

Good Practice Guidance: Self-administration of medicines in Care homes

Introduction

Residents have the right to choose to manage their own medicines with appropriate support from care home staff. Self-administration of medicines can help to support maintenance of a person's independence and dignity.

Any process involving self-administration of medicines must be subject to a risk assessment, reviewed at regular intervals and when there is any change in the resident's circumstances.

Within the care home good practices must be maintained and adhered to in order to ensure safety of the resident and staff involved when self-administering medication.

When people are receiving short-term respite or intermediate care, they need to maintain their skills. This includes keeping the skills they need to continue to be able to take their own medicines when they return home.

Residents have 3 options in respect to the administration of medication. These are:

1. Residents that are able to self-administer
2. Residents that require support with self-administration e.g. prompting, or opening bottles etc
3. Residents wanting or requiring full assistance for administration of medication

The type of administration practice should be determined using a risk assessment (Appendix 1), carried out by a trained/competent member of staff.

Policies and procedures

You should have a policy in place for self-administration of medicines. The process for self-administration of medicines (including controlled drugs) should include:

- an individual risk assessment
- obtaining or ordering medicines
- storing medicines
- keeping records
- supporting people to take their medicines if necessary
- monitoring adherence
- disposing of unwanted medicines

Individual risk assessment

Self-administration varies resident to resident. Care home staff must deduce how much support a resident requires for self-administration by completing a risk assessment (Appendix 1).

The care home manager should coordinate the risk assessment and decide who to involve. Any member of staff involved in completing a risk assessment must ensure they have appropriate training. The resident and their family members should be involved.

Health care professionals e.g. GP and Pharmacist, can offer help and advice to the care home and resident when assessing suitability for self-administration of medications. For example, they could identify how to adjust the medication regime to make them easier to self-administer.

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Risk assessment should consider:

- Can the resident identify all the medication they are taking and what they are taking them for?
- Does the resident know when to take each medication?
- Does the resident know how much of each medication to take?
- Can the resident safely remove the medication from the packaging?
- Does the resident have any other dexterity issues, such as:
 - able to remove medication from bottles or other containers which have a child resistance lock cap?
 - able to take tablets but requiring support to administer eye drops
- Does the resident have visual impairment?
- Does the resident have the mental capacity to self-administer medication?
- Has the resident had problems with forgetting to take medication in the past?
- Can the resident measure and take liquid medication?
- Does the resident understand the requirements of the safe and secure storage of medication whilst in the care home?
- Does the resident's room have an appropriate lockable cupboard or drawer in which to store medications safely?
- Are the resident and care home aware how often the risk assessment should be reviewed or repeated? This should be based on the person's need which could change e.g. during an acute illness.
- Responsibilities of the care home staff. Record these in the person's care plan. Include an effective way of monitoring adherence.

If the designated responsible person at the care home conducting the risk assessment assesses the resident is able and safe to self-administer medication, it is recommended that the resident is observed once the medication has been received (on the first day), one week later and at the end of the first 28-day cycle. This ensures that the resident is self-administering safely and correctly. When the nurse or designated responsible person at the care home is satisfied that the service user can self-administer medication then the period of observation can be ended. This must be documented in the resident's care plans.

The resident must be periodically assessed including when there is a deterioration in their mental capacity/cognition and/or health which affects their ability to self-administer their medication(s) or remain capable of upholding the required responsibilities.

The observation process should include the following:

- The resident stores medication in a lockable drawer or cupboard.
- The resident must not give the key to the lockable storage area to another resident.
- The resident must understand what each medication is for.
- Observation of the resident taking the correct medication at the correct time of day.
- The resident must be able to differentiate between the different types of medication ensuring that they are taking the right medication at the right time.
- The resident must be able to remove the correct dose of medication from the container.
- The resident must take the correct dose of medication with an adequate amount of fluid, preferably water.

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Support to self-administer

Additional support for residents to self-administer could include:

- reasonable adjustments such as:
 - large print labels
 - colour coded labels
 - easy to open containers
 - multi-compartment compliance aids.

The resident needs to be assessed for eligibility by the community pharmacy in relation to the Equality Act 2010.

- reminders such as a reminder charts or alarms
- help measuring liquids
- devices to help with the administration of inhalers or eye drops
- providing the person with suitable information about their medicine e.g how to take it and any potential side effects.

Medication Storage

If the resident is self-administering it is essential to provide safe and secure medicine storage for individuals in their own rooms such as a lockable cupboard or drawer in a resident's room.

Care home providers should also consider the storage of:

- Controlled drugs.
- Nutritional supplements.
- Medicines that need refrigeration
- Dressings, stoma products and catheters.

Residents must be able to easily access their own medicines that need special storage e.g fridge items when they need to take or use them.

Medication Ordering

The resident's care plan must reflect the resident's wishes and the specific arrangements for their medication. Any medicines ordered by the home must be received as per the care home policy and a record made when they are handed over to the resident who self-administers their medication unless the resident wishes and is able to take responsibility for ordering and receiving their medication.

Record Keeping

There is no need for care staff to fill in the MAR chart when residents self-administer medicines, but the chart should be used by the resident to indicate self-administration of medication and is a way of monitoring medicines adherence. Care staff have a duty of care to look after residents; this includes supporting residents who self-administer their medication to do so safely.

If there are some medications from the list of prescribed medications that the resident wishes to self-administer, such as inhalers, this must be made clear on the MAR chart.

Medication Disposal

Care home staff must obtain residents' consent to dispose of their medication when appropriate.

Refer to the Good Practice Guidance ([Care Homes \(frimleyccg.nhs.uk\)](http://frimleyccg.nhs.uk)):

- Disposal of medicines
- Good Practice Guidance Controlled Drugs, Appendix 1

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References

- 'The handling of medicines in Social Care', Royal Pharmaceutical Society
www.rpharms.com
- CQC Self-administered medicines in care homes
<https://www.cqc.org.uk/guidance-providers/adult-social-care/self-administered-medicines-care-homes>
- PrescQIPP Supporting self-administration of medication in the care home setting
<https://carehomecompanion.uk/uploads/Care-homes-self-administration.pdf>
- Tees, Esk and Wear Valleys Self-Medication Procedure
[Procedure Template 1703 \(teewv.nhs.uk\)](http://www.teewv.nhs.uk/Procedure%20Template%201703)
- Hampshire County Council Care Self-Medication Assessment
[HCC-Careselfmedicationassessmenttemplate.doc \(live.com\)](http://www.hampshire.gov.uk/HCC-Careselfmedicationassessmenttemplate.doc)
- Equality Act 2010
<https://www.legislation.gov.uk/ukpga/2010/15/section/20>

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Appendix 1

Self-Administration Risk Assessment Form
Part A



Resident Name..... Resident Date of Birth.....

Date of Assessment.....

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I wish to maintain responsibility for my own medication and self-administer medication prescribed for me.	
I understand that I must keep all my medicines in the locked drawer/cupboard provided.	
I understand I cannot give the key to the lockable storage area to another resident	
I understand that I will be assessed periodically to determine if self-administration is still appropriate.	
I confirm that I am aware of the above arrangement and have agreed, subject to the conditions stated in the care home's medication management policy on self-medication.	

Signature of Resident:

Date:.....

Name of manger/assessor/qualified nurse.....

Signature of manger/assessor/qualified nurse.....

Date.....

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Risk Assessment Form – Self-Administration
Part B

Resident Name		Resident Date of Birth	
Resident NHS Number			
Name of Assessor		Date of Assessment	

Risk Element	Yes/No or Not Applicable	Comments
1. Does the resident manage their own medicines at home with or without the support of others? (If no self-administration not suitable)		
2. Does the resident have capacity to self-administer?		
3. Does the resident have a history of drug or alcohol abuse?		
4. Does the resident have a history of overdose, accidental or intentional?		
5. Is the resident able to identify all the medication they are currently taking?		
6. Is the resident able to state what each medication is being taken for?		
7. Does the resident know when to take each medication?		
8. Does the resident know how much of each medication to take?		
9. Can the resident remove medication from blister packs?		
10. Can the resident remove medication from bottles or other containers which have a child resistance lock cap?		
11. Does the resident have any other dexterity issues?		
12. Does the resident have visual impairment?		
13. Has the resident had problems with forgetting to take medication in the past?		
14. Resident can measure and take liquid medication if applicable		
15. Resident can use inhalers if applicable		
16. Resident can use eye drops if applicable		
17. Resident can self-inject safely if applicable		
18. Resident understands the need to dispose of needles in sharps container if applicable		
19. Resident understands the requirements of the safe custody of medication whilst in the care home		
20. Resident knows where the keys are kept		
21. Is the resident likely to be manipulated by fellow patients to supply their medication to them?		

Risk Assessment Outcome

Please Tick	
Suitable	Not Suitable
If Suitable	
Resident provided with lockable drawer or cupboard to store medication	
Resident aware not to give the key to the lockable storage area to another resident	

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