



PROVIDER FORUM NEWSLETTER – JUNE 2025

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SOCIAL CARE INSTITUTE FOR EXCELLENCE (SCIE) – FACTSHEETS: CARE ACT (2014) LEGAL DUTIES

Factsheets available: <https://www.scie.org.uk/care-act-2014/factsheets/>

- 1 – Legal duties towards self-funding
- 2 – Legal duties for the assessment of needs for care and support
- 3 – Legal duties for recording an assessment of needs for care and support
- 4 – Legal duties for a carers assessment
- 5 – Legal duties for recording a carers assessment



If you want to raise a new **safeguarding concern**, this can be done by calling 01472 256 256.

If you have any **query regarding an open safeguarding case, or a closed/or archived case**, please call 01472 232 244.

If you would like to speak with somebody within the **training teams**, please call 0300 330 2975 for Training and 0300 330 2830 for Employee Services or visit the website: [Training & Recruitment – Focus \(focusadultsocialwork.co.uk\)](http://focusadultsocialwork.co.uk)

SAFEGUARDING, MCA AND DoLS

SAFEGUARDING AND MCA TRAINING

Here are the links to some of the safeguarding and MCA training available from Focus:

[Overview of the Multi-Agency Workforce Development Strategy>](#)

[The MCA mini-series>](#)

[Live Well MCA resources>](#) (this includes links to the MCA training pathway and Safeguarding Adults Training Pathway information)

[Quest>](#) (training bookings)

SAFEGUARDING AND MCA NEWSLETTER

For the latest Safeguarding and MCA newsletter (April 2025), please click onto the following link: [MCA & Safeguarding Adults e-newsletter issue 21](#)

Briefing - Use of Multi-Compartment Compliance Aids

Introduction

Recent findings from our local Safeguarding Adult Reviews have highlighted missed opportunities for individuals who have multiple issues whereby they could have been supported more cohesively. This themed briefing has been written to focus on the use of multi-compartmental compliance aids (MCCAs) and the importance of a full assessment with patients before treatment changes are made. MCCAs can be used to simplify a medicine regimen but they are just one type of device among many to support people to take their medicines.

MCCAs- What is the evidence base?

The Royal Pharmaceutical Society (RPS) (2022) believes that supporting the best use of medicines involves identifying problems and consideration of patient characteristics to find the best solution. MCCAs are one tool amongst many to support medication regimes but there is limited evidence base. Reviews suggest a lack of patient benefit outcomes and sometimes they can cause harm. Other interventions exist, which as part of a patient-centred and quality approach, must also be considered. Patients who can safely self-administer their medicines should be encouraged to do so, and where they are unable to do so, there must be appropriate training for carers so that they are able to administer medicines from original packaging. It's important that the assessment and selection of intervention options to help maintain healthy independent living be person-centred with appropriate support, medicines compliance aids, reminder charts and alarms and labels with large print as a consideration.

Key Points

- Routine use MCCAs without **patient adherence assessment** is discouraged by the RPS.
- Patients with medication adherence issues should undergo an assessment to jointly identify the best adherence aid for them and reassessed after a few weeks.
- The patient should be re-assessed after any changes in their needs, e.g. after hospital discharge, and regularly at 6-12 months.
- Some MCCA devices are not child resistant or tamper evident.
- Some medicines become unstable when removed from their original packaging and therefore can be unsafe to use. Medicines supplied in this way could be unlicensed.
- The patient or care staff must be able to identify the individual medicines before they administer them. The medicines supplier should include a list of all medicines supplied, including a description.

Reasonable adjustments

GPs and other healthcare professionals must make reasonable adjustments to help people take their medicines. The Equality Act 2010 requires such adjustments. MCCAs do not always simplify how people take their medicines. When people need additional medicines support to continue to be independent, it may be necessary to have a medication review to simplify their medicines regimen. There are other ways to promote people's independence. Other reasonable adjustments to support the person to use original packs of medicines may include:

- reminder charts
- winged bottle caps
- large print labels, braille and talking labels
- alarms (such as notifications on mobile phones)
- tablet splitters.

Local Guidance

[HNY-Guidance-7-day-Prescriptions-and-Monitored-Dosage-Systems-Final.-September-2024.pdf](#)

Useful links

[Multi-compartment compliance aids \(MCAs\) | RPS](#)

[Use of multi compartment compliance aids](#)

[Summary Guidance and Evidence for use of Multi Compartment Compliance Aids 2019.pdf](#)

[Multi-compartment compliance aids \(MCAs\) in adult social care - Care Quality Commission](#)

[Making decisions: a guide for people who work in health and social care - GOV.UK](#)

Briefing - Multi-Disciplinary Team (MDT) Meetings

Introduction

Recent findings from our local Safeguarding Adult Reviews have highlighted missed opportunities in information sharing for individuals who have multiple issues whereby they could have been supported more cohesively. This has led to fragmented risk management and care planning for individuals that don't need a formal safeguarding enquiry response. This briefing has been written to work alongside existing procedures such as the [High Risk Protocol](#) and the [Operational Risk Management Meeting Protocol](#) to help provide a meeting framework for practitioners of all disciplines to meet to coordinate actions to address multiple issues, to improve the outcomes for the individual.

What is a multi-disciplinary team (MDT)?

Multidisciplinary teams (MDTs) are the mechanism for organising and coordinating health and care services to meet the needs of individuals with care and support needs. The MDT meeting allows professionals and practitioners from across different sectors to work together around the needs of adults, their families and their communities. Whilst MDT meetings are traditionally used to support an individual's health needs, they can also be an effective tool in identifying and addressing risk caused by multiple needs impacting on an individual's well-being. The meeting provides shared decision making and responsibility, robust action planning and escalation of cases which are potentially complex. Professionals from different disciplines with a variety of expertise can pool their knowledge and resources and ensure the best outcome for service users. MDTs also offer a source of support in managing risk and provide an additional layer of governance.

Membership - This can be varied and will depend on the context. Practitioners need to consider who can help to create the most effective support. Membership of MDT meeting could include (not an explicit list):

- The individual and /or an advocate
- Social Care Professionals
- Health Professionals
- Police
- Fire and Rescue Service
- Mental Health Services
- Housing services
- Specialist doctors
- Occupational Therapists
- Drug and alcohol services
- Commissioners
- Environmental services
- Representatives of the voluntary sector
- Faith groups
- Family or friends who can offer the

Structure of MDT case review meetings

- Ensure there is a clear agenda which supports a structured meeting, allowing for open discussions and safe challenge.
- Actions from the previous meeting are reported on.
- Participants are required to share relevant information
- All participants commit to carry out agreed tasks within agreed timeframes.
- The Chair will summarise decisions and actions ensuring they are recorded accurately.
- Ensure that any actions given to absent team members are conveyed to them in a timely and clear manner.

Suggested Frequency - It is suggested that MDT meetings are scheduled in advance to take place as frequent as is necessary, with a minimum of once a month being considered, and ideally be face-to-face meetings where possible. Meeting more often is not discouraged but can be hard to sustain.

Suggested Agenda - Standing items may be introduced to the agenda to support the sharing of information. A suggested agenda is available on page 2.

Roles and responsibilities in MDT's

The Chair - Calls the MDT meeting and can be any professional from any organisation involved with the individual. Prepares for the MDT meeting inclusive of sending out meeting invites, keeping a record of attendance, coordinating note taking, including all actions agreed and distribution of the minutes.

MDT members - Attend meetings prepared with the relevant information. Participation in discussion is active and constructive. Maintaining a person-centred focus. Actions taken and updates reported back at the following meeting.

SUGGESTED MDT MEETING AGENDA

MEETING:	
MEETING DATE:	
VENUE:	
TIME:	

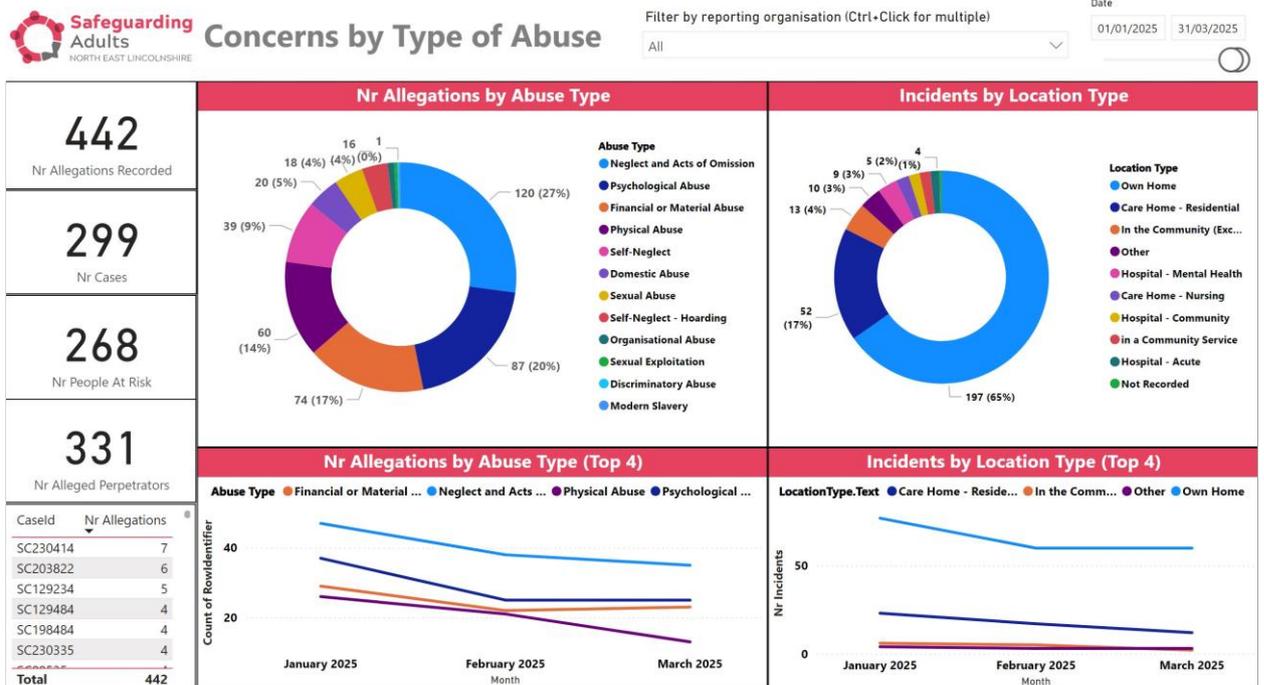
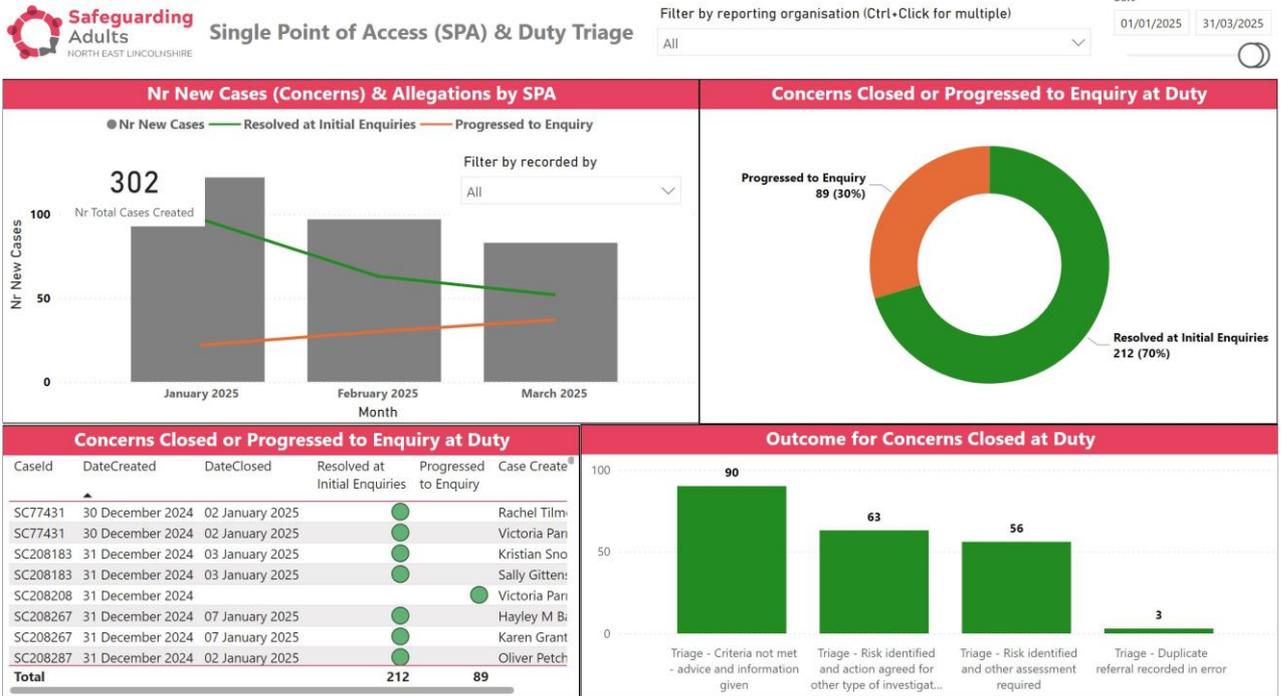
Present:

Apologies for absence:

Minute taker:

Item number	Agenda item	Purpose	Lead
1.	Welcome and introductions.	To receive and note	Chair
2.	The purpose of the meeting and what we are aiming to improve		
3.	Action notes from last meeting	To review and accept or amend To review progress against outstanding actions not covered on agenda	All
4.	The individual/advocate View of the concerns and wishes/outcomes	To ensure the meeting remains person centred	
5.	Outline concerns from each organisation <i>List the organisations presenting information here</i>	To hear all relevant information	All
6.	Risk Action planning	Identification of risk and actions to address (who by and when)	
7.	Consideration of further support mechanisms	Identifying other professionals/ agencies, engaging family/ friends to support	
8.	Summary of agreed decisions		
9.	Other pathway consideration or escalations	High Risk Protocol, S42 consideration etc.	
10.	Date and time of next meeting		Chair

SAFEGUARDING ENQUIRIES – QUARTER 4, 2024/25



Enquiries Closed

Filter by reporting organisation (Ctrl+Click for multiple)

All

Date

01/01/2025

31/03/2025



Enquiries Ongoing

Allocated to at Formal Enquiry Stage

All

