

Care About Medicine

Providing information, support & guidance on managing medicines safely and effectively in a social care setting

Issue 42 - January 2026

In this Issue

- Fridge Temperature Recordings
- Homely Remedies Reminder
- Reporting CD Incidents/Concerns
- Penicillamine Allergy Recording
- Safety Needles Reminder
- ‘Taste the Difference Challenge’

Refrigerator Temperature Recordings - Reminder

The refrigerator temperature should be monitored and recorded daily using a minimum/maximum thermometer following the manufacturer's instructions. Records should be kept of the minimum temperature that the refrigerator reached since last checked, the maximum temperature as well as the actual running temperature. **Staff must ensure the thermometer is re-set after the temperatures are recorded** to provide an accurate record of temperature variation between readings. Monitoring fridge temperatures is important to ensure that the fridge is working correctly and the medicines are stored safely and work effectively.

MONTH		YEAR		
Date	Time	Refrigerator Temperature	Checked (minutes)	Thermometer Reset (hrs)
		Actual	Max	Min
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
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Reporting Controlled Drugs Incidents or Concerns

Please see attached poster for displaying in your care home.

Homely Remedies - Reminder

Key points:

- Homely remedies do not require a prescription.
- Homely remedies are kept as stock in the care home to allow access to products that would commonly be available in any household.
- The home should discuss with each GP practice that has patients in the home as to which medicines they wish their patients to use as non-prescription (homely remedy) medicines. This will be person specific. The pharmacist should also be consulted. A procedure for the administration and recording of non-prescription homely medicines must be written and included in the medicines policy and reviewed regularly.
- Homely remedies can be administered to any appropriate resident.
- Homely remedies should be purchased by the care home. **It is not appropriate to use discontinued medicines as stock.** A record should be made of all stock purchased for audit purposes in a homely remedy book or recording sheet.
- Homely remedies should be administered at the discretion of a carer (following initial agreement with the GP) to a resident for up to 48 hours. If symptoms persist longer, then their GP should be contacted.
- Homely remedies should be stored in a locked cupboard away from other medicines, clearly annotated with 'homely remedy'.
- Homely remedies can be administered to residents by care home staff who are trained and competent to administer homely remedies.
- Administration should be recorded on the MAR/eMAR and annotated that a 'homely remedy' was given. An entry should also be made in the homely remedy book or recording sheet.
- Homely remedies are the property of the care home.

- The balance and expiry dates should be checked regularly (monthly). Any expired stock should be disposed of in line with the service's disposal procedure.
- There are some differences when dealing with homely remedies and self-care medicines. Guidance on this can be found on our website <https://www.nottinghamshiremedicinesmanagement.nhs.uk/media/ywocmhsp/supporting-self-care-in-care-homes-v1-draft-3.pdf>

For more information on homely remedies and self-care please see our guidance document via the [Medicines Optimisation Team website](#)

Harm from incorrect recording of a penicillin allergy as a penicillamine allergy

There have been reports of healthcare staff recording patient's penicillin allergy as a penicillamine allergy in electronic prescribing systems. This look-alike sound-alike error risks a patient with a known penicillin allergy being administered a penicillin-based antibiotic and having a potentially fatal anaphylactic reaction. Please highlight to the GP any resident who has a penicillamine allergy documented to clarify this is correct.

For more information see the National Patient Safety Alert available on the [Central Alerting System](#).

Safety Needles Reminder

It is the healthcare employer's responsibility to provide safety needles for their employees. Safety needles will NOT routinely be prescribed on an FP10 for use by healthcare professionals and care provider employees.

Examples

- A care home requiring safety needles to inject insulin to a resident will need to provide these for their employees.
- If a district nurse is injecting the insulin they would be expected to provide their own safety needles.

It is also not appropriate to ask residents or their families to pay for these.

Taste the difference challenge: switching to decaffeinated tea and coffee

After a successful launch of their 'taste the difference challenge' the adult continence team (University Hospitals of Leicester) are now inspiring care home providers to introduce decaffeinated tea/coffee in their care homes due to the many health benefits.

Benefits of switching to decaffeinated tea/coffee

- Improves residents' continence and reduction in urinary urgency
- Reduces falls
- Reduces tachycardia and palpitation
- Reduces headaches and dehydration
- Most people can't taste the difference



For more information plus free resources visit:

<https://www.ucc-today.com/journals/issue/launch-edition/article/taste-difference-challenge-switching-decaffeinated-tea-and-coffee-healthy-bladder>

<https://stowhealthcare.co.uk/wp-content/uploads/2024/04/Taste-the-Difference-Webinar-Slides-18.04.2023.pdf>

The ICB is also hosting a free webinar which is taking place on Thursday 29 Jan 2026 14:00 - 14:45 Register for the event here: [Decaffeinated by Default: Care Provider Webinar](#)

Every effort has been made to ensure the information contained in this newsletter is accurate at the time of publication.

If you need any further information on medicines management please contact us as follows:

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www.nottinghamshiremedicinesmanagement.nhs.uk

**Remember to Report Controlled Drugs Incidents or Concerns
to your CDAO online via www.cdreporting.co.uk**



If you experience an issue or have a concern relating to the prescribing, dispensing, transportation, storage or administration of controlled drugs – **PLEASE REPORT THESE TO YOUR CDAO**

CONCERNs

Concerns relate to issues which *may* occur due to poor practices, system failures or worries regarding colleagues in relation to CDs for example. Reporting concerns may also be a form of 'whistleblowing' regarding issues surrounding CD safety e.g.:

- **Worries** by surgery staff that a colleague may be self-prescribing CDs following behavioural changes (*concerns may be reported anonymously*)
- Concerns relating to **unauthorised staff** having access to CD cupboard keys/not following SOPs/worries about CD storage issues
- **Inappropriate prescribing** of high volumes of CDs identified by Hospices, Care Homes, Substance Misuse Services etc
- **Unsafe management and control of CDs** in a patient's home setting i.e. end of life care

Concerns may be submitted anonymously, but we would be unable to make enquiries to the reporter about the concern or feedback any investigative outcomes.

INCIDENTS

Incidents include events that have already happened directly, or because of, a different occurrence and have caused injury, harm or health damage, including 'near misses' for example:

- **Loss of CDs** following a pharmacy break-in/dispensing error/CD spillage
- **Prescribing error** on a Prescription from a GP; wrong medications/too much or too little dosage
- **Running balances** with a discrepancy between stock and register/record keeping errors
- **Failure of a syringe driver** in a home setting for end-of-life community care
- **Delivery driver error** – issued to wrong patient/lost on route/ not followed SOPs
- **Dispensing errors/Medicines label errors/incorrect formulations**
- **Fraudulent attempts to obtain CDs**

The above list is not exhaustive but this guidance shares examples of CD incidents which **must** be reported.

When reporting the concern or incident you will be asked to provide details of the event and actions taken, such as:

- What action was taken? Was the patient contacted?
- Was any harm caused to the patient, if so, what action was taken?
- Was the prescriber informed?
- Who else has been informed/notified of the incident?
- What measures have been put in place to prevent recurrence?
- What have you learnt from the incident? Have you shared learning with your team?

If you have any queries, please contact the NHS England Midlands CD Teams at england.midlandscd@nhs.net

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