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PrescQIPP
Community Interest Company

Supporting self-administration of medication in the care home setting

Care home residents should have the opportunity to make informed decisions about their care and treatment, in partnership with their health professionals and social care practitioners.[1]

The National Care Forum project report Safety of Medicines in the Care Home identified that when a person enters a home, staff often automatically assume responsibility for managing their medicines. This can lead to a loss of independence and control for the resident. The report states that the starting point for medicines management should be enabling the person to retain control of their own medicines, or as a minimum be involved in managing their medicines (in accordance with their ability and wishes).[2]

Care home providers should determine the best system for supplying medicines for each resident. This should be based on the individual's health and care needs, aiming to maintain their independence wherever possible. If needed, they should seek the support of health and social care practitioners.[1]

The National Institute for Health and Care Excellence (NICE) guideline SC1 Managing medicines in care homes highlights that care home staff should assume that a resident can take and look after their medicines themselves (self-administer) unless a risk assessment has indicated otherwise. Care home staff include registered nurses and social care practitioners.[1]

Therefore care home staff should carry out an individual risk assessment to find out how much support a resident needs to carry on with self-administration.[1] Self-administration is defined as "when a care home resident is able to look after and take some or all of their own medicines".[1] **Self-administration of medication is not all or nothing.**

Assessment

If the resident wishes to self-administer any of their medication, assess them to check they can do this safely. Determine if any previously unidentified support is required to enable the resident to continue administering and looking after their medicines themselves.

SC1 recommends that risk assessment should consider:

- Resident choice.
- If self-administration will be a risk to the resident or to other residents.
- If the resident can take the correct dose of their own medicines at the right time and in the right way (for example, do they have the mental capacity and manual dexterity for self-administration?).
- How often to repeat the assessment based upon individual resident needs.
- How the medicines will be stored.
- The responsibilities of the care home staff, which should be written in the resident's care plan.[1]

Template assessment forms can be found in the attachments 1 and 2.

The care home manager should coordinate the risk assessment and help to determine who should be involved. An individual risk assessment must be performed for each resident. It should involve

the resident (and their family members or carers if the resident wishes) and care home staff with the training and skills for assessment. Other health and social care practitioners (such as the GP and Pharmacist) should be involved as appropriate. This is to help identify whether the medicines regimen could be adjusted to enable the resident to self-administer.[1]

Residents deemed to lack capacity are not suitable for self-administration of medication. This is in the context of medicine administration, as defined by the Mental Capacity Act 2005 (MCA).[3]

Caution is necessary for those with:

- A history of drug abuse or self-harm.
- Psychiatric illness, severe depression, suicidal tendencies.
- Physical disabilities where adaptations cannot be made to support medicines administration.

Following the initial assessment there needs to be ongoing assessment and compliance checks to ensure the resident maintains their level of competence.

Consent

SC1 recommends obtaining written consent from the residents who self-administer their medication. As part of the consent process, residents agree to store medicines safely and securely. See the checklist, information leaflet and consent form provided in attachments 3-5.

The National Care Forum has produced some resources for the safe use of medicines in care homes. The document My Medicine, My Choice, My Record may be a useful tool for recording the resident's current medication.[4] If this is used there must be a robust system in place to ensure the information is accurate and kept up to date when changes occur http://www.nationalcareforum.org.uk/medsafetyresources.asp

Ordering and receipt of medication

The care home may take responsibility to order the resident's medication having checked with them first what is needed; this is particularly important for "when required" medication. If requesting and/or collecting medicines on behalf of the resident it is essential to keep a complete record of:

- What comes in from the pharmacy including the name and strength of the medicine,
- How much was received,
- When it was received,
- What is given to the resident, what is used and what is left at the end of the cycle.

This is often described as an 'audit trail'.[5] When a resident self-administers their own medication the care staff must be alert to notice if they are taking too much or not enough.[5]

For residents who are visually impaired or have dexterity problems the care staff should check that any required adjustments have been made e.g. the labels have large print or the dispensing label is not covering the Braille on the original packs of medication, or the correct bottle tops have been used.

Storage

In a residential care home, it is essential to provide medicine storage for individuals in their own rooms when the person looks after and takes their own medicines.[5] If the room is shared, there must be separate storage facilities for each person.[5] Ensure that medicines for self-administration are stored as identified in the resident's risk assessment (for example, in a lockable cupboard or drawer in a resident's room).

Care home providers also need to consider the storage of:

- Controlled drugs.
- Nutritional supplements.

- Medicines that need refrigeration.
- Dressings, stoma products and catheters.
- Medicines supplied in monitored dosage systems, which need more storage space to cover the change-over period each month.[5]

Residents should be able to get any of their own medicines that need special storage, such as those requiring cold storage at a time when they need to take or use them.[1]

Disposal

Care home staff must obtain resident's consent to dispose of their medication when appropriate. The disposal of medicines is regulated by law in order to protect the environment. If medicines are put out with normal rubbish and placed in a land-fill site, they could fall into the wrong hands and someone, possibly a child, could be harmed.[5] Therefore dispose of and maintain records in accordance with legal and organisational requirements.

Special arrangements apply to the disposal of controlled drugs in care homes registered to provide nursing care in England and Wales. If supplied for a named person the controlled drug(s) should be denatured using a kit designed for this purpose and then consigned to a licensed waste disposal company. For all other social care settings, the controlled drugs should be returned to the pharmacy or dispensing doctor who supplied them at the earliest opportunity for safe denaturing and disposal.[5]

Care plans

The care plan must indicate that the resident wishes to self-administer and make it clear whether the person needs support to look after and take some or all medicines or if care workers are responsible for giving them.[5] The level of support and resulting responsibility of the care worker should also be written in the care plan for each person. This should also include how to monitor whether the person is still able to self-administer medicines without constantly invading their privacy.[5]

Controlled drugs

Care home providers should ensure that their process for self-administration of controlled drugs includes information about:

- Individual risk assessment.
- Obtaining or ordering controlled drugs.
- Supplying controlled drugs.
- Storing controlled drugs.
- Recording supply of controlled drugs to residents.
- Reminding residents to take their medicines.
- Disposal of unwanted controlled drugs.[1]

Anticoagulants

Anticoagulants are one of the classes of medicines most frequently identified as causing preventable harm and admission to hospital. Managing the risks associated with anticoagulants can reduce the chance of patients being harmed in the future.[6] As the dose of oral anticoagulants is likely to change from time to time patients may require extra counselling to self-administer their medication. Ensure that the patient has access to their yellow book and the written dosage instructions supplied by the anticoagulant clinic. If the patient has a MAR chart the dosage information should be attached to it.[6] If the patient is supported with the use of monitored dosage systems (MDS) then the anticoagulant should not be added as these systems are usually not flexible enough to facilitate frequent dose changes.[6]

Factors that can affect a resident's ability to manage their medication on a day to day basis

It may not be appropriate for all patients to self-administer, due to patient or medication-related factors.

Patient related factors to consider:

- Not personally responsible for administering medication at home
- Acute confusion
- Cognitive impairment
- History of alcohol/drug abuse
- Previous history of overdose
- Mental health issues
- Incapacity.

Medication-related factors to consider:

- Unstable medication regimen
- "When required" medicines
- Controlled drugs
- Parenteral medication (with the possible exception of insulin)
- Short term courses (e.g. antibiotics)
- Variable/non-stable doses (e.g. warfarin, reducing steroid doses)
- Nebules
- Items requiring refrigeration (except insulin)
- Once only doses
- Cytotoxics.[7]

It is a possibility that residents may be able to self-administer some of their medication e.g. inhalers and insulin and that the care staff would administer the remainder.[7]

Options for supporting residents in the day-to-day management of their medicines

Multi compartment compliance aids/MDS are often considered the only solution there is to support medicine administration. However a variety of options can support safe medicines use, as well as auxiliary aids which have been designed for a specific task (see attachments 6 and 7).

Understanding

- Medication Use Review (MUR).
- Simplified medication regime.
- Written and/or verbal information about the medicines in a format suitable for the resident.
- Indication included in directions e.g. for pain relief.
- A medication reminder sheet or MAR chart.

Memory

- Medication Use Review (MUR).
- Simplified medication regime e.g. once daily.
- A medication reminder sheet or MAR chart.
- A medication tick chart or MAR chart.
- Indication included in directions e.g. for pain relief.
- Colour coding of labels, e.g. for different times of the day.
- Requesting specific manufacturer packaging (from pharmacy) which the resident is familiar with where it is possible.
- Requesting changes are made if tablets or capsules are similar in appearance, where possible.
- Trained staff can prompt patients to take their medication (including from a MDS).
- Alarm or phone prompt reminders.

Sensory*

- Large print labels.
- Colour contrast on labels.
- Symbols on each box.
- Braille labels.
- Talking labels.
- Nurse/carer prepares medications.
- Using specific manufacturer packaging which the resident is familiar with where possible.
- Requesting changes are made if tablets or capsules are similar in appearance, where possible.
- Medicines packaged in appropriate containers.

*There are several types of visual impairment so adjustments need to be tailored to the individual resident.

Dexterity

- The pharmacy may be able to provide halved tablets in certain circumstances.
- Pill press® to help removal of tablets and capsules from foil blisters.
- Pill splitters and crushers (where it is appropriate to cut or crush tablets).
- Screw/winged caps for bottles.
- Large bottles/boxes.
- Blister packed medicines dispensed into bottles. A pharmacist can advise on stability of medicines once removed from original packs, as not all are suitable for storage in this way.

Swallowing

Refer to recommendations made by the Speech and Language Therapist and consult a Pharmacist. Alternative formulations such as dispersible tablets or liquids may be suitable. It may be possible for the medication to be administered with a small amount of soft food, yogurt or apple puree instead.

References

1. The National Institute for Health and Care Excellence guideline SC1. Managing medicines in care homes, May 2014. Accessed 22/05/2016. Available online at: https://www.nice.org.uk/Guidance/SC1
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7. NHS Education for Scotland. Toolkit for the Self-Administration of Medicines (SAM) in Hospital (2012). Accessed 29/06/2016. Available online at: http://www.nes.scot.nhs.uk/media/60937/toolkit-for-the-self--administration-of-medicines.pdf

Useful resources

Social Care Institute for Excellence. Mental Capacity Act resource - assessing capacity. Last updated December 2011. Accessed 11/07/2016. Available here: http://www.scie.org.uk/publications/mca/assessing-capacity/

Additional PrescQIPP resources

Implementation resources

Available here: https://www.prescqipp.info/resources/category/321-care-homes-self-administration

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Contact help@prescqipp.info with any queries or comments related to the content of this document.

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