

Registered managers webinar: Medicines from the regulatory perspective (part 2)

Skills for Care webinar, in partnership with CQC Thursday 27 January 2022

Here is a list of question raised during the webinar, with responses provided by CQC. This webinar covered three topics: **PRN ('when required') medicines, controlled drugs and patches, including rotation.**

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

Questions

TOPIC 1: PRN ('when required') medicines

What would you expect to see on a risk assessment for an adult who chooses to smoke, but uses paraffin-based emollients by choice?

This information should be documented in a risk assessment. Further information can be found on the CQC website on [fire risk from use of emollient creams](#) and [managing oxygen in care homes](#).

Is there a comprehensive template of a medication chart / administration of PRN medications you can share?

There is no nationally agreed template for a medicines administration record. NICE guidance provides information on what should be included on a medicines administration record for both care homes ([SC1](#)) and people receiving care in the community ([NG67](#)).

The NICE guidance for managing medicines in a care home (SC1) is from 2014; how often is this reviewed?

NICE decides how often its guidance is reviewed. The guidance was last reviewed in December time.

Can you please clarify the differences between 'PRN' (when required) medicines and homea48>3me.

Can CQC provide a sample of what a good person-centred PRN looks like?

This was covered during the webinar, and you may also wish to speak to your local CCG medicines optimisation team for further advice.

Is there a NICE guidance, like NG67 for paediatrics?

No, not that we are aware.

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Do carers have the power to stop service users from taking their PRN medications?

We advise you visit the CQC website on the [Mental Capacity Act 2005](#) for further information.

Can you please advise how in social/p0.267 0.510 049.19 rg0.290.49.19 RGr9RGp5.32 8JEuid67

Do PRN protocols need GP signatures?

No, however, staff should have access to enough information to enable them to follow the instructions of the prescriber, so if this is not the case, you may need to liaise with the GP to seek clarity.

We have been brought into compliance issues for not having a PRN protocol, but staff have known when to prescribe the medicines and we were unable to challenge this. Can you please provide further context?

Staff need to have access to information on PRN medicines to enable them to support people and to ensure consistency in how people are supported. This information should be recorded, but there is no set template for this.

Is there guidance on the recording of PRN on a MAR chart? I have experience of different inspectors expecting different recording styles.

It is good practice to make a record of when a PRN medicine has been offered but refused. This record could be on the MAR chart or elsewhere as per your own medicines policy. As a regulator, we are not in a position to tell you how to manage this. The provider should decide how this will be managed and ensure that it is included in the medicines policy. Please also visit the [PRN medicines](#) webpage for further information and NICE also has information in its [SC1](#) and [NG67](#) guidance documents.

Some GPs no longer prescribe PRN medicines, e.g., paracetamol, and it can be hard to get them added to the MAR chart. Staff may not be aware of the effects of some PRN reacting with other medicines and are not medically trained to say dose or frequency. Can you offer any advice please?

Staff should seek advice from a healthcare professional (e.g., doctor, pharmacist or nurse) to ensure that medicines purchased over-the-counter do not interact with existing medicines. For further information, please visit the CQC webpage on [over-the-counter medicines and homely remedies](#).

Is the STOMP initiative informed by some research findings? If so, can you please signpost us to the source?

You can read more about this in the original Public Health England [paper](#) (2015).

- note in the resident's care record the instructions for:
 - when and how to take or use the medicine (for example, 'when low back pain in troublesome take 1 tablet')
 - monitoring
 - the effect they expect the medicine to have
- include dosage instructions on the prescription (including the maximum amount to be taken in a day and how long the medicine should be used, as appropriate) so that this can be included on the medicine's label
 - prescribe the amount likely to be needed (for example, for 28 days or the expected length of treatment)
 - liaise with care home staff to see how often the resident has had the medicine and how well it has worked'

Health professionals are not responsible for writing the PRN information; the care provider is. However, they may contribute, and this may help overcome this obstruction.

If the service user has advanced dementia, how can the care worker determine when pain requires paracetamol? You mentioned that we should look out for signs, symptoms and behaviours, but how can a care worker be sure that the sign is pain?

When the care plan is written, it should include enough information for care workers to determine when to offer the paracetamol and how much to give if the dose is variable. If you require further support with determining this information, you may wish to seek clarity from the prescriber, and relatives / carers of the person.

TOPIC 2: Controlled drugs

What about the storage of controlled drugs in domiciliary care?

This was covered in the webinar, but for further information, please visit the [controlled drugs](#) webpage.

Is there a list of controlled drugs and how should they be stored?

Yes, on the CQC [webpage](#) and the Government [webpage](#).

Does there need to be two people to sign and administer controlled drugs in a client's home?

No. For further information, please visit the CQC [webpage](#).

Did I hear that the controlled drugs keys should be kept separate to the other medication keys?

We said that **spare** controlled drugs keys should be kept separately. For further information, please visit the CQC [webpage](#).

Where do you keep controlled drugs keys for safety?

You mentioned the second member of staff administering controlled drugs should have the appropriate knowledge. Where would we stand with the resident being the second person if they understand?

As a regulator, we are not in a position to tell you how to manage this. The provider should decide how this will be managed and ensure that it is included in the medicines policy.

What is the length of time between opening topical creams and expiry in a care home?

In residential services,
opened. Some are subject to environmental contamination. Discard these according to
For further information, please visit the CQC

No, as the controlled drugs in homes care will be prescribed for individual use.

Regarding the disposal of controlled drugs in the community (clients' own homes) – would they need to go back to the pharmacy?

Yes. For further information, please visit the CQC webpage.

This would depend on individual circumstances. The advice is more applicable generally to transdermal administration from patches.

My client rotates her oxybutynin patch onto each buttock, so on the left side for three days and on the right side for four days. Is this enough of a rotation or should I encourage her to use more sites?

According to the manufacturer of Kentera: *A new patch application site should be selected with each new patch to avoid reapplication to the same site within seven days*'.

What alternative process for disposing of medication should be followed when community pharmacies have refused to take unwanted / unused medication?

Community pharmacies MUST accept unwanted / out-of-date / waste medicines for disposal from patients and households, as this is an NHS contractual requirement. If this is not happening, contact the general pharmaceutical council, who regulate community pharmacies. For further information, please visit [here](#).

Regarding disposing patches, how should we be disposing of them safely in the community?

Regarding domiciliary care patches – can these be disposed of in clients' own wastebins?

This needs to be decided by the care provider in accordance with local arrangements. Used patches contain some residual drugs. After use, patches should be folded so that the adhesive side of the patch sticks to itself. The folded patch should then be placed back into the original sachet. Used patches should be kept out of sight and reach of children – even used patches contain some medicine that may harm children and may even be fatal.

My understanding is that while the over-prescription of antipsychotics has been reduced, the pandemic saw an increase in the prescription of epilepsy medication and anti-depressives in order to control behaviour. Is that also your experience, and what should social care providers do about it?

The NHS digital data can be found [here](#), but yes, prescribing of antipsychotics has reduced slightly, but is still significantly higher prevalence in people with a learning disability compared to the general population. Medicines should be prescribed in the best interest of the individual. Prescribers should be following best practice and should be ensuring that medicines are reviewed appropriately. For further information, please visit the CQC [webpage](#).

What is the patch falls off and when you want to apply a new one, you can't find the old patch?

Seek advice from the prescriber to decide the best course of action.

Regarding patches, is it worth having some kind of body mapping regarding the location