Managing medicines for adults receiving social care in the community

NICE guideline: short version

Draft for consultation, October 2016

This guideline covers managing medicines for adults (aged 18 and over) who receive social care support in the community. It aims to improve processes and care to ensure that people's medicines are taken and looked after correctly and safely. It gives clear advice on what support should be provided by whom, how health and social care staff should work together to provide care, and how to manage concerns about medicines.

Who is it for?

- Social care practitioners (including home care workers, personal assistants and social workers) providing care for people in the community.
- Health professionals providing care for people receiving social care in the community.
- Commissioners and providers of services for people receiving social care in the community.
- People receiving social care in the community, their families and carers.

This version of the guideline contains the draft recommendations and provides context. Information about how the guideline was developed is on the guideline's page on the NICE website. This includes the guideline committee's discussion and the evidence reviews (in the full guideline), the scope, and details of the committee and any declarations of interest.

Contents

Recommendations

People have the right to be involved in discussions and make informed decisions about their care, as described in your care.

Making decisions using NICE guidelines explains how we use words to show the strength (or certainty) of our recommendations, and has information about prescribing medicines (including off-label use), professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

When possible, the recommendations clearly detail who should be responsible for carrying out the recommendation. However, in some cases we were not able to specify which person or organisation was responsible. This will be for commissioners and providers to consider and determine locally.

1.1 Policies for managing medicines safely and effectively

1.1.1 Home care providers should have a documented medicines policy based on current legislation and best available evidence. The content of this policy will depend on the responsibilities of the home care provider, but it is likely to include processes for:

- assessing a person's medicines support needs
- supporting people to take their medicines, including 'when required', time-sensitive and over-the-counter medicines
- joint working with other health and social care providers
- sharing information about a person's medicines
- ensuring that records are accurate and up to date
- managing concerns about medicines, including medicines-related safeguarding incidents
- giving medicines to people without their knowledge (covert administration)
- ordering and supplying medicines

- transporting, storing and disposing of medicines
- staff training and assessing competency.

1.1.2 Home care commissioners and providers should review their medicines policies, processes and local governance arrangements, and ensure that these are clear about who is accountable and responsible for managing medicines safely and effectively.

1.2 Assessing and reviewing a person's medicines support needs

Many people want to actively participate in their own care. Enabling and supporting people to manage their medicines is usually preferred, with help from family members or carers if needed. The term 'medicines support' is used to define any support that enables a person to manage their medicines. This varies for different people depending on their specific needs.

1.2.1 Assess a person's medicines support needs as part of the overall assessment of their needs and preferences for care and treatment.

1.2.2 Do not take responsibility for managing a person's medicines unless the medicines assessment indicates the need to do so (see also recommendation 1.2.6 on when home care workers should provide medicines support).

1.2.3 Home care commissioners and providers should ensure that people assessing a person's medicines support needs, including social workers, have the necessary knowledge, skills and experience (see also recommendation 1.11.1 on training and competency).

1.2.4 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, including their social, cultural, emotional, religious and spiritual needs

- the person's expectations for confidentiality and advance care planning
- the person's understanding of why they are taking their medicines
- what they are able to do and what support is needed, for example, reading medicine labels, using inhalers or applying creams
- how they currently manage their medicines, for example, how they order, store and take their medicines
- whether they have any problems taking their medicines, particularly if they are taking multiple medicines
- whether they have nutritional and hydration needs, including the need for nutritional supplements and/or parenteral nutrition
- who will be the person to contact about their medicines (ideally the person themselves, if they choose to and are able to, or a family member, carer or care coordinator)
- the time and resources likely to be needed.

1.2.5 Record the discussions and decisions about medicines support in the person's home care plan. If the person needs medicines support, include:

- the person's needs and preferences
- the person's expectations for confidentiality and advance care planning
- how consent will be sought
- details of who to contact about their medicines (the person or a named contact)
- what support is needed for each medicine
- how the medicines support will be given
- who will be responsible for providing medicines support, particularly when more than one care provider is involved
- when the medicines support will be reviewed, for example, after 6 weeks.

1.2.6 Home care workers should only provide the medicines support that has been agreed and documented in the person's home care plan (see also recommendation 1.7.3 on when home care workers should give medicines).

1.2.7 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 their home care plan or sooner if there are changes in the person's circumstances, such as:

- changes to their medicines regimen
- a hospital admission
- a life event, such as a bereavement.

1.3 Joint working between health and social care

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

1.3.1 Home care providers should notify a person's general practice and community pharmacy when starting to provide medicines support, including details of who to contact about medicines (the person or a named contact).

1.3.2 General practices should record details of the person's medicines support and who to contact about their medicines (the person or a named contact) in their medical record, when notified that a person is receiving medicines support from a home care provider.

1.3.3 Home care workers and other social care practitioners should seek advice about medicines from people with specialist experience, such as the prescriber, a pharmacist or another health professional, when it is needed.

1.3.4 Health professionals should provide ongoing advice and support to the person about their medicines and check if any changes to their medicines or extra support may be helpful, for example, by checking whether:

- the person's medicines regimen can be simplified
- 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.

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

- 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 home care worker is trained and assessed as competent (see also recommendation 1.11.1 on training and competency).

1.3.6 Health professionals should continue to monitor and evaluate the safety and effectiveness of a person's medicines when the task of giving a medicine has been delegated to a home care worker.

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[1].

For guidance on medicines-related communication and medicines reconciliation when a person is transferred from one care setting to another, see the NICE guideline on medicines optimisation.

[1] Take into account the 5 rules set out in the Health and Social Care Information Centre's A guide to confidentiality in health and social care (2013) when sharing information.

1.4.1 Home care providers should have robust processes for communicating and sharing information about a person's medicines[1], including advance care planning, that takes account of the person's expectations for confidentiality. This includes communication with:

- the person and their family members or carers
- home care workers and other social care practitioners
- health professionals, for example, the person's GP or community pharmacist
- other agencies, for example, when care is shared or the person moves between care settings.

1.4.2 If a person has cognitive decline or fluctuating mental capacity, ensure that the person and their family members or carers are actively involved in discussions and decision-making. Record the person's views and preferences to help make decisions in the person's best interest if they lack capacity to make decisions in the future.

1.4.3 Follow the advice on sharing information about medicines when a person is transferred from one care setting to another in the NICE guideline on medicines optimisation.

1.4.4 Prescribers should communicate changes to a person's medicines (for example, when stopping or starting a medicine) by:

- issuing a new prescription **and**
- informing the person or their named contact **and**
- informing the person's community pharmacist, if this is agreed with the person and/or their family members or carers.

1.4.5 Prescribers should ensure that changes to a person's medicines are only given verbally in exceptional circumstances. Follow up any verbal changes with written confirmation to the home care provider as soon as possible. Written confirmation should be sent by an agreed method of communication, for example, a secure fax or secure e-mail.

1.4.6 Home care providers should have robust processes for receiving and recording verbal changes to a person's medicines, which should include:

- recording details of the requested change (including who requested the change, the date and time of the request and who took the request)
- reading back the information that has been recorded to the person requesting the change to confirm it is correct (including spelling the name of the medicine)
- ensuring the person requesting the change repeats the request to another person (for example, the person and/or a family member or carer).

1.5 Ensuring that records are accurate and up to date

Poor record keeping can put people receiving medicines support and home care workers at risk. Home 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.

1.5.1 When medicines support is provided, home care providers should have robust processes for recording the person's current medicines. These should ensure that records are:

- accurate and kept up to date
- accessible, in line with the person's expectations for confidentiality.

1.5.2 Home care workers must record the medicines support given to a person on each 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 recommendation 1.6.4 on reporting concerns or seeking advice).

1.5.3 Home care workers should use a printed medicines administration record to record any medicines that they give to a person. This record should ideally be provided by a community pharmacist or the dispensing doctor (see also recommendation 1.9.9 on supplying medicines).

1.5.4 Ensure that a medicines administration record includes:

- the name of the person
- the name, formulation and strength of the medicine(s)
- how often or the time the medicine should be taken
- how the medicine is taken or used (route of administration)
- the name of the person's GP practice
- any stop or review date
- any additional information, such as specific instructions for giving a medicine.

1.5.5 Home care providers should have robust processes to ensure that medicines administration records are accurate and up to date. For example, handwritten records or changes should only be made and checked by people who are trained and assessed as competent to do so (see also recommendation 1.11.1 on training and competency).

1.5.6 When a family member or carer gives a medicine (for example, during a day out), agree with the person and/or their family member or carer how this will be recorded. Include this information in the person's home care plan.

1.6 Managing concerns about medicines

Medicines use can be complex, particularly when people have several long-term conditions and are taking multiple medicines. Enabling people to raise any concerns about their medicines, and managing them effectively when they happen is important to minimise harm and guide future care.

1.6.1 Home care providers must have robust processes for medicines-related safeguarding incidents, in line with Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For guidance on ensuring safety and safeguarding people using home care services, see the NICE guideline on home care.

1.6.2 Home care providers should have robust processes for identifying, reporting, reviewing and learning from medicines-related problems. These processes should support a person-centred, 'fair blame' culture that actively encourages people and/or their family members or carers and home care workers to report their concerns.

1.6.3 Home care providers should review any of their medicines-related problems over a period of time to identify and address any trends that may have led to incidents. Share this learning with:

- people working in the organisation
- people receiving medicines support, their family members and carers
- home care commissioners
- people working in related services, for example, GPs, community pharmacists and community health providers.

1.6.4 Home care workers should report any concerns about a person's medicines to the home care provider or seek advice from the prescriber or another health professional. These concerns may include:

- the person declining to take their medicine
- medicines not being taken in accordance with the prescriber's instructions
- possible adverse effects
- the person stockpiling their medicines
- medication errors or near misses
- possible misuse or diversion of medicines
- concerns about the person's mental capacity
- changes to the person's physical or mental health.

1.6.5 Home 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.

1.6.6 Health and social care practitioners should encourage and support people and/or their family members or carers to raise any concerns about their medicines. Explain how they can seek help or make a complaint, including who to complain to and the role of advocacy services (if needed) and record this information in the person's home care plan.

1.6.7 Health and social care providers should ensure that people and/or their family members or carers, and home care workers know how to report adverse effects of medicines, including using the Medicines and Healthcare products Regulatory Agency's yellow card scheme.

1.7 Supporting people to take their medicines

Supporting people to take their medicines may involve helping people to take their medicines themselves (self-administration) or giving people their medicines (administration).

For guidance on self-management of medicines, see the recommendations on self-management plans in the NICE guideline on medicines optimisation.

1.7.1 Home care providers should have robust processes for home care workers who are supporting people to take their medicines. These should include:

- the 6 R's of administration:
  - right person
  - right medicine
  - right route
  - right dose
  - right time
  - person's right to decline

- what to do if the person is having a meal or sleeping
- what to do if the person is going to be away for a short time, for example, visiting family
- how to give specific formulations of medicines, for example, patches, creams, inhalers, eye drops and liquids
- using the correct equipment, for example, oral syringes for small doses of liquid medicines
- giving time-sensitive or 'when required' medicines
- what to do if the person has declining or fluctuating mental capacity.

1.7.2 Prescribers and community pharmacists (or dispensing doctors) should provide clear written directions on the prescription and dispensing label on how each medicine should be taken or given. For time-sensitive and 'when required' medicines, this should include (if relevant):

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

1.7.3 Home care workers should only give a medicine to a person if:

- there is a clearly documented agreement from the home care provider in the home care plan **and**
- there are clear directions from the prescriber **and**
- they have been trained and assessed as competent to give the medicine (see also recommendation 1.11.1 on training and competency).

1.7.4 Before supporting a person to take a dose of their medicine, home care workers should ask the person if they have already taken the dose or check the written records to ensure that the dose has not already been given.

1.7.5 Home care workers should ask the person if they want to take their medicine before removing it from its packaging.

1.7.6 When giving medicines supplied by a health professional (for example, a community pharmacist), home care workers should give them directly from the container they are supplied in. Do not leave doses out for a person to take later unless this has been agreed with the person after a risk assessment and is recorded in their home care plan.

1.7.7 When a person declines to take a medicine, home care workers should consider waiting a short while before offering it again. They should ask about other factors that may cause the person to decline their medicine, such as being in pain or discomfort (see also recommendation 1.6.4 on reporting concerns or seeking advice).

1.7.8 Health and social care practitioners should ensure that an up-to-date patient information leaflet for each prescribed medicine is kept in the person's home. This includes medicines supplied in monitored dosage systems.

1.7.9 Home care providers should ensure that home care workers are able to prioritise their visits for people who need support with time-sensitive medicines.

1.8 Giving medicines to people without their knowledge (covert administration)

In exceptional circumstances, it may be necessary to give medicines to people covertly. This is when medicines are given in a disguised form without the knowledge or consent of the person receiving them.

1.8.1 Home care providers must ensure that medicines given to people without their knowledge (covert administration) only takes place in the context of existing legal and good practice frameworks to protect both the person and home care workers.

1.8.2 Health and social care practitioners should ensure that the process for covert administration clearly defines who should be involved in, and responsible for, decision-making. The process should include:

- assessing mental capacity
- seeking advice from the prescriber about other options, for example, whether the medicine could be stopped
- holding a best interests meeting involving a family member or carer, the prescriber and a pharmacist to agree whether giving medicines covertly is in the person's best interests
- recording any decisions and who was involved in decision-making
- planning how medicines will be given covertly, for example, by seeking advice from a pharmacist
- providing authorisation and clear instructions for home care workers in the person's home care plan when they are giving medicines covertly
- ensuring home care workers are trained and assessed as competent to give the medicine covertly (see also recommendation 1.11.1 on training and competency)
- regularly reviewing whether covert administration is needed.

1.8.3 Home care workers should not give medicines to a person covertly unless authorisation and instructions of how this should be carried out are clearly documented in the person's home care plan.

1.9 Ordering and supplying medicines

Responsibility for ordering medicines usually stays with the person and/or their family members or carers. However, if a home care provider is responsible, effective medicines management systems need to be in place.

1.9.1 Home care providers should agree with the person and/or their family members or carers who will be responsible for ordering medicines, and record this information in the person's home care plan. This should be the person, if they agree and are able to, with support from family members, carers or home care workers (if needed).

1.9.2 Home care providers that are responsible for ordering a person's medicines must ensure that the correct amounts of the medicines are available when needed, in line with Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

1.9.3 Home care providers that are responsible for ordering a person's medicines should not delegate this task to the supplying pharmacy (or another provider), unless this has been agreed with the person and/or their family members or carers.

1.9.4 Home care providers that are responsible for ordering a person's medicines should ensure that home care workers:

- have enough time allocated for checking which medicines are needed, ordering medicines and checking that the correct medicines have been supplied
- are trained and assessed as competent to do so (see also recommendation 1.11.1 on training and competency).

1.9.5 When ordering a person's medicines, home care workers should:

- record when medicines have been ordered, including the name, strength and quantity of the medicine
- record when medicines have been supplied
- check for any discrepancies between what was ordered and what was supplied.

1.9.6 Home care providers should ensure that home care workers know what action to take if a discrepancy is noted between what was ordered and what was supplied.

1.9.7 Community pharmacists (or dispensing doctors) should supply medicines in their original packaging and make reasonable adjustments to support the person to manage their medicines, in line with the Disability Discrimination Act 1995.

1.9.8 Consider using a monitored dosage system only when an assessment by a health professional (for example, a community pharmacist) has been carried out, in line with the Disability Discrimination Act 1995, and a specific need has been identified to support medicines adherence. Take account of the person's needs and preferences and involve the person and/or their family members or carers and the home care provider in decision-making.

1.9.9 Community pharmacists (or dispensing doctors) should consider supplying printed medicines administration records for a person receiving medicines support from a home care provider (see also recommendation 1.5.3 on record keeping).

1.9.10 Home care providers should have robust processes for obtaining over-the-counter medicines that have been requested by the person. These should include:

- ensuring that the person understands and accepts any risk associated with taking the medicine
- what information needs to be recorded, for example, the name, strength and quantity of the medicine
- when to seek advice from a health professional.

1.9.11 Home care workers should not obtain or buy an over-the-counter medicine for a person based on symptoms described by the person or their family members or carers.

1.10 Transporting, storing and disposing of medicines

Responsibility for transporting, storing and disposing of medicines usually stays with the person and/or their family members or carers. However, if a home care provider is responsible, effective medicines management systems need to be in place.

1.10.1 Agree with the person and/or their family members or carers who will be responsible for transporting medicines to or from the person's home. If the home care provider is involved, carry out a risk assessment of transport arrangements.

1.10.2 Agree with the person how their medicines should be stored and disposed of. Encourage the person to take responsibility for this, if they agree and are able to, with support from family members, carers or home care workers, if needed. Record this information in the person's care plan.

1.10.3 Home care providers that are responsible for storing a person's medicines should have robust processes to ensure there is safe access to medicines, particularly for controlled drugs. These should include:

- identifying who should have authorised access to the medicines
- ensuring there is a safe storage place or cupboard for storing medicines, including those supplied in monitored dosage systems
- assessing the need for secure storage, for example, in a lockable cupboard
- identifying the need for fridge storage
- reviewing storage needs, for example, if the person has declining or fluctuating mental capacity.

1.10.4 Health and social care practitioners should provide advice and information about how to store controlled drugs safely, in line with the recommendation on storing controlled drugs in the NICE guideline on controlled drugs.

1.10.5 When a person is assessed to be at risk because of unsecured access to their medicines, home care providers should agree with the person and/or their family members or carers whether secure home storage (a lockable cupboard) or central storage (not in the home) is needed.

1.10.6 When home care providers are responsible for disposing of any unwanted, damaged, out-of-date or part-used medicines, they must have robust processes, in line with The Controlled Waste (England and Wales) Regulations 2012. These processes should include:

- obtaining agreement from the person (or their family member or carer)
- how the medicines will be disposed of, usually by returning them to a pharmacy for disposal

- any special considerations, for example, for disposing of controlled drugs, needles and syringes
- what records will be made, for example, the name and quantity of medicine, the name of the person returning the medicine, the date returned and the name of the pharmacy.

1.11 Training and competency

If a person is receiving medicines support from a home care provider, this is usually provided by a home care worker. Appropriate training, support and competency assessment is essential to ensure the safety, quality and consistency of care.

1.11.1 Home care providers should have robust processes for managing medicines to ensure that home care workers:

- 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 through direct observation
- update their knowledge and skills at least annually.

1.11.2 Follow the advice on recruiting, training and supporting home care workers in the NICE guideline on home care.

Terms used in this guideline

Advance care planning

A voluntary process of discussion about future care between a person and their care providers, irrespective of discipline. If the person wishes, their family and friends may be included.

Carer

The term ‘carer’ is used to define an informal, unpaid carer only (see also ‘home care worker’).

Health and social care practitioners

The term 'health and social care practitioners' is used to define the wider health 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, home care workers, personal assistants, case managers, care coordinators and social workers. When specific recommendations are made for a particular group, this is specified in the recommendation.

Home care plan

A written plan that sets out the home care support that providers and the person have agreed will be put in place, following the local authority assessment of overall need. It includes details of both personal care and practical support.

Home care provider

A provider organisation, registered with the Care Quality Commission as a home care agency, which directly employs home care workers to provide care and support in a person’s home.

Home care worker

A person employed by a home care provider to provide care and support to people in their own home.

Medicine

The term ‘medicine’ includes all prescription and non-prescription (over-the-counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.

Medicines-related problems

The term ‘medicines-related problems’ includes:

- potentially avoidable medicines-related hospital admissions
- prescribing errors
- dispensing errors

- administration errors (for example, missed or delayed doses, inappropriate or incorrect administration)
- monitoring errors (for example, inadequate review or follow-up, incomplete or inaccurate documentation)
- adverse events, incident reporting and significant events
- near misses (a prevented medicines-related patient safety incident which could have led to patient harm)
- deliberate withholding of medicines or deliberate attempt to harm
- restraint or covert administration that has been used inappropriately
- misuse, such as missing or diverted medicines
- other unintended or unexpected incidents that were specifically related to medicines use, which could have, or did, lead to harm (including death).

Parenteral nutrition

Providing nutrients intravenously.

Time-sensitive medicine

A medicine that needs to be given or taken at a specific time, where a delay in receiving the dose or omission of the dose many lead to serious patient harm, for example, insulin injections.

Context

This guideline has been developed to help ensure that people who receive social care in the community get the support they need to manage their medicines safely and effectively. Social care in the community (also called home care or domiciliary care) is defined as care and support in their own home[2] for adults:

- who the local authority has to discharge a duty or responsibility under either the Care Act 2014 or the Mental Health Act 1983
- who receive any social care component of an NHS continuing care package
- who self-fund their own care and support.

[2] This includes extra care housing, Shared Lives Scheme (formerly Adult Placement Scheme) living arrangements, sheltered housing (such as supported housing or specialist accommodation), supported living and temporary accommodation (such as for people who are homeless).

An increasing number of people need social care and support in the community, which may include help with managing their medicines, as reported in the Department of Health's policy on health and social care integration (2013).

People receiving social care in the community may be at a greater risk of medicines-related problems. For example, if they have multiple long-term conditions (multimorbidity) or are taking multiple medicines (polypharmacy). Family members, carers and home care workers often help people to take and look after their medicines, for example, by ordering prescription medicines or reminding a person to take their medicines.

Home care workers who are responsible for providing medicines support have limited supervision by health professionals. There is variation in staff training and low pay, which leads to a high turnover of staff (32% of home care workers leave within 12 months; 56% within 2 years). This can result in a lack of continuity of care and inflexibility in changing care arrangements (Commissioning home care for older people Social Care Institute for Excellence 2014).

This guideline focuses on adults (aged 18 and over) and considers how to assess their medicines support needs, with an emphasis on enabling and supporting people to manage their own medicines as much as possible, when they are able to do so. It covers how support should be planned and delivered, with health and social care providers sharing accurate and up-to-date information, and working together to deliver high-quality care.

This guideline also addresses the medicines management systems and processes that need to be in place so that people receive the medicines they need in a safe and effective way. This includes ensuring that home care workers receive support and training to provide medicines support for the people that they care for, and know how and when to get help and advice.

Finally, the guideline encourages a person-centred, 'fair blame' culture where people, their family members, carers and home care workers can raise concerns about medicines, and home care providers have robust governance arrangements to help keep people safe in line with regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Legislation related to this guideline

The following legislation and regulations relating to this guideline have been published by the UK Government, although this is not intended to be a comprehensive list:

- The Care Act 2014
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Social Care Act 2012
- The Controlled Waste (England and Wales) Regulations 2012
- Care Quality Commission (Registration) Regulations 2009
- Health and Social Care Act 2008
- Mental Capacity Act 2005
- Data Protection Act 1998
- Disability Discrimination Act 1995
- The Misuse of Drugs (Safe Custody) Regulations 1973
- Misuse of Drugs Act 1971
- Medicines Act 1968.

More information

To find out what NICE has said on topics related to this guideline, see our web pages on medicines management and adult social services.

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