

# Frequently Asked Questions: Should Multi-compartment Compliance Aids (MCAs) be used in Care Homes?

## Background

GPs and other healthcare professionals have a duty to make reasonable adjustments to the management of patients' medicines under the Equality Act 2010; MCAs **may** form part of this.

A range of different MCAs (dosette boxes, NOMAD® trays, pharmacy sealed blister packs) are often found in Adult Social Care settings. However, it is essential to note that MCAs are not necessarily the first choice intervention to help people manage their medicines.

The Royal Pharmaceutical Society's (RPS) report on MCAs<sup>[1]</sup> states:

*"In general there is insufficient evidence to support the benefits of MCA in improving medicines adherence in patients, or in improving patient outcomes and the available evidence does not support recommendations for the use of MCA as a panacea in health or social care policy."*

However, it does state that the evidence available points to MCAs being useful for some people.

There may be other alternative options to the use of MCAs, such as original packs of medicines with appropriate support provided for people. Evidence suggests this helps to promote people's independence.<sup>[1]</sup>

There are a range of benefits and drawbacks in relations to MCAs, which are highlighted below.

## Benefits and Drawbacks

### Drawbacks:

- The Care Home Use of Medicines Study (CHUMS) indicated that there is no clear evidence that using MCAs reduces the incidence of medicines administration errors.<sup>[2]</sup>
- Removing a medicine from its original packaging may adversely impact its stability and/or render it unlicensed. The term unlicensed refers to when a medicine is used outside its usual terms (from the product license or marketing authorisation).

- As multiple medicines may be placed in one compartment, it makes it more difficult to remove a specific tablet, if a person no longer wants or needs to take it.
- Some MCA devices are not child resistant
- Some MCA devices are not tamper proof or tamper resistant.
- Increased complexity of a system which involves medicines both in MCAs and in original packaging, and newly prescribed medicines part way through a cycle.<sup>[1,2]</sup> This particularly the case for medicines with specific administration times and medicines prescribed to be taken when required.
- Increased workload for GPs and pharmacies dispensing medicines into MCAs.<sup>[2]</sup>
- Increased medicines waste; residual medicines have to be disposed of sooner as they have been removed from their original packaging.

### Benefits

- In some cases, they may simplify the medicines regimen
- It can be a convenient way for people to take their medicines.

### Important points:

- How do people and care staff manage different systems of administration? For example, people often have original packs of medicines in addition to those included in an MCA. Soluble painkillers are a good example – where are these kept and how do people manage this?
- Staff administering medicines from any system should have the training and be competent to do so.
- Staff should be able to identify medicines contained in the MCA

### NICE Guideline

NICE guideline (SC1)<sup>[3]</sup> states:

“Care home providers should determine the best system for supplying medicines for each resident based on the resident's health and care needs and the aim of maintaining the resident's independence wherever possible.”

“Pharmacies and doctors supplying medicines to care home providers should ensure they have processes, such as standard operating procedures, in place for all staff who dispense and accuracy check medicines for residents, particularly those using monitored dosage systems.”

### Summary

**MCAs are not the only option; they are only one of a range of aids to help people take their medicines.** Examples of these include winged bottle caps, large print labels, reminder charts, alarms (including the use of those on mobile phones), colour coding, tablet splitters and “poppa” devices. Anyone who has a MCA should

have had their needs assessed so that interventions are person centred. It is intended to support an individual to take their own medicines.

## References

[1] [Improving patient outcomes with the better-use of multi-compartment compliance aids \(MCA\)](#), Royal Pharmaceutical Society, 2013.

[2] Alldred, D. P., et al. "Care home use of medicines study (CHUMS)." Medication errors in nursing and residential care homes—prevalence, consequences, causes and solutions. Report to the Patient Safety Research Portfolio, Dept of Health (2009).

[3] [NICE guideline SC1: Managing medicines in care homes](#)

## Quality Assurance

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