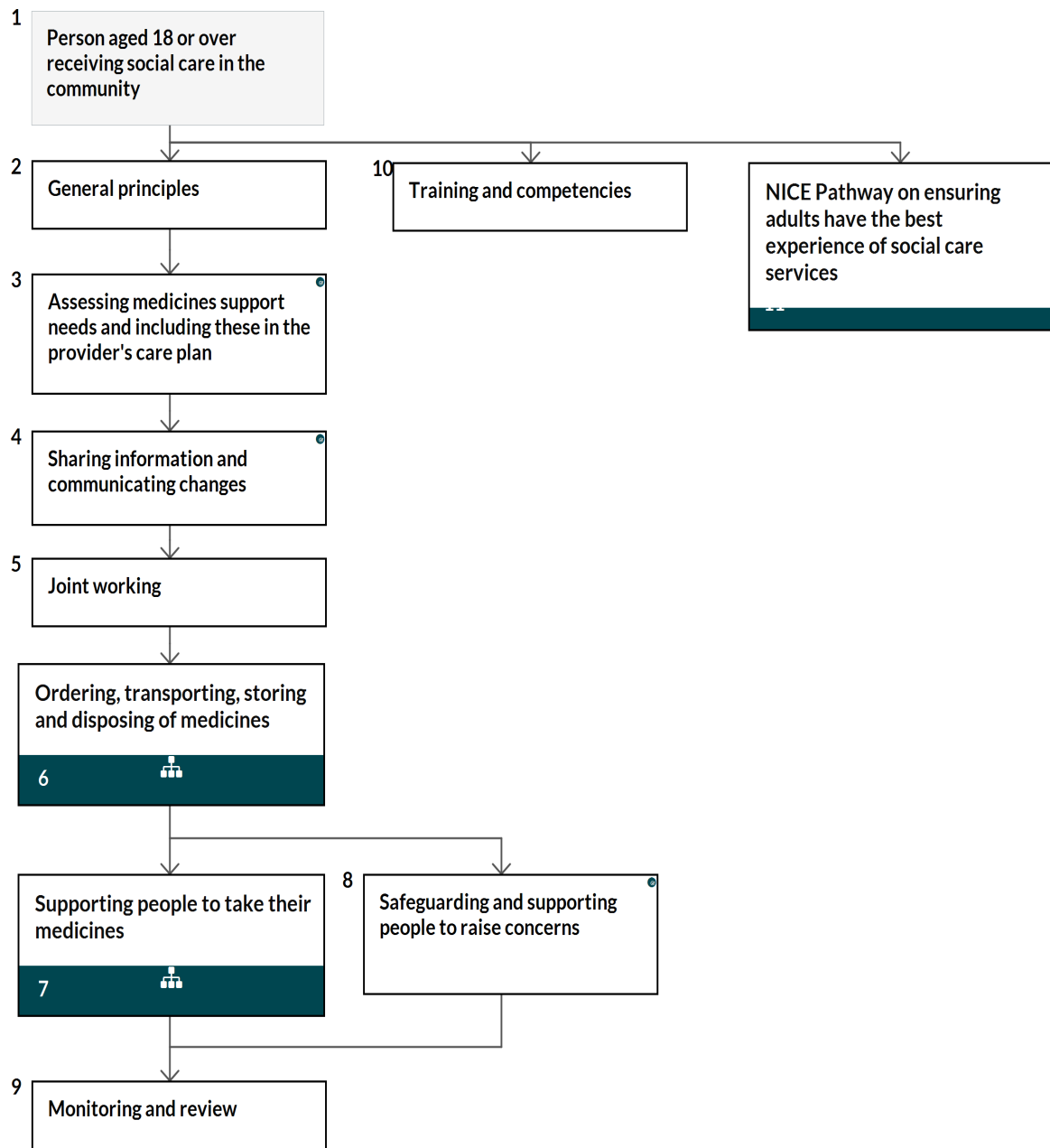
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/managing-medicines-for-people-receiving-social-care-in-the-community>

NICE Pathway last updated: 04 November 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person aged 18 or over receiving social care in the community

No additional information

2 General principles

Health and social care commissioners and providers should review their local governance arrangements to ensure that it is clear who is accountable and responsible for providing medicines support.

When social care providers have responsibilities for medicines support they should have a documented medicines policy based on current legislation and best available evidence. The content of this policy will depend on the responsibilities of the social care provider, but it is likely to include processes for:

- assessing a person's medicines support needs
- supporting people to take their medicines, including 'when required', time-sensitive and over-the-counter medicines
- joint working with other health and social care providers
- sharing information about a person's medicines
- ensuring that records are accurate and up to date
- managing concerns about medicines, including medicines-related safeguarding incidents
- giving medicines to people without their knowledge (covert administration)
- ordering and supplying medicines
- transporting, storing and disposing of medicines
- medicines-related staff training and assessment of competency.

3 Assessing medicines support needs and including these in the provider's care plan

Assessing medicines support need

Assess a person's medicines support needs as part of the overall assessment of their needs and preferences for care and treatment.

Engage with the person (and their family members or carers if this has been agreed with the

person) when assessing a person's medicines support needs. Focus on how the person can be supported to manage their own medicines, taking into account:

- the person's needs and preferences, including their social, cultural, emotional, religious and spiritual needs
- the person's expectations for confidentiality and advance care planning
- the person's understanding of why they are taking their medicines
- what they are able to do and what support is needed, for example, reading medicine labels, using inhalers or applying creams
- how they currently manage their medicines, for example, how they order, store and take their medicines
- whether they have any problems taking their medicines, particularly if they are taking multiple medicines
- whether they have nutritional and hydration needs, including the need for nutritional supplements or parenteral nutrition
- whether they are allergic to any medicines
- who to contact about their medicines (ideally the person themselves, if they choose to and are able to, or a family member, carer or care coordinator)
- the time and resources likely to be needed.

Mental capacity

If a person has cognitive decline or fluctuating mental capacity [See page 11], ensure that the person and their family members or carers are actively involved in discussions and decision making. Record the person's views and preferences to help make decisions in the person's best interest if they lack capacity to make decisions in the future.

Provider's care plan

Record the discussions and decisions about the person's medicines support needs. If the person needs medicines support include the following information in the provider's care plan:

- the person's needs and preferences
- the person's expectations for confidentiality and advance care planning
- how consent for decisions about medicines will be sought
- details of who to contact about their medicines (the person or a named contact)
- what support is needed for each medicine
- how the medicines support will be given
- who will be responsible for providing medicines support, particularly when it is agreed that

- more than one care provider is involved
- when the medicines support will be reviewed, for example, after 6 weeks.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

1. Assessing medicines support needs
3. Recording medicine support needs

4 Sharing information and communicating changes

Social care providers should notify a person's general practice and supplying pharmacy when starting to provide medicines support, including details of who to contact about their medicines (the person or a named contact).

When social care providers have responsibilities for medicines support, they should have robust processes for communicating and sharing information about a person's medicines, that takes account of the person's expectations for confidentiality. This includes communication with:

- the person and their family members or carers
- care workers and other social care practitioners
- health professionals, for example, the person's GP or supplying pharmacist
- other agencies, for example, when care is shared or the person moves between care settings.

Take into account the 5 rules set out in the Health and Social Care Information Centre's [A guide to confidentiality in health and social care](#) (2013) when sharing information.

Follow the advice on [communication during transfer of care in the NICE Pathway on medicines optimisation](#).

Prescribers should communicate changes to a person's medicines (for example, when stopping or starting a medicine) by:

- informing the person or their named contact **and**
- providing written instructions of the change or issuing a new prescription **and**
- informing the person's supplying pharmacy, if this is needed and agreed with the person

- and/or their family members or carers.

When changes to a person's medicines need to be made verbally to avoid delays in treatment (for example, by telephone, video-link or online), prescribers should give written confirmation as soon as possible. Written confirmation should be sent by an agreed method, for example, a secure fax or secure email.

When social care providers have responsibilities for medicines support, they should have robust processes for handling changes to a person's medicines received verbally from a prescriber, including:

- recording details of the requested change (including who requested the change, the date and time of the request and who received the request)
- reading back the information that has been recorded to the prescriber requesting the change to confirm it is correct (including spelling the name of the medicine)
- asking the prescriber requesting the change to repeat the request to someone else (for example, to the person and/or a family member or carer) whenever possible.

Prescribers, supplying pharmacists and dispensing doctors should provide clear written directions on the prescription and dispensing label on how each prescribed medicine should be taken or given, including:

- for time-sensitive medicines:
 - what the medicine is for
 - what dose should be taken
 - what time the dose should be taken, as agreed with the person
- for 'when-required' medicines:
 - what the medicine is for
 - what dose should be taken (avoiding variable doses unless the person or their family member or carer can direct the care worker)
 - the minimum time between doses
 - the maximum number of doses to be given (for example, in a 24-hour period).

Social care providers should record any additional information to help manage time-sensitive and 'when required' medicines in the provider's care plan.

See the [NICE Pathway on medicines optimisation for guidance on medicines reconciliation](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

2. Communicating that medicines support has started

5 Joint working

Social care practitioners should seek advice about medicines from people with specialist experience, such as the prescriber, a pharmacist or another health professional, when it is needed.

Care workers and other social care practitioners should advise people and/or their family members or carers to seek advice from a health professional (for example, the prescriber or a pharmacist) if they have clinical questions about medicines.

6 Ordering, transporting, storing and disposing of medicines

See [Managing medicines for people receiving social care in the community / Ordering, transporting, storing and disposing of medicines for people receiving social care in the community](#)

7 Supporting people to take their medicines

See [Managing medicines for people receiving social care in the community / Supporting people receiving social care in the community to take their medicines](#)

8 Safeguarding and supporting people to raise concerns

When social care providers have responsibilities for medicines support, they must have robust processes for medicines-related safeguarding incidents, in line with Regulation 13 of [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#). See [ensuring safety and safeguarding people using home care services in the NICE Pathway on home care for older people](#) .

When social care providers have responsibilities for medicines support, they should have robust processes for identifying, reporting, reviewing and learning from [medicines-related problems](#)

[See page 11]. These processes should support a person-centred, 'fair blame' culture that actively encourages people and/or their family members or carers and care workers to report their concerns.

Social care commissioners and providers should review their medicines-related problems [See page 11] over a period of time to identify and address any trends that may have led to incidents.

They should share this learning with:

- people working in the organisation
- people receiving medicines support, their family members and carers
- people working in related services, for example, GPs, supplying pharmacies and community health providers.

Care workers should raise any concerns about a person's medicines with the social care provider. These concerns may include:

- the person declining to take their medicine
- medicines not being taken in accordance with the prescriber's instructions
- possible adverse effects (including falls after changes to medicines; see the NICE Pathway on preventing falls in older people).
- the person stockpiling their medicines
- medication errors or near misses
- possible misuse or diversion of medicines
- the person's mental capacity [See page 11] to make decisions about their medicines
- changes to the person's physical or mental health.

Health and social care practitioners should encourage and support people and/or their family members or carers to raise any concerns about their medicines. They should explain how to seek help or make a complaint, including who to complain to and the role of advocacy services (if needed) and record this information in the person's provider's care plan.

Health and social care providers should ensure that people and/or their family members or carers, and care workers know how to report adverse effects of medicines, including using the Medicines and Healthcare products Regulatory Agency's yellow card scheme.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. Managing medicines-related problems

9 Monitoring and review

Review a person's medicines support to check whether it is meeting their needs and preferences. This should be carried out at the time specified in the provider's care plan or sooner if there are changes in the person's circumstances, such as:

- changes to their medicines regimen
- a concern is raised
- a hospital admission
- a life event, such as a bereavement.

Health professionals should provide ongoing advice and support about a person's medicines and check if any changes to their medicines or extra support may be helpful, for example, by checking if:

- the person's medicines regimen can be simplified
- information about time-sensitive medicines has been shared
- any medicines can be stopped
- the formulation of a medicine can be changed
- support can be provided for problems with medicines adherence
- a review of the person's medicines may be needed.

Health professionals should continue to monitor and evaluate the safety and effectiveness of a person's medicines when medicines support is provided by a care worker.

10 Training and competencies

Ensure that people assessing a person's medicines support needs (for example, social workers) have the necessary knowledge, skills and experience.

When social care providers are responsible for medicines support, they should have robust processes for medicines-related training and competency assessment for care workers, to ensure that they:

- receive appropriate training and support
- have the necessary knowledge and skills
- are assessed as competent to give the medicines support being asked of them, including

- assessment through direct observation
- have an annual review of their knowledge, skills and competencies.

Follow the advice on [recruiting, training and supporting home care workers in the NICE Pathway on home care for older people](#).

11 NICE Pathway on ensuring adults have the best experience of social care services

[See People's experience in adult social care services](#)

The term 'medicines-related problem' includes:

- potentially avoidable medicines-related hospital admissions
- prescribing errors
- dispensing errors
- administration errors (for example, missed or delayed doses, inappropriate or incorrect administration)
- monitoring errors (for example, inadequate review or follow-up, incomplete or inaccurate documentation)
- adverse events, incident reporting and significant events
- near misses (a prevented medicines-related patient safety incident which could have led to patient harm)
- deliberate withholding of medicines or deliberate attempt to harm
- restraint or covert administration that has been used inappropriately
- misuse, such as missing or diverted medicines
- other unintended or unexpected incidents that were specifically related to medicines use, which could have, or did, lead to harm (including death).

Mental capacity

The ability of a person to make a decision about their own care, including:

- decisions that affect daily life (for example, when to get up, what to wear or whether to go to the doctor when feeling ill, and more serious or significant decisions)
- decisions that may have legal consequences, for them or others (for example, agreeing to have medical treatment, buying goods or making a will).

The [Mental Capacity Act 2005](#) defines a lack of mental capacity as when 'a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain'.

Health professionals should follow the [Department of Health's advice on consent](#). If a person does not have capacity to make decisions, health and social care practitioners should follow the [code of practice that accompanies the Mental Capacity Act](#) and the [supplementary code of practice on deprivation of liberty safeguards](#).

Glossary

Advance care planning

a voluntary process of discussion about what care a person would or would not want in the future, if they were unable to make decisions because of illness or a lack of mental capacity to consent; the person may also choose to involve their family members or friends in discussions

Carers

the term used to define informal, unpaid carers only (see also care workers)

Covert administration

this is when medicines are given in a disguised form without the knowledge or consent of the person receiving them

Care worker

a person who is employed to provide care and support to people in their own home; this includes home care workers, personal assistants (who are directly employed by people who use services) and other support workers

Care workers

people employed to provide care and support to people in their own home; this includes home care workers, personal assistants (who are directly employed by people who use services) and other support workers

'fair blame' culture

in health and social care, this enables open and honest reporting of mistakes that are treated as an opportunity to learn to improve care

Health and social care practitioners

the wider health and social care team of health professionals and social care practitioners (health professionals include, but are not limited to, GPs, pharmacists, hospital consultants, community nurses, specialist nurses and mental health professionals, and social care practitioners include, but are not limited to, care workers, case managers, care coordinators and

social workers. When specific recommendations are made for a particular group, this is specified in the recommendation)

Medicines

includes all prescription and non-prescription (over-the-counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines

Medicines support

any support that enables a person to manage their medicines; this varies for different people depending on their specific needs

Parenteral nutrition

providing nutrients intravenously

Provider's care plan

a written plan that sets out the care and support that providers and the person have agreed will be put in place, following a local authority assessment. It includes details of both personal care and practical support

Time-sensitive medicines

medicines that needs to be given or taken at a specific time, where a delay in receiving the dose or omission of the dose many lead to serious patient harm, for example, insulin injections for diabetes or specific medicines for Parkinson's disease

Social care providers

provider organisations, registered with the Care Quality Commission to provide community adult care services, which directly employs care workers to provide personal care and support in a person's home

Sources

[Managing medicines for adults receiving social care in the community \(2017\) NICE guideline](#)

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Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with

the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.