HCPA: Medication and Compliance in Adult Social Care webinar FAQ

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Webinar Q&A and Outstanding Questions

1. Incident Reporting and Learning

Q: Do near miss medication errors need to be reported to CQC?

A: No. Near misses do not normally require notification to CQC if the error is identified before it reaches the person.

However, near misses should:

- Be recorded internally
- Be reviewed to identify learning
- Form part of your medicines incident process

CQC would only normally expect notification if the error is linked to:

- Death
- Injury
- Abuse or alleged abuse
- Police involvement

2. Prescriptions, Doses and Administration

Q: A prescription says "take 1 or 2 as needed". Is that acceptable?

A: Where a variable dose is prescribed, there should also be a clear variable-dose protocol stating when 1 dose should be given and when 2 doses should be given, based on the resident's symptoms or clinical need.

The prescription and/or supporting protocol should also clearly state the minimum interval between doses and the maximum dose that can be given within the specified period, usually 24 hours. This information should be available to staff at the point of administration so that decisions are consistent, safe and person-centred.

Q: Laxido is prescribed as "1 or 2 daily" but doesn't explain when to give one or two doses. What should we do?

A: The protocol should clearly state when one sachet should be given and when two sachets should be given, based on the resident's individual bowel pattern and clinical need.

The guidance should include the maximum daily dose, any required interval between doses, and clear parameters for when staff should withhold, reduce, increase or seek clinical advice. Where appropriate, this should link to the resident's bowel monitoring, for example frequency of bowel movements, stool consistency/Bristol Stool Chart and symptoms such as constipation or diarrhoea.

Q: How many "Rights" of medication administration are there?

A: The webinar promoted the following **6 Rights of Medication Administration** as the minimum standard:

1. Right person
2. Right medicine
3. Right dose
4. Right route
5. Right time
6. Right to refuse

Some organisations also include "Right documentation" and other additional rights.

3. Refusal, Packaging and Topical Medicines

Q: What should I do if someone continually refuses medication?

A:

- Explore why the person is refusing.
- Follow the medication policy and care plan.
- If refusals continue, or involve important/time-critical medicines, contact the GP, prescriber or pharmacist.
- Review whether changes to the medicine, timing or formulation may help.
- If there are concerns about capacity, follow the Mental Capacity Act and best-interest process.

Q: Are dosette boxes always safe?

A: The discussion highlighted concerns that:

- Staff may not always be able to identify medicine strength from appearance alone.
- Dose changes can be missed.
- Dispensing errors may be harder to identify.

Good practice includes checking medicines against supporting documentation and ensuring MAR records accurately reflect current prescriptions.

Q: Why do some cream labels simply say "use as directed"?

The dispensing label often reproduces exactly what has been prescribed.

Where a label states "use as directed":

- Staff should not rely solely on the pharmacy label.
- The MAR, care plan and topical medicines administration record should contain sufficient information.
- There should be clear instructions regarding:
    - Where the cream should be applied
    - How much should be applied
    - How often it should be applied
    - Any specific precautions

If the instructions are unclear, providers should seek clarification from the prescriber or pharmacist.

4. Storage, Choice and Risk Assessment

Q: In domiciliary care, who decides where medication is stored?

The person receiving care should be involved in deciding where medication is stored whenever they have capacity to make that decision.

Providers should:

- Complete a medication risk assessment
- Consider safety and accessibility
- Discuss options with the individual and, where appropriate, family members

The aim is to balance safety with personal choice and independence.

Q: Does medication always need to be kept in a locked box?

No.

In a person's own home there is no requirement for medication to be locked away in every circumstance.

Storage arrangements should be based on individual risk assessment, considering:

- Capacity
- Vulnerability
- Presence of children
- Visitors
- Pets
- Risk of misuse
- Type of medication being stored

A lockable box may be appropriate for some people but unnecessary for others.

Q: What if someone with capacity chooses to store medication somewhere we consider unsafe?

Where the person has capacity:

- Explain the risks clearly.
- Offer safer alternatives.
- Document the discussion.
- Record the decision within the care plan and risk assessment.

People have the right to make decisions that others may consider unwise, provided they have the capacity to make those decisions.

Q: How should medications be stored where children, visitors or vulnerable adults are present?

Providers should complete a risk assessment considering:

- Accidental access
- Potential misuse
- Environmental risks

Where risks are identified, providers should recommend more secure storage arrangements and record the agreed actions.

Q: How should controlled drugs be stored in domiciliary care?

Unlike care homes, there is generally no legal requirement for controlled drugs to be stored in a locked controlled drugs cabinet in an individual's own home.

However:

- Storage should be risk assessed.
- Access should be restricted where appropriate.
- Providers should have clear procedures for recording administration and stock monitoring where they support with medicines.

5. Refrigerated Medicines

Q: How should medicines requiring refrigeration be stored?

Domiciliary care:

Medicines requiring refrigeration should generally be stored between 2°C and 8°C.

Providers should ensure:

- Medicines are stored according to manufacturer instructions.
- There is a plan for responding to temperature excursions.
- The person receiving care understands any storage requirements.

The exact arrangements should be detailed within the medication risk assessment and care records where support is being provided.

Q: Should medicines be separated from food in the fridge?

Domiciliary care:

Where possible:

- Medicines should be kept in a separate container within the fridge.
- The container should be clearly labelled.
- Medicines should not be stored where they may be contaminated by food or drink.

Q: Who should monitor and record fridge temperatures?

Domiciliary care:

This depends on the care arrangement.

If the provider is responsible for monitoring refrigerated medication as part of the agreed care package, responsibilities should be clearly documented within the care plan and medication procedures.

Providers should have a defined process for responding when temperatures fall outside the recommended range.

6. PRN Medicines, Returns and Disposal

Q: How should PRN medicines be stored?

PRN ("when required") medicines should generally:

- Be stored alongside other medicines for that individual.
- Be clearly identified.
- Have accompanying PRN protocols where appropriate.

The focus should be on ensuring staff can easily identify:

- When the medicine may be given
- The maximum dose
- Minimum time between doses
- Circumstances requiring escalation

Q: What should happen to expired or unwanted medicines?

Domiciliary care:

Expired, discontinued or unwanted medicines should normally be returned to a community pharmacy for safe disposal.

Providers should:

- Follow their medication policy
- Maintain records where required
- Ensure medicines are not retained unnecessarily

Q: Can carers return unwanted medication to a pharmacy?

This depends on organisational policy and the arrangements agreed with the individual.

Providers should ensure there is clear authorisation and appropriate recording if staff are involved in returning medicines.

7. Medication Changes and Record-Keeping

Q: What checks should be completed if medication changes packaging or arrives in a new box?

Staff should confirm:

- The correct person
- The correct medication
- The correct strength
- The correct dose
- Any changes to instructions
- Consistency with prescribing records and MAR documentation

Any discrepancies should be resolved before administration.

Q: Who is responsible for updating the care plan and medication risk assessment when arrangements change?

The registered manager or designated care professional responsible for reviewing care documentation should ensure records remain current.

Changes should trigger review where they affect:

- Medication support levels
- Storage arrangements
- Administration procedures
- Risks associated with medication management

Care plans and risk assessments should always reflect current practice.

Q: How often should medication audits be completed?

A: There is no set medication audit frequency prescribed by CQC.

Audits should be:

- Regular and proportionate to the level of risk.
- Frequent enough to identify trends, concerns and recurring issues.
- Increased where medication errors, incidents or poor compliance are identified.
- Supported by ongoing checks and review of medication incidents and near misses.

The quality of the audit is as important as the frequency. Audits should be meaningful and not simply a tick-box exercise. They should identify risks, generate clear actions, evidence follow-up and support learning and improvement.

Higher-risk services or services with recurring concerns may require more frequent audits.

The key consideration is whether the audit programme helps the provider identify risks, take action and demonstrate sustained improvement.

Q: Do medication support levels (Level 0-3) align with inspector expectations?

Many providers use similar frameworks and inspectors generally focus on whether the level of support is:

- Clearly defined
- Consistently applied
- Reflected within care plans and risk assessments

The specific terminology is less important than ensuring it is clear what staff are expected to do at each level.

Providers should be able to demonstrate:

- What support is being provided
- Why that level of support is appropriate
- How the person's independence is being promoted
- Evidence that the level of support is reviewed regularly

Pre-webinar questions

Governance, Audits and Compliance

Q. What are best practices for medication audits and staff competency assessments?

A: Use a **risk-based, meaningful audit programme** that identifies risks, actions, learning and evidence of improvement rather than being a tick-box exercise.

Staff should be assessed as competent before administering medicines, including through **direct observation**, and have their medicines knowledge, skills and competency **reviewed at least annually**. Additional reassessment should take place following incidents, concerns or identified gaps in practice.

Q. How should medication reviews be carried out in community care?

A: The care provider should support the person to obtain a structured medication review from the appropriate prescriber or pharmacist, particularly after hospital discharge, repeated refusals, adverse effects, falls, changes in health or concerns about effectiveness. Record agreed changes promptly in the care plan, risk assessment and medication administration record (MAR).

Q. What is best practice for reporting medication errors and demonstrating compliance?

A: Report medication errors promptly through the provider's medicines-incident process, assess the person and seek clinical advice where required. Inform relevant people and make safeguarding or CQC notifications where the relevant thresholds are met.

Evidence of good governance includes accurate records, investigation, appropriate duty of candour, clear actions, trend analysis and evidence that learning has been shared and improvements followed up.

Q. What are the current medication-administration procedures?

A: Follow the current prescription, MAR, care plan, risk assessments and provider's medicines policy. Before administration, confirm the right person, medicine, dose, route and time, check allergies and any special instructions, and obtain consent.

Record administration promptly, respect the person's right to refuse, and escalate any discrepancy or concern before giving the medicine. Where required, monitor and record the outcome or effectiveness of the medicine.

Q. What medication-compliance failures are commonly found in audits, and what evidence demonstrates safe governance?

A: Common failures include inaccurate or outdated records, missed or late MAR entries, unclear PRN or variable-dose guidance, poor stock control, unsafe storage, gaps in staff competency, and repeated incidents without effective follow-up.

Safe governance is demonstrated through current policies, clear accountability, competent staff, accurate records, meaningful audits, incident and trend analysis, clear action plans, and evidence that improvements have been followed through and sustained.

Q. When was the latest HCC medication policy published?

A: The HCPA Medication Resource Hub currently lists the Hertfordshire County Council domiciliary care medication policy as updated in **April 2024**. Providers should use the version linked on the hub and check the page for any later replacement before relying on a downloaded copy.

Q. What does safe medication management require in practice?

A: Safe medicines management requires person-centred assessment, clear consent and capacity decisions, accurate prescribing and administration records, trained and competent staff, secure and appropriate storage, timely clinical escalation, safe disposal, and governance systems that identify and reduce risk.

Deliveries, Administration and Record-Keeping

Q. How many staff should book in or check a new medication delivery from the pharmacy?

A: There is no universal rule that two staff must book in every delivery. The provider's policy and risk assessment should define the check. One competent member of staff may complete it where safe, but a second check is advisable for controlled drugs, high-risk medicines, discrepancies or where local policy requires it.

Q. Should self-administered creams and nutritional drinks appear on the MAR, and should support staff sign for them?

A: If the person self-administers without staff support, this should be recorded in the care plan and risk assessment; staff should not sign as though they administered it. Where staff prompt, assist, apply or monitor a cream or nutritional drink, it should appear in the relevant MAR or topical record and staff should record only the support they actually provided.

Q. What are the safe-practice requirements when medication is taken home, decanted or witnessed, and when repeated refusal may require a medication review?

A: Medicines should normally remain in their **original labelled packaging**. Care staff should avoid decanting or preparing medicines in advance unless there is a clearly documented, risk-assessed arrangement, as this may constitute **secondary dispensing** and increase the risk of identification or administration errors.

Where medicines are taken out of the service, there should be a clear process for safe transfer, storage, administration and documentation. Staff should only witness what they have directly observed.

Record each refusal and the reason where known. Repeated refusals, particularly where they may affect the person's health, should prompt review and advice from the prescriber or pharmacist.

Q. What is best practice for MAR charts and controlled drugs?

A: MAR charts should accurately reflect the current prescription, contain no unexplained gaps and be completed as soon as possible after administration. They should clearly record when and why medicines have not been given and include relevant allergies and special instructions.

Controlled drugs require additional controls for receipt, secure storage, administration, stock records, disposal and audit trail in line with legislation and the provider's policy. Where required, administration should be recorded in both the controlled drugs register and MAR, with the appropriate witness signatures.

Q. How should responsibilities be documented when medication administration is shared with family or the person, and how should missed eMAR signatures be corrected?

A: The care plan and risk assessment should state who orders, collects, stores, administers, prompts and records each medicine, including family involvement and contingency arrangements. A missed electronic MAR (eMAR) signature must never be backdated as if completed on time; make a clearly labelled late entry or correction with the reason, date, time and author, then follow the incident and escalation process.

Q. What should staff do when a medication dose is dropped or spoiled and an urgent replacement cannot be obtained?

A: Do not administer a dropped, contaminated or damaged dose. Keep the person safe, record what happened, inform the manager and seek prompt advice from the pharmacy, prescriber, NHS 111 or emergency services according to clinical urgency. Do not borrow from another person or alter the next dose unless authorised by an appropriate clinician.

Q. How can digital MAR/eMAR systems maintain compliance, reliable signing and effective audit trails?

A: Digital MAR/eMAR systems should support individual user identification, appropriate access controls, accurate medicine information, timely recording and secure amendment processes.

Managers should routinely review missing or late entries, changes, overrides and stock discrepancies. The system should maintain a clear audit trail showing who recorded or changed an entry, what was changed and when, with suitable downtime and business-continuity arrangements in place.

Q. How should liquid-medication stock be tracked and reconciled?

A: Record the quantity received and, where the provider manages stock, maintain a running balance using measured quantities appropriate to the product. Check the balance at agreed intervals and at handover or a new supply, allow for normal measuring variation, investigate significant discrepancies and document any action taken.

Staff Competency and Accountability

Q. Who should assess the medication competency of a trainer or medication lead, and is an assessment still required for someone with a nursing background?

A: The assessor should be appropriately skilled, experienced and competent in medicines management and competency assessment. An external assessor may be used where additional independence or specialist expertise is needed.

A nursing qualification provides relevant professional competence but does not automatically demonstrate competence in the provider's specific medicines procedures, systems or assessor role. Providers should ensure that anyone undertaking medication-related duties can demonstrate the knowledge, skills and competence required for that role.

PRN Medicines and Home Remedies

Q. What should PRN protocols, care plans and MAR records contain, including administration, monitoring, effectiveness and blister-pack issues?

A: A person-specific PRN protocol should state the indication, signs or symptoms, dose, route, minimum interval, maximum dose in 24 hours, non-drug measures, when to escalate, and how effectiveness and side effects will be monitored.

The care plan and MAR should align with the protocol. Each administration should record why the medicine was given, the dose, relevant time and the outcome/effectiveness.

Where medicines are supplied in a blister pack or MCA, staff must still have a clear and accurate record of the individual medicines contained within it, with any changes clearly documented.

Q. How should home remedies be managed and discussed with people receiving support?

A: Use a written home-remedies policy and an approved list agreed with an appropriate clinician or pharmacist. Obtain consent, check allergies, interactions, contraindications and expiry dates, record

administration and outcome, review repeated use, and explain to the person what may be offered and when clinical advice will be sought.

Specialist Routes and Complex Needs

Q. What policies apply to medication via NJ tube, PEG feeding and topical routes, and when could crushing tablets for PEG administration be considered covert medication?

A: Providers should have clear procedures, individual care plans and suitably trained and competent staff for medicines given via NJ/PEG tubes and topical routes. For PEG administration, responsibilities should be agreed and staff must be trained and assessed as competent.

Medicines should not be crushed or altered unless this has been confirmed as suitable by the prescriber and/or pharmacist, with clear administration instructions.

Crushing a medicine for PEG administration is not automatically covert. It becomes covert where the medicine is disguised and given without the person's knowledge or consent. Where the person lacks capacity, covert administration must follow the Mental Capacity Act and include a documented best-interests decision, clear authorisation, pharmaceutical advice and regular review.

Q. How should detoxification and drug interactions be managed for people with dual diagnosis or other medical conditions?

A: Detoxification must be clinically led, with a current treatment plan, physical observations, clear escalation criteria and medicines supplied and administered exactly as prescribed. For people with dual diagnosis or other conditions, maintain an up-to-date medicines list and ensure the prescriber or pharmacist reviews interactions, duplication, withdrawal risks and the effect of alcohol or non-prescribed drugs.

Medication Audits

Q. How often should medication audits be completed in community settings?

A: There is no single mandatory audit frequency. Audits should be **regular, risk-based and proportionate to the service**, with increased scrutiny following incidents, near misses, changes in practice or concerns about compliance.

The **quality of the audit is as important as the frequency**. Audits should be meaningful, identify risks and trends, generate clear actions and demonstrate that learning and improvements have been followed through.

The audit programme should be frequent enough to provide assurance that medicines are being managed safely and that emerging risks are identified promptly.

Q. What frequency would CQC or local monitoring teams expect to see?

A: CQC and monitoring teams are likely to look for a defensible, risk-based schedule rather than a fixed interval. Providers should show that audits are frequent enough to detect problems promptly, that findings are analysed, and that actions are completed and checked.

Medication Support Levels

Q. Does the following medication support taxonomy match inspector expectations?

Domiciliary care:

A: Broadly, yes, provided each level is clearly defined, based on an individual assessment and consistently reflected in the care plan and risk assessment. CQC/NICE do not require a specific numbered taxonomy; the important point is that records clearly describe what support is required, who provides it and how independence is promoted.

For example:

- **Level 0:** Self-administration/no staff support
- **Level 1:** Verbal prompting or reminding
- **Level 2:** Physical assistance with medicines
- **Level 3:** Staff administration

Where family members provide any part of the medicines support, this should be clearly documented separately, including their responsibilities and how this fits with the provider's role. Support needs should be reviewed when circumstances change and at agreed intervals.

Creams and Topical Medicines

Q. Why do some prescribed creams simply state "use as directed"?

A: The dispensing label may reflect the wording supplied by the prescriber, so "use as directed" can appear when fuller instructions are recorded elsewhere.

Staff should not rely on this wording alone. Clear instructions should be available stating where the cream is to be applied, how much, how often and any relevant precautions, with these reflected in the MAR/TMAR and care plan where appropriate.

Q. Should labels include clearer directions about where and how creams should be applied?

A: Yes. Staff need clear, person-specific instructions stating where the product is applied, how much to use, how often to apply it, the treatment duration where relevant and any precautions. If the label is unclear,

the MAR, topical medicine administration record and care plan must provide the detail, and the prescriber or pharmacist should be asked to clarify any uncertainty before use.

Homecare and Domiciliary Care Medication Storage

Q. Who decides where medicines are stored in someone's own home?

A: The person should decide where their medicines are stored when they have capacity. The provider should discuss safety and accessibility, complete an individual risk assessment and record the agreed arrangement in the care plan. Family involvement should be included only with the person's agreement or through an appropriate best-interests process.

Q. Does medication always need to be stored in a locked box?

A: No. In a person's own home, a locked box is not automatically required. Storage should be based on an individual risk assessment that considers capacity, access, children, pets, visitors, vulnerability, misuse and the type of medicine.

Q. When is a medication storage risk assessment required?

A: Storage arrangements should be considered as part of the person's medicines-support assessment. A specific storage risk assessment should be completed where the provider has responsibility for storing medicines or where there is an identified risk involving access, security, temperature, contamination, confusion or misuse. Review it when circumstances or support needs change and following relevant incidents.

Q. What happens if a person with capacity chooses to store medication somewhere staff consider unsafe?

A: If the person has capacity, staff should explain the risks, offer safer options and respect their right to make an unwise decision. Record the discussion and agreed arrangements and update the care plan/risk assessment. Escalate concerns through the provider's governance process where necessary and follow safeguarding procedures where the relevant threshold is met.

Q. How should medicines be stored where children, pets or vulnerable adults are present?

A: Assess the risk of accidental access, ingestion, tampering or misuse. Where a risk is identified, agree secure storage that remains accessible to the person where appropriate, keep medicines in their original labelled packaging and record the arrangement and any monitoring required.

Q. What should staff do if medication is found outside its agreed storage location?

A: Check the person is safe and establish whether a dose may have been taken, missed, dropped or moved. Do not administer until any uncertainty is resolved. Record the finding, inform the manager, seek pharmacy or prescriber advice where needed, and review the storage risk assessment and care plan.

Q. How should controlled drugs be stored in domiciliary care?

A: In a person's own home, controlled drugs do not automatically require a controlled-drug cupboard or separate storage. Storage should be individually risk assessed, with access restricted where necessary. Where staff administer controlled drugs, administration should be clearly recorded in accordance with the provider's medicines procedures. There is no general requirement for a controlled-drug register in the person's own home.

Q. Are storage requirements different from care homes?

A: Yes. Care homes have specific organisational controls for communal medicine storage and controlled drugs. In domiciliary care, medicines remain in the person's home, so arrangements are determined by the person's choices, the support being provided and an individual risk assessment rather than automatically applying care-home storage rules.

Q. What are the requirements for refrigerated medicines?

A: Follow the medicine manufacturer's storage instructions; medicines requiring refrigeration are generally stored between 2°C and 8°C. In domiciliary care, a separate medicines fridge is not routinely required. Where the provider has responsibility for refrigerated medicines, arrangements should ensure the fridge is working appropriately, medicines are stored safely and any identified storage concerns are acted on.

Q. Should medicines be separated from food?

A: Medicines should be stored safely and in line with the manufacturer's instructions. Where refrigerated medicines are kept in a domestic fridge, they should be kept clean, clearly identifiable and protected from contamination, accidental access or confusion with food.

Q. Who should monitor and record fridge temperatures?

A: This should be based on the person's medicines-support needs and the responsibilities agreed in the care plan. Home-care services are not routinely required to undertake daily fridge-temperature monitoring as in a care home. Where monitoring is necessary because of an identified risk or specific medicine requirement, responsibilities and escalation arrangements should be clearly documented.

Q. What action should be taken if temperatures fall outside the recommended range?

A: Do not administer the medicine until its suitability has been confirmed. Record the circumstances, including the temperature and duration where known, and seek advice from the supplying pharmacy,

manufacturer or prescriber. Document the advice and action taken and review the storage arrangements where necessary.

Q. How should creams, inhalers, eye drops and PRN medicines be stored?

A: Keep each item in its original labelled container and follow product instructions for temperature, light, contamination and in-use expiry. Store topical products and devices so they are identifiable and not shared. PRN medicines may be kept with the person's other medicines if clearly identified and supported by an accessible PRN protocol.

Q. Should PRN medicines be stored separately from regular medicines?

A: Not routinely. PRN medicines can be stored with the person's regular medicines if they are clearly identifiable and staff can access the current PRN protocol. Separate storage may be appropriate where an individual risk assessment identifies a selection, access or misuse risk.

Q. How should medicines belonging to different people in the same household be separated?

A: Keep each person's medicines in their own clearly labelled container or defined storage area to prevent selection errors. The arrangement should be documented and risk assessed, with additional security where household circumstances create a risk of accidental access or misuse.

Q. What should happen to expired or discontinued medicines?

A: Remove expired or discontinued medicines from active stock promptly, keep them secure and clearly separated while awaiting return, and normally return them to a community pharmacy for safe disposal. Record the quantity and reason for return where the provider manages the medicines, with additional controlled-drug records where applicable.

Q. Can carers return unwanted medicines to pharmacies?

A: Yes, where this has been agreed with the person or their representative and is within the provider's medicines procedures. The care plan should make clear who is responsible for disposal. Where the provider returns medicines, record relevant details such as the medicine, quantity, date, person returning it and pharmacy. Follow any additional requirements for controlled drugs or sharps.

Q. What checks should be completed when medicines change packaging or arrive in a new box?

A: Check the person's name, medicine name, formulation, strength, dose, directions, quantity and expiry date against the current prescription and MAR. Confirm whether the change is only the manufacturer or packaging, update records or appearance descriptions where needed, and resolve any discrepancy with the pharmacy or prescriber before administration.

Q. Who is responsible for updating care plans and medication risk assessments when storage arrangements change?

A: The registered manager or delegated competent person responsible for care documentation should ensure the care plan and medication risk assessment are updated. Staff must report the change promptly, and the revised arrangement should be communicated to everyone involved before it is put into practice.

Sector-Wide Questions and Suggestions

Q. Could HCPA facilitate regular medication "huddles" between care providers, pharmacists and healthcare professionals?

A: This is a service-development suggestion rather than a medicines-governance requirement. Providers can send the proposal to the HCPA Provider Hub at assistance@hcpa.co.uk for consideration alongside future medication events and resources.

Q. Can downloadable competency assessment checklists be provided?

A: Yes. The HCPA Medication Resource Hub already lists an electronic medicines competency assessment record, a paper medicines competency assessment record, a competency assessment guide and quality-assurance checklists for medicines training.

Q. Can generic medication audit templates be provided?

A: HCPA's hub links to medicines-management guidance and competency tools, but the page excerpt reviewed does not identify a single generic audit template. Providers can request one through the HCPA Provider Hub and should ensure any local template reflects their setting, policy and identified risks.

Q. Can more homecare-specific medication guidance be included in future resources?

A: HCPA's hub already includes community-service resources, including the Hertfordshire County Council domiciliary care medication policy and adult-community training quality-assurance checklists. Further homecare-specific topics can be suggested to the HCPA Provider Hub for future guidance and events.

Resources Shared During the Webinar

HCPA Resources

- HCPA Medication Resource Hub
- Example Medication Training and Competency Guidance
- Medication competency assessment tools and observation checklists

CQC Resources

- Medicines Information for Adult Social Care Services
- Medicines Optimisation Guidance
- PRN Medicines Guidance
- Training and Competency Guidance
- Appropriate Use of Psychotropic Medicines
- New CQC Assessment Framework Updates

NICE Guidance

- NG67: Managing Medicines for Adults Receiving Social Care in the Community
- NG27: Transition Between Hospital and Community or Care Home Settings

Clinical Guidance

- PRN Medicines
- Self-Administration of Medicines
- High-Risk Medicines
- Covert Administration

NHS England

- STOMP/STAMP Programme