345. | March 2024 | 2.0

PrescQIPP
Funded by the NHS for the NHS

Domiciliary care

Domiciliary care (sometimes referred to as homecare/home care or home help) involves people receiving help at home from a carer.[1] This can either be a paid carer or an unpaid carer (usually family, friends or neighbours).

There are a wide range of social care services available to assist people living in their own homes with day-to-day tasks, including help with their medicines.[1] These services can be funded by health or social care commissioners, the local council or the person using the services themselves.

This bulletin includes recommendations related to medicines management for people receiving domiciliary care. Although guidance specific to England, Wales, Scotland or Northern Ireland is referenced in this bulletin, all of the recommendations contained within are considered to represent 'best practice'.

Please note: the term homecare medicines service is also used to refer to the delivery of ongoing specialist medicine supplies and associated care direct to a patient's home, initiated by a hospital prescriber. This is outside the scope of this bulletin and any reference to homecare or home care herein refers to people receiving help at home from a carer, as outlined above.

Recommendations

Prescriber recommendations

- Ensure that any medicines management requirements/guidance are written into the home care plan, including the purpose of, and information on, medicines; the importance of dosage and timing, and implications of non-adherence; and details of who to contact in the case of any concerns.
- Do not issue seven day (or instalment) prescriptions to request that a pharmacy/dispensary supply a multi-compartment compliance aid/monitored dosage system (commonly referred to as dosette boxes or blister packs). In addition, requests for multi-compartment compliance aids should not be included on the prescription (e.g. in the directions for use). Seven day (instalment) prescriptions should only be issued if there is a clinical need for a patient to have their quantity of medication restricted to a seven day supply, e.g. safety concerns about supplying more than one week at a time or where a patients medication regimen is considered unstable and may be susceptible to change, in line with PrescQIPP Bulletin 321.
- Provide clear written directions on the prescription for addition to the dispensing label on how and when each prescribed medicine should be taken or given. Additional information is required for time-sensitive or 'when required' medicines to ensure they are administered correctly.
- Do not request that care workers 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 and good practice frameworks.
- Healthcare professionals should provide ongoing advice and support about a person's medicines to the patient and carer.

Recommendations

Prescriber recommendations continued

- Healthcare professionals should check if any changes or extra support may be helpful, for example, by checking whether the person's medicines regimen can be simplified, information about time-sensitive medicines has been shared, any medicines can be stopped, the formulation of a medicine can be changed, support can be provided for problems with medicines adherence, or a review of the person's medicines may be needed. This may negate the need for domiciliary care.
- Prescribers should communicate any medication changes (for example, when stopping or starting a medicine, or on discharge from hospital) by informing the person or their named contact, providing written instructions of the change or issuing a new prescription, and informing the person's supplying pharmacy/dispensary if this is needed and agreed with the person and/or their family members or carers.
- When changes to a person's medicines need to be made verbally to avoid delays in treatment (for example, by telephone, video link or online), prescribers should give written confirmation by an agreed method, for example, secure email, as soon as possible, including communicating details of medicines stopped or replaced, the total daily dose when another strength of the same medicine is added, etc.
- Ensure that prescribing is in line with guidance for items which should not be prescribed in primary care because they are unsafe, ineffective for some or all patients, or are not cost-effective.

Dispenser recommendations

- Ensure that, where social care providers are responsible for ordering a person's medicines, this task is not delegated to the supplier (e.g. pharmacy/dispensing doctor/appliance contractor, etc.), unless this has been requested and agreed with the person and/or their family members or carers and the relevant GP practice.
- Do not routinely supply multi-compartment compliance aids/monitored dosage systems (commonly referred to as dosette boxes or blister packs) if a carer is responsible for administering medicines. Medicines should be administered from their original packaging or the container they were supplied in.
- Clear written directions must be provided on the prescription and included on the dispensing label on how each prescribed medicine should be taken or given, including when doses should be given. Additional information is required for time-sensitive or 'when required' medicines to ensure they are administered correctly.
- Supply a printed medicines administration record (MAR) for dispensed and over the counter medication for carers who are providing support with medicines taking, where there are resources to produce this. A reminder chart may be useful for carers who are not administering medication.
- Healthcare professionals should provide ongoing advice and support about a person's medicines to the patient and carer.
- Healthcare professionals should check if any changes or extra support may be helpful, for example, by checking whether the person's medicines regimen can be simplified, information about time-sensitive medicines has been shared, any medicines can be stopped, the formulation of a medicine can be changed, support can be provided for problems with medicines adherence, or a review of the person's medicines may be needed, to support the prescriber
- Support prescribers to highlight where prescribing is not in line with guidance for items which should not be prescribed in primary care because they are unsafe, ineffective for some or all patients, or are not cost-effective.

National guidance and legislation

The Care Act 2014 is the law that sets out how adult social care in England should be provided. It requires local authorities to make sure that people who live in their areas:[2]

- Receive services that prevent their care needs from becoming more serious or delay the impact of their needs.
- Can get the information and advice they need to make good decisions about care and support.
- Have a range of high quality, appropriate services to choose from.
- Have more control over how their care and support is organised.

The National Institute for Health and Care Excellence (NICE) published national guidance [NG21] entitled '*Home care: delivering personal care and practical support to older people living in their own homes*' in 2015, which includes specific reference to medicines management.[3] This document states that social care practitioners should liaise with healthcare practitioners and other people involved in the person's care and support to ensure the home care plan promotes wellbeing, particularly in relation to medicines management, pain management and overall skin integrity and preventive care.[3]

NICE also states that any medicines management requirements should be written into the home care plan, including:[3]

- The purpose of, and information on, medicines.
- The importance of dosage and timing, and implications of non-adherence.
- Details of who to contact in the case of any concerns.

In addition to NG21, NICE has also published NG67, '*Managing medicines for adults receiving social care in the community*' in 2017.[4] NICE published a quality standard in 2016 covering home care given to older people in their own homes to meet their assessed social care needs.[5]

In Scotland, the Care Inspectorate published a document entitled '*Review of medicine management procedures: Guidance for care at home services*' in 2017, which provides general advice on the legal requirements and best practice guidelines relating to registered care at home services.[6]

The Community Care and Health (Scotland) Act 2002 introduced free personal care for adults, regardless of income or whether they live at home or in residential care.[7]

In Wales, the Social Services and Well-being (Wales) Act 2014 came into force on 6 April 2016 and provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales.[8]

The All Wales Medicines Strategy Group (AWMSG) published the '*All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers*' in 2020.[9] The guidance is intended to provide managers, responsible individuals, registered nurses and care support workers with information on how and when a registered nurse may delegate the task of medicines support to a care support worker, and the necessary education and training standards, and policies and procedures that are required to facilitate this.[9]

In Northern Ireland, the Health and Social Care Act (Northern Ireland) 2022 sets out the relevant legislation for meeting the health and social care needs of people[10] and the Regulation and Quality Improvement Authority (RQIA) produced '*Guidelines for the control and administration of medicines for domiciliary care agencies*'.[11]

Assessing and reviewing medicines support needs

NICE defines medicines support as any support that enables a person to manage their medicines.[4] This varies for different people depending on their specific needs and includes all prescription and non-

prescription (over the counter) healthcare treatments, including (but not limited to) oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.[4]

Enabling and supporting people to manage their medicines is an essential part of helping people to actively participate in their own care, with help from family members or carers if needed.[4]

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.[12]

In England and Wales, the local organisation responsible for assessing a person's medicines support needs should follow the NICE recommendations set out in NG67:[4]

- Assess a person's medicines support needs as part of the overall assessment of their needs and preferences for care and treatment.
- Responsibility for managing a person's medicines should not be assumed unless the overall assessment indicates the need to do so, and this has been agreed as part of local governance arrangements.
- Ensure that people assessing a person's medicines support needs (for example, social workers) have the necessary knowledge, skills and experience.
- Engage with the person (and their family members or 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 to manage their own medicines, taking into account the person's needs and preferences.
- Record the discussions and decisions about the person's medicines support needs. If the person needs medicines support include information in the provider's care plan.
- Review a person's medicines support to check whether it is meeting their needs and preferences. This should be carried out at the time specified in the provider's care plan or sooner if there are changes in the person's circumstances.

The Care Inspectorate (Scotland) document states that assessment of capabilities with medicines is central to the success of managing medicines in the care at home setting. It should be made with the input of the person themselves (or a suitable welfare proxy if required) and lead to a signed plan of care ("contract") that details the agreed roles and responsibilities of care workers, the person themselves and/or any family members involved.[6]

The RQIA (Northern Ireland) document states that the assessment of care needs will inform the level of assistance to be provided to service users. Support needs should be identified at the care assessment stage and recorded in the care plan. It is important to differentiate between providing assistance with medication and administering medication.[11]

Care workers should only provide the medicines support that has been agreed and documented in the provider's care plan.[4]

Medicines ordering, supply and disposal

Responsibility for ordering, transporting, storing or disposing of medicines usually stays with the person and/or their family members or carers. However, where it is agreed that social care providers are responsible for these functions, effective medicines management systems need to be in place.[4] Where staff have a role in medicines management (ordering/disposal/administration), then it would generally be good practice for that activity to be recorded.[6]

Where care workers are involved, records should be kept of all requests for receipt and disposal of medicines. It is considered good practice for records of the return of controlled drugs to be signed by the pharmacist receiving them for destruction.[11]

When social care providers are responsible for ordering a person's medicines they should not delegate this task to the supplying pharmacist/dispensary (or other provider), unless this has been requested and agreed with the person and/or their family members or carers.[4]

Supplying pharmacists and dispensing doctors must make reasonable adjustments to the supplied packaging to help the person manage their medicines (for example, childproof tops), in line with the Equality Act 2010.[4]

In Northern Ireland, guidelines state that under no circumstances may a care worker place medicines into an unsealed compliance aid for service users to administer at a later time, nor may they administer medicines from an unsealed compliance aid which has been filled by a service user or their relative/advocate or any other health care professional. Medicines must only be administered from the labelled container into which they have been dispensed by a pharmacist or dispensing doctor.[11]

NICE states that a monitored dosage system (or multi-compartment compliance aid, commonly known as a dosette boxes/blister pack) should only be considered when an assessment by a health professional (for example, a pharmacist) has been carried out, in line with the Equality Act 2010, and a specific need has been identified to support medicines adherence. The person's needs and preferences should be taken into account, and the person and/or their family members or carers and the social care provider should be involved in decision-making.[4]

However, if a carer is responsible for administering medicines, a monitored dosage system/multi-compartment compliance aid is not considered appropriate or good practice, and commissioners should endeavour to ensure that local arrangements reflect this.

In fact, the PrescQIPP bulletin entitled 'Multi-compartment compliance aids (MCAs)' highlights that there is insufficient evidence to support the benefits of multi-compartment compliance aids in improving outcomes or medicines adherence in people (whether a person is self-administering or receiving carer support).[13] See PrescQIPP Bulletin 321 Multi-compartment compliance aids (MCAs) for further information.

The use of original packs of medicines with appropriate support is the preferred option of supplying medicines to patients in the absence of a specific need requiring a monitored dosage system/multi-compartment compliance aid as an adherence intervention.[6,14]

Seven day (or instalment) prescriptions should only be generated if there is a clinical need for a patient to have their quantity of medication restricted to a seven day supply.[13] They should not be used to request that a pharmacy/dispensary supply a multi-compartment compliance aid, nor should such requests be included on the prescription (e.g. in the directions for use).[13] Whether adjustments are required under the Equality Act 2010 are for the supplying pharmacy contractor/dispensing doctor to determine,[13] not the prescriber.

Examples of a clinical need for a seven day supply include safety concerns about supplying more than one week at a time or where a patients medication regimen is considered unstable and may be susceptible to change, where a shorter prescription length may help to reduce waste.[13]

Directions for use and administration

Prescribers, supplying pharmacists and dispensing doctors should provide clear written directions (on the prescription and dispensing label) on how and when each prescribed medicine should be taken or given.[4] For, example, take one tablet twice a day would be more appropriately written as take one tablet twice a day in the morning and at bedtime. In addition, the site of application should be included for topical preparations and eye drops labels should state which eye the drops are to be administered into.

For time-sensitive medicines (e.g. insulin injections for diabetes or specific medicines for Parkinson's disease), this should include the following:[4]

- What the medicine is for.
- What dose should be taken.
- What time the dose should be taken, as agreed with the person.

For 'when required' medicines, this should include the following:[4]

- What the medicine is for.
- What dose should be taken (avoiding variable doses unless the person or their family member or carer can direct the care worker).
- The minimum time between doses.
- The maximum number of doses to be given (for example, in a 24-hour period).

In general, where care staff are administering medicines, the prescriber and care service would need to agree the following:[6]

- The maximum single dose.
- The dose interval.
- The maximum number of doses at one time/per day/week.
- The indication/criteria for giving the medicine and how this is recognised. The indication may range from "at the patient's request only" to "when the patient has leg pain".

This framework for administration must be specific because the carer is not normally responsible for making a blind judgement on whether a medicine is needed or the dose to be given; they will follow the criteria stated by the prescriber.[6]

In addition, the site of application should be included for topical preparations and eye drops labels should state which eye the drops are to be administered into.

Carers responsible for administering medicines to people should administer them from the original packaging.[13,14] In addition, care workers should not administer medicines from reusable plastic containers that are divided into day and time slots into which a person's weekly medicines are added which have been filled by family members or informal carers due to the risk of error.[11]

Anyone can administer a prescription medicine to another person, as long as the prescribed directions are followed.[9] However, appropriate training, support and competency assessment for care workers managing medicines is essential to ensure the safety, quality and consistency of care. Social care providers responsible for medicines support should have robust processes for medicines-related training and directly observed competency assessment for care workers, including annual review.[4]

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 and good practice frameworks (Mental Capacity Act 2005: Code of Practice) to protect both the person and care workers.[4]

Record keeping

Social care providers are required by law (The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014) to securely maintain accurate and up-to-date records about medicines for each person receiving medicines support.[4]

Care workers must record the medicines support given to a person for each individual medicine on every occasion.[4,6,11] This includes details of all support for prescribed and over the counter medicines,

such as reminding a person to take their medicine or giving the person their medicine and recording whether the person has taken or declined their medicine.[4]

Care workers should use a medicines administration record (MAR) to record any medicines that they administer to a person. Steps should be taken to ensure that this record remains up to date. This should ideally be a printed record provided by the supplying pharmacist, dispensing doctor or social care provider (if they have the resources to produce them).[4] Where medication is supplied directly by a secondary/tertiary care provider (e.g. hospital) and a separate MAR is supplied, this should be clearly noted on all systems (including all MAR charts) and in the person's care plan, to avoid any missed doses and facilitate appropriate transfer of care.

A care diary may also be used to record the prompting of/assisting with medicines, depending on local arrangements.[6]

Managing concerns about medicines

When social care providers have responsibilities for medicines support, they must have robust processes for dealing with medicines-related incidents and for identifying, reporting, reviewing and learning from medicines-related problems.[4,6,11]

Care workers and other social care practitioners should advise people and/or their family members or carers to seek advice from a health professional (for example, the prescriber or a pharmacist) if they have clinical questions about medicines.[4]

Joint working and communicating changes

Healthcare professionals working in primary and secondary care have an important role in advising and supporting care workers and other social care practitioners. Joint working enables people to receive integrated, person-centred support.[4]

Social care providers should notify a person's general practice and supplying pharmacy/dispensary when starting to provide medicines support and general practices should record details of the person's medicines support and who to contact about their medicines (the person and/or other named contact(s), e.g. family member, named care agency, community pharmacy) in their medical record, when notified that a person is receiving medicines support from a social care provider.[4]

Healthcare professionals should then provide ongoing advice and support about a person's medicines and check if any changes or extra support may be helpful, for example, by checking whether:[4]

- The person's medicines regimen can be simplified.
- Information about time-sensitive medicines has been shared.
- Any medicines can be stopped.
- The formulation of a medicine can be changed.
- Support can be provided for problems with medicines adherence.
- A review of the person's medicines may be needed.

The above may be considered as part of a Structured Medication Review.

When specific skills are needed to give a medicine (for example, using a percutaneous endoscopic gastrostomy [PEG] tube), healthcare professionals should only delegate the task of giving the medicine to a care worker when:[4]

- 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 or carer if they have lasting power of attorney) has given their consent.

- The responsibilities of each person are agreed and recorded.
- The care worker is trained and assessed as competent.

Healthcare professionals should continue to monitor and evaluate the safety and effectiveness of a person's medicines when medicines support is provided by a care worker.[4]

Prescribers should communicate any medication changes (for example, when stopping or starting a medicine, change of dose/formulation, or on discharge from hospital) by:[4]

- Informing the person and/or their named contact(s) (family member, named care agency, community pharmacy/dispensary), and
- Providing written instructions of the change or issuing a new prescription, and
- Informing the person's supplying pharmacy/dispensary, if this is needed and agreed with the person and/or their family members or carers.

When changes to a person's medicines need to be made verbally to avoid delays in treatment (for example, by telephone, video link or online), prescribers should give written confirmation as soon as possible. Written confirmation should be sent by an agreed method, for example, secure email,[4] including communicating details of medicines stopped or replaced, the total daily dose, etc.

Care should be person-centred and healthcare practitioners and home care workers should liaise regularly about the person's medication.[3,4] In addition, healthcare practitioners should write information and guidance for home care workers about medicines in the home care plan.[3] This should include the purpose of, and information on, the medicines prescribed, the importance of dosage and timing, and implications of non-adherence, and details of who to contact in the case of any concerns.[3]

Social care practitioners should liaise with healthcare practitioners and other people involved in the person's care and support to ensure the home care plan promotes wellbeing, particularly in relation to medicines management, pain management, and overall skin integrity and preventive care.[3]

Training and competence

Appropriate training, support and competency assessment for managing medicines is essential[6,11] to ensure the safety, quality and consistency of care.[4]

At recruitment, social care providers must ensure that workers have the necessary language, literacy and numeracy skills to do the job.[3]

When social care providers are responsible for medicines support, they should have robust processes for medicines-related training and competency assessment for care workers, to ensure that they:[4]

- Receive appropriate training and support.
- Have the necessary knowledge and skills.
- Are assessed as competent to give the medicines support being asked of them, including assessment through direct observation.
- Have an annual review of their knowledge, skills and competencies.

NICE states that home care workers should be able to recognise and respond to:[3]

- Common conditions, such as dementia, diabetes, mental health and neurological conditions, physical and learning disabilities and sensory loss.
- Common care needs, such as nutrition, hydration and issues related to overall skin integrity.
- Common support needs, such as dealing with bereavement and end-of-life.
- Deterioration in someone's health or circumstances.

In terms of training, the Skills for Care Endorsement recognises learning providers who deliver high quality learning and development to the adult social care sector.[15] PrescQIPP is an endorsed Skills for Care provider of e-learning for the adult social care sector and information regarding the availability of courses can be found at https://www.prescqipp.info/learning/community-and-social-care. Managing medicines for adults receiving social care in the community: course 1 and 2 are freely available to all subscribers and their social care providers.

Self care and over the counter (OTC) products

When social care providers have responsibilities for medicines support, they should have robust processes for managing non-prescribed or OTC medicines[6,11] that are requested by a person, including seeking advice from a pharmacist or another health professional and ensuring that the person understands and accepts any risk associated with taking the medicine.[4] People should be supported to access over the counter products to enable them to self care, with appropriate safeguards put in place.

The NHSE policy guidance on conditions for which over the counter items should not be routinely prescribed in primary care was published on 12 March 2024. It provides recommendations for items that are available OTC that should not be routinely prescribed in primary care in England because:

- There is limited evidence of clinical effectiveness for the item.
- The item would be prescribed for a condition that is self-limiting and will clear up on its own without the need for treatment.
- The item would be prescribed for a condition that is appropriate for self-care.[16]

PrescQIPP bulletin 320: Over the counter items supports the implementation of the NHSE guidance and includes a full guide, quick reference guide and patient information for the items for which OTC items should not routinely be prescribed in primary care.[17]

PrescQIPP has also produced resources based on the NHSE policy guidance on items which should not routinely be prescribed in primary care because they are unsafe, ineffective for some or all patients, or are not cost-effective, e.g. herbal treatments and homeopathy.[18] The PrescQIPP guidance also includes recommendations specific to Scotland and Wales. In Northern Ireland, the Northern Ireland Formulary includes information on these medicines and cost-effective choices.[19]

These items should not be requested to be prescribed by social care services or care workers where they are not appropriate (in line with relevant guidance).

Unpaid carers

An unpaid carer is anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.[20]

It has been shown that the number of unpaid carers is increasing and caring responsibilities can have an adverse impact on the physical and mental health, education and employment potential of those who care, which can result in significantly poorer health and quality of life outcomes.[20] These, in turn, can affect a carer's effectiveness and lead to the admission of the cared for person to hospital or residential care.[20]

People requiring additional support should have a care needs assessment (e.g. through their local council or other local arrangement) to assess their eligibility for support. Depending upon which part of the UK the person resides and/or their financial assessment, this may be funded or the person may have to pay for this. The additional resources below include patient/family/carer information regarding accessing and paying for care in different countries within the United Kingdom.

Additional resources

Age UK has a webpage containing information to help people find the right care they need at home. https://www.ageuk.org.uk/information-advice/care/arranging-care/homecare/

Age Cymru has produced a factsheet entitled 'Paying for care and support at home in Wales', May 2023. https://www.ageuk.org.uk/globalassets/age-cymru/documents/information-guides-and-factsheets/fs46w.pdf

Information on where to access domiciliary care in Northern Ireland is available at https://www.northerntrust.hscni.net/services/domiciliary-care/how-do-i-access-the-service/

Information on free personal care (which includes support with medication) in Scotland can be found at https://www.gov.scot/publications/free-personal-nursing-care-qa/

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Summary

Enabling and supporting people to manage their medicines is an essential part of helping people to actively participate in their own care, with help from family members or carers if needed.[4]

Making sure that appropriate consideration is given to the medicines management requirements of people receiving domiciliary medicines support from a carer will help to ensure the safety, quality and consistency of care to support people living in their own homes.

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Additional PrescQIPP resources

Briefing	https://www.prescqipp.info/our-resources/bulletins/bulletin-345-domiciliary-care/
Implementation tools	

Information compiled by Gemma Dowell, PrescQIPP CIC, January 2024 and reviewed by Katie Smith, PrescQIPP CIC, March 2024. Non-subscriber publication March 2025.

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