Good Practice Guidance 9: Self Medication in Care homes

Adapted from previous NHS Berkshire East guidance, ‘Self-administration’ (2010) and from the CQC Pharmacy tip: Self Medication (27 October 2008) which has now been withdrawn.

Advice for care home staff only

Key Points

- Residents have the right to choose to manage their own medicines if they want to, with appropriate support from the care home.

- Everyone going into a care home should be offered the opportunity on admission to manage their own medicines and at other times during their stay.

- The degree of self medication can vary from resident to resident.

- Any process involving self medication must be subject to a robust risk assessment which is reviewed at regular intervals and when there is any change in the resident’s circumstances.

- Locked storage must be provided for each resident.

- The care home should also have policies, procedures and care plans for self medication.

- There is no need for staff to fill in the MAR chart form when residents self-administer medicines, but the form should be used by the resident to indicate that the resident self-medicates and is an effective way of monitoring medicines adherence.

- Supporting self-medication is one method of promoting independence and dignity.

Background

Whenever possible, children and adults should take responsibility for their own medicines preserving independence regardless of the social care environment. Care home staff should not assume that medicines can automatically be removed from people in a care home setting.

Within the care home environment there maybe a variety of administration practices depending upon the requirements of service users. In all cases, good practices must be maintained and adhered to with the prime responsibilities being for the safety of the service user as well as safety of the staff involved.
There are 3 main abilities of service user in respect to the administration of medication. These are:

1- Service users that are able to self medicate
2- Service users that require assistance with self-medicating e.g. prompting.
3- Service users that require full assistance for the assistance of the administration of medication (i.e. not self medicating)

The determination of administration practice should be ascertained from a formal preliminary risk assessment.

Residents able to self-medicate
The following points should be addressed in any risk assessment tool:

1. Is the service user able to identify all the medication they are currently taking?
2. Is the service user able to state what each medication is being taken for?
3. Does the service user know when to take each medication?
4. Does the service user know how much of each medication to take?
5. Can a service user remove medication from blister packs?
6. Can the service user decant medication from bottles or other containers which have a child resistance lock cap?
7. Does the service user have any other dexterity issues?
8. Has the service user had problems with forgetting to take medication in the past?
9. Is the service user able to measure and take liquid medication?
10. Does the service user understand the requirements of the safe custody of medication whilst in the care home?

An example of a self-medication risk assessment is included (Appendix 1) at the end of this guidance.

Self-administration of medicine is not an ‘all or nothing’ situation. For example some service users might keep and use their own inhalers but not their other medicines. Alternatively, a service user may be able to self administer his/her medicines provided that care staff assist him/her. For example:

- A person who has suffered a stroke and is unable to open containers may want to keep medicines and ask care staff to assist at the time he/she wishes to take the medication.
- A person may be given a tube of cream to apply privately even though care staff give other prescribed medication.
- A person who has limited understanding and awareness may be able to cope with a day’s supply of medicines in a compliance aid box.
If the designated responsible person/carer/nurse at the care home conducting the assessment believes that the service user would be able to self-medicate than a short period of observation would need to be undertaken in order to ensure that they do so correctly. This process would have to include the following points:

- The service user uses the lockable drawer or cupboard provided to store medication.
- The service user must know never to give the key to the lockable storage area to another service user.
- Service user should know how to correctly store medication.
- Observation of the service user obtaining the correct medication for the correct time of day.
- The service user being able to differentiate between the different types of medication ensuring that they are taking the right medication at the right time.
- The service user being able to understand what each medication is for.
- The service user being able to decant the correct amount of medication.
- The service user taking the correct medication with an adequate amount of fluid, preferably water.

The care plan must reflect the resident’s wishes and the specific arrangements for their medication. Any medicines ordered by the home must be properly receipted and a record made when they are handed over to the resident who self medicates unless the resident wishes and is able to take responsibility for ordering and receipt also.

These observations should be documented in the service users care plans. When a resident wishes to self medicate, observation on the first day is recommended when medication is received and then a week later and then again at the end of the first 28 day cycle. When the nurse or designated responsible person at the care home is satisfied that the service user is able to self-medicate then the period of observation can be ended. However, the resident should be periodically assessed again particularly if their health has deteriorated such that it may affect their ability to self-medicate or remain capable of upholding the responsibilities alongside self-medication etc.

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 that the resident self-medicates and is an effective way of monitoring medicines adherence. All carers have a duty of care to look after residents and this includes supporting residents who self-medicate to do so safely. Supporting self-medication is also one method that care staff can promote independence and dignity.

Further information
Further information on managing medicines in care homes is available in Outcome 9 of the CQC Essential Standards of Quality and Safety

The Nursing and Midwifery Council (NMC) provides guidance and advice on a number of topics which is available on their website; www.nmc-uk.org

The National Patient Safety Agency also contains safety alerts related to medicines; http://npsa.nhs.uk/

References

1 The handling of medicines in social care, RPSGB.