



Managing medicines for adults receiving social care in the community

[NICE NG67: 2017](#)

This guideline has been developed to help ensure that adults aged ≥ 18 years who receive social care in the community get the support needed to manage their medicines safely and effectively.

Definition of terms

CD	controlled drug
MAR	medicines administration record
MDS	monitored dosage system e.g. blister pack
OTC	over the counter
PIL	patient information leaflet

Social care in the community is defined as care and support in their own home for adults who:

- ◆ the local authority has to discharge a duty or responsibility under either the Care Act 2014 or Mental Health Act 1983,
- ◆ receive any social care component of an NHS continuing care package,
- ◆ self-fund their own care and support.

Medicines Support

Commissioners and providers

- ◆ Health and social care commissioners and providers should review local governance arrangements to ensure that it is clear who is accountable and responsible for provision of medicines support.
- ◆ Social care providers with responsibilities for medicines support should have a documented medicines policy based on current legislation and best available evidence. Content of this policy will depend on the responsibilities of the social care provider, but 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 OTC 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.

Assessment

- ◆ 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 family members/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 taking into account:
 - their needs and preferences, including social, cultural, emotional, religious and spiritual needs,
 - their expectations for confidentiality and advance care planning,

- their understanding of why they are taking their medicines,
- what they are able to do and what support is needed e.g. reading medicine labels, using inhalers or applying creams,
- how they currently 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,
- 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/care coordinator),
- the time and resources likely to be needed.
- ◆ If a person has cognitive decline or fluctuating mental capacity, ensure that the person and their family members/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 discussions and decisions about the person's medicines support needs in the provider's care plan including:
 - the person's needs, preferences, and 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),
 - support needed for each medicine and how it 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 medicines support will be reviewed e.g. 6 weeks.

Sharing information

- ◆ 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).
- ◆ Social care providers with responsibilities for medicines support 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/carers,
 - care workers and other social care practitioners,
 - health professionals e.g. person's GP or supplying pharmacist,
 - other agencies e.g. 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 advice on communication during transfer of care in [NICE pathway: Medicines optimisation](#).

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Communicating medication changes

- ◆ Prescribers should communicate changes to a person's medicines (e.g. 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 needed and agreed with the person and/or their family members/carers.
- ◆ When changes to a person's medicines need to be made verbally to avoid delays in treatment (e.g. by telephone, video-link or online), prescribers should send written confirmation as soon as possible by an agreed method e.g. a secure fax or email.
- ◆ Social care providers with responsibilities for medicines support 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, date and time of 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 e.g. to the person and/or a family member/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. See **Box 1**.
- ◆ Social care providers should record any additional information to help manage time-sensitive and 'when required' medicines in the provider's care plan.

Box 1

Written directions: prescriptions and dispensing labels

All medicines

- > what the medicine is for,
- > what dose should be taken (avoiding variable doses unless the person or their family member/carer can direct the care worker),

Time-sensitive medicines

- > what time dose should be taken, as agreed with the person,

'When-required' medicines,

- > minimum time between doses,
- > maximum number of doses to be given e.g. in a 24 hour period).

Joint working between health and social care

- ◆ Social care practitioners should seek advice about medicines from people with specialist experience e.g. prescriber, pharmacist or another health professional, when it is needed.
- ◆ Care workers and other social care practitioners should advise people and/or their family members/carers to seek advice from a health professional e.g. the prescriber or pharmacist if they have clinical questions about medicines.

Supporting people to take their medicines

General principles

- ◆ **Do NOT** take responsibility for managing a person's medicines unless assessment indicates the need, and has been agreed as part of local governance arrangements.
- ◆ For guidance on self-management of medicines see [NICE pathway: medicines optimisation](#).
- ◆ Social care providers should have robust processes for care workers supporting people to take their medicines, including:
 - > 6 rights (R's) of administration. See **Box 2**,
 - > what to do if the person is having a meal or sleeping,
 - > what to do if the person is going to be away for a short time e.g. visiting family,

- > how to give specific formulations of medicines e.g. patches, creams, inhalers, eye drops and liquids,
- > using correct equipment e.g. oral syringes for small doses of liquid medicines,
- > giving time-sensitive or 'when required' medicines,
- > what to do if the person has declining or fluctuating mental capacity.
- ◆ Care workers should only provide medicines support that has been agreed and documented in the provider's care plan.
- ◆ When specific skills are needed to give a medicine e.g. using a percutaneous endoscopic gastrostomy [PEG] tube, health professionals should only delegate the task of giving the medicine to a care worker when:
 - > there is local agreement between health and social care that this support will be provided by a care worker,
 - > the person (or their family member/carer if they have lasting power of attorney) has given their consent,
 - > responsibilities of each person are agreed and recorded,
 - > the care worker is trained and assessed as competent.
- ◆ Supplying pharmacists and dispensing doctors must supply a PIL for all medicines supplied, in line with [The Human Medicines Regulations 2012](#). This includes medicines supplied in MDS.
- ◆ Social care providers should ensure that an up-to-date PIL for each prescribed medicine is kept in the person's home. This includes medicines supplied in MDS.
- ◆ Consider using a MDS only when an assessment by a health professional e.g. a pharmacist has been carried out, in line with the [Equality Act 2010](#), and a specific need has been identified to support medicines adherence. Take account of the person's needs and preferences and involve the person and/or their family members/carers and the social care provider in decision-making.
- ◆ Supplying pharmacists and dispensing doctors should provide a description of the appearance of each individual medicine supplied in a MDS.
- ◆ Social care providers should ensure that care workers are able to prioritise their visits for people who need support with time-sensitive medicines.

Box 2

6 R's of medicines administration

Right person
Right medicine
Right route
Right dose
Right time
Person's right to decline

Record keeping

- ◆ General practices should record details of the person's medicines support and who to contact about their medicines (the person or a named contact) in their medical record, when notified that a person is receiving medicines support from a social care provider.
- ◆ Social care providers with responsibilities for medicines support, should have robust processes for recording a person's current medicines and ensure that records are:
 - > accurate and kept up to date,
 - > accessible, in line with the person's expectations for confidentiality.
- ◆ Care workers must record the medicines support given to a person for each individual medicine on every occasion, in line with Regulation 17 of [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) including details of all support for prescribed and OTC medicines, such as:
 - > reminding a person to take their medicine,
 - > giving the person their medicine,
 - > recording if the person has taken or declined their medicine.

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- ◆ Care workers should use a MAR to record any medicines support that they give to a person. This should ideally be a printed record provided by the supplying pharmacist, dispensing doctor or social care provider.
- ◆ Supplying pharmacists and dispensing doctors should consider supplying printed MARs for a person receiving medicines support from a social care provider.
- ◆ Social care providers with responsibilities for medicines support should have robust processes to ensure that MARs are accurate and up to date e.g. changes should only be made and checked by people who are trained and assessed as competent to do so.
- ◆ Ensure that MARs include:
 - the person's name, date of birth and any other available person-specific identifiers, such as the person's NHS number,
 - the name, formulation and strength of the medicine(s),
 - how often or the time the medicine should be taken,
 - how the medicine is taken or used (route of administration),
 - the name of the person's GP practice,
 - any stop or review date,
 - any additional information, such as specific instructions for giving a medicine and any known drug allergies.
- ◆ When a family member/carer gives a medicine e.g. during a day out, agree with the person and/or their family member or carer how this will be recorded. Include this information in the provider's care plan.

Giving medicines

- ◆ Care workers should only give a medicine to a person if:
 - there is authorisation and clear instructions to give the medicine e.g. on the dispensing label of a prescribed medicine, **AND**
 - the 6 R's of administration have been met. See **Box 2**, **AND**
 - they have been trained and assessed as competent to give the medicine.
- ◆ Before supporting a person to take a dose of their medicine care workers should ask the person if they:
 - have already taken the dose and check written records to ensure that the dose has not already been given,
 - are ready to take their medicine, before removing it from its packaging, unless this has been agreed and it is recorded in the provider's care plan.
- ◆ Care workers should give medicines directly from the container they are supplied in. They should **NOT** leave doses out for a person to take later unless this has been agreed with the person after a risk assessment and it is recorded in the provider's care plan.
- ◆ When a person declines to take a medicine, care workers should consider waiting a short while before offering it again. They should ask about factors that may cause the person to decline their medicine, such as being in pain or discomfort.

Covert administration

- ◆ Ensure that covert administration of medicines only takes place in accordance with the requirements of the [Mental Capacity Act 2005](#) and good practice frameworks ([Mental Capacity Act 2005: Code of Practice](#)) to protect both the person and care workers.
- ◆ Care workers must not give, or make the decision to give, medicines by covert administration, unless there is clear authorisation and instructions to do this in the provider's care plan, in line with the [Mental Capacity Act 2005](#).
- ◆ Ensure that the process for covert administration clearly defines who should be involved in, and responsible for, decision-making, including:

- assessing a person's mental capacity to make a specific decision about their medicines,
- seeking advice from the prescriber about other options e.g. whether the medicine could be stopped,
- holding a best interests meeting to agree whether giving medicines covertly is in the person's best interests,
- recording any decisions and who was involved in decision-making,
- agreeing where records of the decision are kept and who has access,
- planning how medicines will be given covertly e.g. by seeking advice from a pharmacist,
- providing authorisation and clear instructions for care workers in the provider's care plan,
- ensuring care workers are trained and assessed as competent to give the medicine covertly,
- when to review the decision to give medicines covertly.

Ordering prescribed medicines

- ◆ Social care providers should agree with the person and/or their family members/carers who will be responsible for ordering medicines, and record this information in the provider's care plan. This should be the person, if they agree and are able to, with support from family members/carers/care workers (if needed).
- ◆ When social care providers are responsible for ordering a person's medicines they:
 - must ensure that the correct amounts of the medicines are available when required, in line with Regulation 12 of [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#).
 - should not delegate this task to the supplying pharmacist (or another provider), unless this has been requested and agreed with the person and/or their family members/carers.
- ◆ When social care providers are responsible for ordering a person's medicines they should ensure that care workers:
 - have enough time allocated for checking which medicines are needed, ordering medicines and checking that the correct medicines have been supplied,
 - are trained and assessed as competent to do so.
- ◆ When ordering a person's medicines, care workers should:
 - record when medicines have been ordered, including the name, strength and quantity of the medicine,
 - record when medicines have been supplied,
 - check for any discrepancies between the medicines ordered and those supplied.
- ◆ Social care providers should ensure that care workers know what action to take if a discrepancy is noted between the medicines ordered and those supplied.
- ◆ Supplying pharmacists and dispensing doctors should supply medicines in their original packaging. They must make reasonable adjustments to the supplied packaging to help the person to manage their medicines e.g. child proof tops, in line with the Equality Act 2010.

OTC medicines

- ◆ Social care providers with responsibilities for medicines support, should have robust processes for managing OTC medicines requested by a person, including:
 - seeking advice from a pharmacist or another health professional,
 - ensuring that the person understands and accepts any risk associated with taking the medicine,
 - what information needs to be recorded e.g. the name, strength and quantity of the medicine.

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[NICE NG67, 2017](#)**Transporting and storing medicines**

- ◆ Agree with the person and/or their family members or carers:
 - who will be responsible for transporting medicines to or from the person's home. If a social care provider is involved, carry out a risk assessment of transport arrangements,
 - how their medicines should be stored and disposed of.
 Encourage the person to take responsibility for this, if they agree and are able to, with support from family, members/carers/care workers, if needed. Record this information in the provider's care plan,
 - whether secure home storage is needed e.g. in a lockable cupboard if a person is assessed to be at risk because of unsecured access to their medicines.
- ◆ When social care providers are responsible for storing a person's medicines, they should have robust processes to ensure safe access to medicines, particularly for CD's (see [NICE pathway: Controlled drugs: safe use and management](#)). These should include:
 - identifying who should have authorised access to the medicines,
 - seeking advice from a health professional about how to store medicines safely, if needed,
 - ensuring there is a safe storage place or cupboard for storing medicines, including those supplied in MDS,
 - assessing the need for secure storage e.g. in a lockable cupboard,
 - identifying the need for fridge storage,
 - reviewing storage needs e.g. if the person has declining or fluctuating mental capacity.

Disposing of medicines

- ◆ When social care providers are responsible for disposing of any unwanted, damaged, out-of-date or part-used medicines, they must have robust processes, in line with [The Controlled Waste \(England and Wales\) Regulations 2012](#). Including:
 - obtaining agreement from the person (or their family member/carer),
 - how medicines will be disposed of, usually by returning them to a pharmacy for disposal,
 - any special considerations e.g. for disposal of CD's, needles and syringes,
 - what information needs to be recorded e.g. the name and quantity of medicine, the name of the person returning the medicine, the date returned and the name of the pharmacy.

Monitoring and review

- ◆ Health professionals should provide ongoing advice and medicines support. Check if any changes or extra support may be helpful e.g. by checking:
 - If the person's medicines regimen can be simplified,
 - information shared about time-sensitive medicines,
 - if any medicines can be stopped,
 - if the formulation of a medicine can be changed,
 - any support needed for problems with medicines adherence,
 - if a review of the person's medicines may be needed.
- ◆ Review a person's medicine support to check whether it is meeting their needs and preferences. This should be carried out at the time specified in the providers' care plan or sooner if there are changes in the person's circumstances, such as a:
 - change to their medicines regimen,
 - concern is raised,
 - hospital admission,
 - life event such as a bereavement.

Training and competencies

- ◆ Ensure that people assessing a person's medicines support needs e.g. social workers, have the necessary knowledge, skills and experience.

- ◆ Social care providers with responsibilities for medicines support, 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 medicines support being asked of them, including direct observation,
 - have an annual review of their knowledge, skills and competencies,
 - follow advice on recruiting, training and supporting home care workers. See [NICE pathway: Home care for older people](#).

Managing concerns about medicines

- ◆ Social care providers with responsibilities for medicines support 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](#). Also see [NICE pathway: Home care for older people](#).
 - identifying, reporting, reviewing and learning from medicines-related problems. These processes should support a person-centred, 'fair blame' culture that actively encourages people and/or their family members/carers/care workers to report their concerns.
- ◆ Social care commissioners and providers should review their medicines-related problems 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,
 - receiving medicines support, their family members/carers,
 - working in related services e.g. 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 [NICE pathway: 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 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/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.
 - ensure that people and/or their family members/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](#).

Resources**Information for the public**

<https://www.nice.org.uk/guidance/ng67/ifp/chapter/Help-to-manage-your-medicines-if-you-receive-social-care-at-home>