

# Medicines management for people receiving social care in the community

Quality standard

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This standard is based on NG67.

This standard should be read in conjunction with QS136, QS132, QS123, QS120 and QS85.

## Quality statements

**Statement 1** Adults having an assessment for social care in the community have their medicines support needs included in the assessment.

**Statement 2** Adults receiving medicines support in the community from a social care provider have their general practice and supplying pharmacy informed that support has started.

**Statement 3** Adults receiving medicines support in the community from a social care provider have a record of the medicines support that they need in their care plan.

**Statement 4** Adults receiving medicines support in the community from a social care provider are given information on how to raise any medicines-related problems.

NICE has developed guidance and a quality standard on patient experience in adult NHS services (see the NICE Pathway on [patient experience in adult NHS services](#)), which should be considered alongside these quality statements.

Other quality standards that should be considered when commissioning or providing medicines support services for people receiving social care in the community include:

- [Transition between inpatient hospital settings and community or care home settings for adults with social care needs](#) (2016) NICE quality standard 136
- [Social care for older people with multiple long-term conditions](#) (2016) NICE quality standard 132
- [Home care for older people](#) (2016) NICE quality standard 123
- [Medicines optimisation](#) (2016) NICE quality standard 120
- [Medicines management in care homes](#) (2015) NICE quality standard 85

A full list of NICE quality standards is available from the [quality standards topic library](#).

## Quality statement 1: Assessing medicines support needs

### *Quality statement*

Adults having an assessment for social care in the community have their medicines support needs included in the assessment.

### *Rationale*

People's medicines support needs should be assessed as part of an overall assessment of needs and preferences for social care in the community, and then as needed. This helps people and their families or carers to share their aims and goals for how they manage their medicines. It also allows them to agree any support needed from services to take medicines safely and effectively.

### *Quality measures*

#### **Structure**

Evidence that assessments of an adult's needs and preferences for social care in the community include assessment of their medicines support needs.

**Data source:** Local data collection, for example from assessment forms.

#### **Process**

Proportion of adults having an assessment for social care in the community who have their medicines support needs included in the assessment.

Numerator – the number in the denominator who have their medicines support needs included in the assessment.

Denominator – the number of adults having an assessment for social care in the community.

**Data source:** Local data collection, for example audit of assessments for social care in the community.

## Outcome

Satisfaction of people receiving social care in the community that their medicines support meets their needs and preferences.

*Data source:* Local data collection, for example service user and carer satisfaction surveys.

### *What the quality statement means for different audiences*

**Service providers** (services assessing social care needs) ensure that procedures for assessing an adult's needs and preferences for social care in the community include an assessment of medicines support needs. Assessments of medicines support needs are then carried out as needed. Staff who assess medicines support needs are trained and have the necessary knowledge, skills and experience.

**Commissioners** (local authorities) ensure that services responsible for assessing people's need for social care in the community have systems in place to assess people's medicines support needs as part of the needs and preferences for social care in the community, and then as needed.

**Adults being assessed for social care support at home (and their families or carers, if appropriate)** are asked about any medicines they are taking and whether they need help to use or look after them. This is checked again at an agreed time to make sure they have the support they need.

### *Source guidance*

Managing medicines for adults receiving social care in the community (2017) NICE guideline NG67, recommendation 1.2.1

### *Definitions of terms used in this quality statement*

#### **Medicines**

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.

[NICE's guideline on managing medicines for adults receiving social care in the community]

## Medicines support needs

Medicines support needs should 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
- 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.

Family members and carers should be included in the process, if this has been agreed with the person who is having their needs assessed.

[NICE's guideline on [managing medicines for adults receiving social care in the community](#), recommendations 1.2.4 and 1.2.5]

## *Equality and diversity considerations*

If a person has a learning disability, cognitive decline or fluctuating mental capacity, services providing medicines support should make reasonable adjustments to ensure that the person and their family members or carers are actively involved in discussions and decision-making. The

person's views and preferences should be recorded to help make decisions in the person's best interest if they lack capacity to make decisions now or in the future.



## Quality statement 2: Communicating that medicines support has started

### *Quality statement*

Adults receiving medicines support in the community from a social care provider have their general practice and supplying pharmacy informed that support has started.

### *Rationale*

Knowing who is responsible for providing medicines support and who to contact allows prescribers to communicate any changes to medicines to the relevant person. This helps to ensure that all services involved in medicines support can share information about any changes to medicines or medicines support needs, and that people receive the support they need to take their medicines safely and effectively.

### *Quality measures*

#### **Structure**

Evidence of local arrangements for social care providers to notify a person's general practice and supplying pharmacy when they start to provide them with medicines support in the community.

**Data source:** Local data collection, for example a documented medicines policy.

#### **Process**

a) Proportion of adults receiving medicines support in the community from a social care provider whose general practice is informed that medicines support has started.

Numerator – the number in the denominator whose general practice is informed that they have started to receive medicines support.

Denominator – the number of adults receiving medicines support in the community from a social care provider.

**Data source:** Local data collection, for example audit of records of adults receiving medicines support in the community from a social care provider.

b) Proportion of adults receiving medicines support in the community from a social care provider whose supplying pharmacy is informed that medicines support has started.

Numerator – the number in the denominator whose supplying pharmacy is informed that they have started to receive medicines support.

Denominator – the number of adults receiving medicines support in the community from a social care provider.

**Data source:** Local data collection, for example audit of records of adults receiving medicines support in the community from a social care provider.

## Outcome

Number of medicines-related incidents.

**Data source:** Local data collection, for example audit of incident reporting and service user complaints from adults receiving medicines support in the community from a social care provider.

## *What the quality statement means for different audiences*

**Service providers** (social care providers) have procedures in place to inform the person's general practice and supplying pharmacy when they start to provide medicines support to an adult receiving social care in the community.

**Registered managers of services** providing medicines support to adults receiving social care in the community inform the person's general practice and supplying pharmacy when they start to provide them with medicines support.

**Healthcare professionals** (prescribers and supplying pharmacies) record when an adult receiving social care in the community is starting medicines support, and make a note of who to contact about any changes to medicines.

**Commissioners** (local authorities) ensure that they commission services that inform the person's general practice and supplying pharmacy when adults receiving social care in the community start to have medicines support.

**Adults receiving social care at home** have their general practice and supplying pharmacy told if they start having help with their medicines. This means that their GP and pharmacist know who to contact if there are any changes to the person's medicines or to their support needs.

### *Source guidance*

Managing medicines for adults receiving social care in the community (2017) NICE guideline NG67, recommendations 1.3.1 and 1.3.2

### *Definitions of terms used in this quality statement*

#### **Medicines**

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.

[NICE's guideline on managing medicines for adults receiving social care in the community]

#### **Social care provider**

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

[NICE's guideline on managing medicines for adults receiving social care in the community]

## Quality statement 3: Recording medicine support needs

### *Quality statement*

Adults receiving medicines support in the community from a social care provider have a record of the medicines support that they need in their care plan.

### *Rationale*

Medicines use can be complex, particularly when people have several long-term conditions and are taking multiple medicines. It is important that people taking and administering medicines have an accurate record of the medicines support needed. This includes information about what support is needed, how it should be provided and who can provide the support. This can help to make sure that medicines are taken safely and effectively and enables people to manage their medicines.

### *Quality measures*

#### Structure

Evidence of local processes for social care providers to ensure that care plans include a record of the medicines support a person needs.

**Data source:** Local data collection, for example an audit of local processes.

#### Process

Proportion of adults receiving medicines support in the community from a social care provider whose care plan includes a record of the medicines support they need.

Numerator – the number in the denominator that include a record of the medicines support they need.

Denominator – the number of care plans for adults receiving medicines support in the community from a social care provider.

**Data source:** Local data collection, for example an audit of care plans for adults receiving medicines support in the community from a social care provider.

## Outcome

a) Satisfaction of people providing medicines support with information recorded about the medicine support needed.

*Data source:* Local data collection, for example staff surveys.

b) Satisfaction of people receiving social care in the community with their medicines support.

*Data source:* Local data collection, for example service user and carer satisfaction surveys.

## *What the quality statement means for different audiences*

**Service providers** (social care providers) have robust processes for ensuring that a person's medicines support needs are recorded in their care plan following assessment. The record of support needs should include the person's preferences and their expectations for confidentiality.

**Commissioners** (local authorities and clinical commissioning groups) ensure that they commission services that follow robust processes for ensuring that care plans include a record of the medicines support needed by a person.

**Adults receiving social care at home that includes help with their medicines** have information about the way they would like to be supported to take their medicines written into their care plan, so that they get the help they need to take them correctly.

## *Source guidance*

[Managing medicines for adults receiving social care in the community \(2017\) NICE guideline NG67, recommendations 1.2.5](#)

## *Definitions of terms used in this quality statement*

### Medicines

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.

[NICE's guideline on [managing medicines for adults receiving social care in the community](#)]

## Record of medicines support needs

If a person needs medicines support, the following information should be included in their 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.

[NICE's guideline on [managing medicines for adults receiving social care in the community](#), recommendation 1.2.5]

## Social care provider

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

[NICE's guideline on [managing medicines for adults receiving social care in the community](#)]

## *Equality and diversity considerations*

If a person has a learning disability, cognitive decline or fluctuating mental capacity, services providing medicines support should make reasonable adjustments to ensure that the person and their family members or carers are actively involved in discussions and decision-making. The person's views and preferences should be recorded to help make decisions in the person's best interest if they lack capacity to make decisions now or in the future.

## Quality statement 4: Managing medicines-related problems

### *Quality statement*

Adults receiving medicines support in the community from a social care provider are given information on how to raise any medicines-related problems.

### *Rationale*

People receiving medicines support, and their families or carers, need to be able to raise any concerns about their medicines and the support needed to take them. This can help people to have their concerns addressed, improve management of medicines and may prevent medicines-related incidents. It can also help services to learn from and prevent further medicines-related problems.

### *Quality measures*

#### **Structure**

a) Evidence of local processes for service providers to actively encourage adults receiving medicines support in the community to raise any medicines-related problems.

**Data source:** Local data collection, for example documented procedures for identifying, reporting, reviewing and learning from medicines-related problems.

b) Evidence that care workers providing medicines support for adults receiving social care in the community give them information on how to raise any problems with their medicines.

**Data source:** Local data collection, for example an audit of care plans of adults receiving social care in the community that includes medicines support.

#### **Process**

Proportion of adults receiving medicines support in the community from a social care provider who are given information on how to raise any medicines-related problems.

Numerator – the number in the denominator who are given information on how to raise any medicines-related problems.

Denominator – the number of adults receiving medicines support in the community from a social care provider.

**Data source:** Local data collection, for example an audit of service user records or service user surveys of adults receiving medicines support in the community from a social care provider.

## Outcome

a) People's satisfaction with being able to raise medicines-related problems.

**Data source:** Local data collection, for example service user and carer satisfaction surveys.

b) Number of medicines-related problems raised by adults receiving social care in the community.

**Data source:** Local data collection, for example service user records.

c) Number of medicines-related incidents involving adults receiving social care in the community.

**Data source:** Local data collection, for example an audit of medicines-related incidents involving adults receiving medicines support in the community from a social care provider.

## *What the quality statement means for different audiences*

**Service providers** (social care providers) should have robust processes for identifying, reporting, reviewing and learning from medicines-related problems. These processes should actively encourage people receiving medicines support from a social care provider to raise their concerns. Staff providing medicines support should be given information on how to raise medicines-related problems and trained to understand processes for managing medicine-related problems.

**Health and social care practitioners** (such as care workers) providing medicines support follow their organisation's processes for identifying, reporting, reviewing and learning from medicines-related problems. They provide information to service users on how to raise medicines-related problems.

**Commissioners** (local authorities and clinical commissioning groups) ensure that they commission services that follow robust processes for identifying, reporting, reviewing and learning from medicines-related problems, and that information is provided to staff and service users on how to raise medicines-related problems.



Adults receiving social care at home that includes help with their medicines (and their family members or carers if appropriate) are given information and advice on how to raise any problems they have with their medicines or the support they have to take their medicines.

### *Source guidance*

Managing medicines for adults receiving social care in the community (2017) NICE guideline NG67, recommendation 1.6.2

### *Definitions of terms used in this quality statement*

#### **Medicines**

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.

[NICE's guideline on managing medicines for adults receiving social care in the community]

#### **Medicines-related problems**

Medicines-related problems include:

- 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).

[NICE's guideline on [managing medicines for adults receiving social care in the community](#), recommendation 1.6.2]

## Social care provider

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

[NICE's guideline on [managing medicines for adults receiving social care in the community](#)]

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See [quality standard advisory committees](#) on the website for details of standing committee 3 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the [quality standard's webpage](#).

This quality standard has been included in the NICE Pathway on [managing medicines for people receiving social care in the community](#), which brings together everything we have said on this topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## *Improving outcomes*

This quality standard is expected to contribute to improvements in the following outcomes:

- carer-reported quality of life
- emergency readmissions
- health-related quality of life
- patient safety
- people's control over their daily life
- people's feelings of being supported to manage their condition
- social care-related quality of life.

It is also expected to support delivery of the Department of Health and Social Care outcome frameworks:

- [Adult social care outcomes framework](#)
- [NHS outcomes framework](#)
- [Public health outcomes framework for England](#).

## *Resource impact*

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance.

## *Diversity, equality and language*

During the development of this quality standard, equality issues were considered and [equality assessments](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard 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 quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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### *Endorsing organisation*

This quality standard has been endorsed by The Department of Health and Social Care, as required by the Health and Social Care Act (2012)