Registered managers webinar: Medicines from the regulatory perspective

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

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.

(electronic records) / medication?

CQC has guidance on its website on <u>what good looks like for digital records in adult</u> <u>social care</u> and further medicines information on <u>administration records</u>.

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 user dication 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 ($\underline{\rm NG67}$

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-

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 NICE m0.267 0.-3@00300@005s?

If a client has Type 2 diabetes

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 (<u>NG67</u>) also sets out good practice for information sharing and joint working relating to medicines.

en 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.