

**Registered managers webinar: Medicines from the regulatory perspective (part 3)**



medicine that is classed as an over-the-counter (OTC) product has been purchased, then the service should follow their policy for OTC medicines.

**If a service user has paracetamol or vitamin tablets that are not prescribed, can we add these to our MAR chart and administer?**

Yes. From NICE [NG67](#)

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. This includes details of all support for prescribed and over-the-counter medicines, such as:

- reminding a person to take their medicine

- giving the person their medicine

- recording whether the person has taken or declined their medicine (see also

**Just for clarification, if a resident is taking an OTC themselves, does this just need to be in care plan not MAR chart?**

All medicines and administrations need to be recorded on the MAR chart.

**Is there a list of what could be kept as a homely remedy?**

There is no specific list. You can discuss with the person's GP and/or community pharmacy.

From NICE guidance [NG67](#): 1.4 Sharing information about a person's 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-quality care. Take into account the 5 rules set out in the Health and Social Care Information Centre's guide to confidentiality in health and social care (2013) when sharing

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. Social care practitioners include, but are not limited to, care workers, case managers, care

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## TOPIC 4: General

**For 16-17-year-olds who have a mental health condition with a high risk of overdose, but have capacity around their medication, what is best practice for the management of this? Would this be through consent with the young person (as least restrictive) and a shared risk management plan with local authorities?**

**If consent was refused would this be an inherent jurisdiction decision or is evidence of a shared risk approach in care planning/Risk management plan with the corporate parent of the local authority sufficient?**

You would need to make a best interest decision involving all the relevant parties (client, parents / carers / independent advocate if applicable, prescriber, care provider).

**When community nurses are responsible for insulin injections and have their own records, do community care providers need to replicate those records?**

From NICE guidance [NG67](#): 1.4 Sharing information about a person's 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-quality care. Take into account the five rules set out in the Health and Social Care Information Centre's [guide to confidentiality in health and social care \(2013\)](#) when sharing information.

**Does the CQC provide any guidance for provider responsibilities when supporting someone with an Omnipod insulin administration system?**

The CQC is not able to provide guidance for specific administration systems.

**There has been a lot of discussion on Pill Time pouches. Our MOCH team is not keen; what is your stance?**

As a regulator, we do not have an opinion on this system of medicines administration. Care providers need to ensure that the level of care they provide is not compromised and that they are able to implement the system and still provide safe and effective care.

needs to ensure it works for them and their service users and then ensure their medicines policy reflects this.

**Is there a legal requirement or recommended standard of medication cabinet to use?**

Only for controlled drugs. There is a recommended standard for healthcare establishments.

**Internal and external prep meds have historically required to be stored separately. I have spoken to the Local Authority since and they have advised this is not the case, please can you clarify?**

There is no recommendation. The service should follow their own policy for safe storage of medicines.

**We also have in our contract with the Local Authority that all antipsychotic medication should be reviewed every three months, I can't find this in the NICE guidelines. Please**