

Self-administration of medication in care homes.

Background

Self-administration is defined as “when a care home resident is able to look after and take some or all of their own medicines”. **Self-administration of medication is not ‘all or nothing’.**

Care home residents should have the opportunity to make informed decisions about their care and treatment, in partnership with their health and social care professionals. It is important to respect a person's choice but to also consider if this will be a risk to them or others.

It is particularly poignant for short term respite or intermediate care when people may need to be able to manage their own medicines when they return home.

Process

Care home providers should ensure they have a policy in place and that their process for self-administration of medicines (including controlled drugs) includes:

- individual risk assessment
- obtaining or ordering medicines
- storing medicines
- recording administration
- reminding or prompting people to take their medicines
- monitoring adherence
- disposal of unwanted medicines

The care plan must also 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. 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.

Assessment

The degree of self-medication can vary from person to person and for different medicines. Care home staff should carry out an individual risk assessment to find out how much support a person needs to carry on taking and looking after their medicines themselves.

The care home manager should co-ordinate the risk assessment and should help to determine who should be involved. This should be done for each resident and should involve that person, their family members, or carers if they so wish, and care home staff with the training and skills for assessment. Involve other health and social care practitioners as appropriate. For example, the GP and pharmacist can offer support and guidance. They could identify how to adjust medicines to make them easier to self-administer.

A risk assessment should consider all aspects of self-administration from resident choice to potential risk to other residents.

Once agreed the resident should be able to understand and sign the ‘Resident Checklist and Consent Form’. Assessments must be reviewed regularly and repeated based upon the individual's circumstances, e.g. acute illness.

Storage

Care home providers should ensure that medicines for self-administration are stored in a lockable cupboard or drawer in the person's room, which is not accessible by other people. Residents should be able to access any medicines that they need, including those with special storage. If the room is shared, there must be separate storage facilities for each person.

If a person in a residential setting is self-administering Controlled Drugs, they can store their own, individually dispensed supply in the same secure way as their other medications.

Administration and Documentation

Care staff must keep records when:

- Staff provide support for a person to take their medicines. This includes reminding a person to take a medicine.
- Staff supply medicines (including controlled drugs) for self-administration.

Where a person self-administers a medicine, this should be recorded on the MAR as "self-administering". Individual daily doses taken by the person do not need to be recorded.

An audit trail of medicines received by the resident should be available, for example on the MAR. A record of how many medicines have been given to the resident, on what date and by who, should be recorded. At the end of the medicines cycle, a balance of any medicines the resident has left should be noted. This will provide information about adherence to the agreed self-administration. It should be agreed who will be responsible for ordering the medication, the home or the resident if deemed appropriate.

For residents who are visually impaired or have dexterity problems, the care staff should check that any required adjustments have been made. For example, the dispensing label is not covering the Braille on the original packs of medication, or non-click-lock bottle tops have been dispensed by the pharmacy.

If a resident realises that they have missed a dose or taken an incorrect dose, they should inform staff as soon as practically possible so this can be recorded and discussed.

Disposal

Medication which has reached its expiry date or is a dose no longer prescribed should be documented and returned/disposed following the care home's policy.

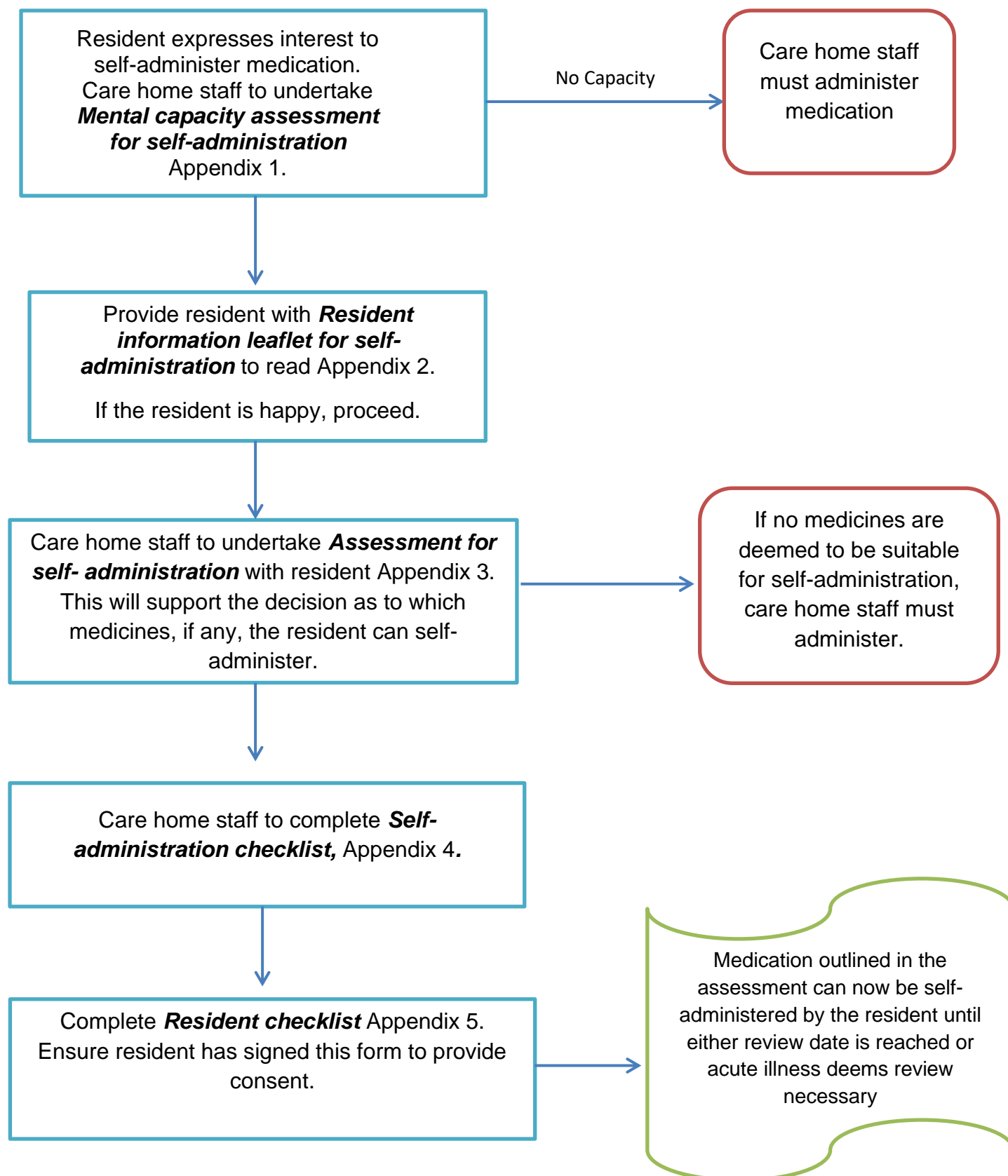
Appendices:

1. Mental capacity assessment for self-administration.
2. Resident information leaflet, self-administration.
3. Assessment for self-administration.
4. Self-administration checklist.
5. Resident checklist and consent form.

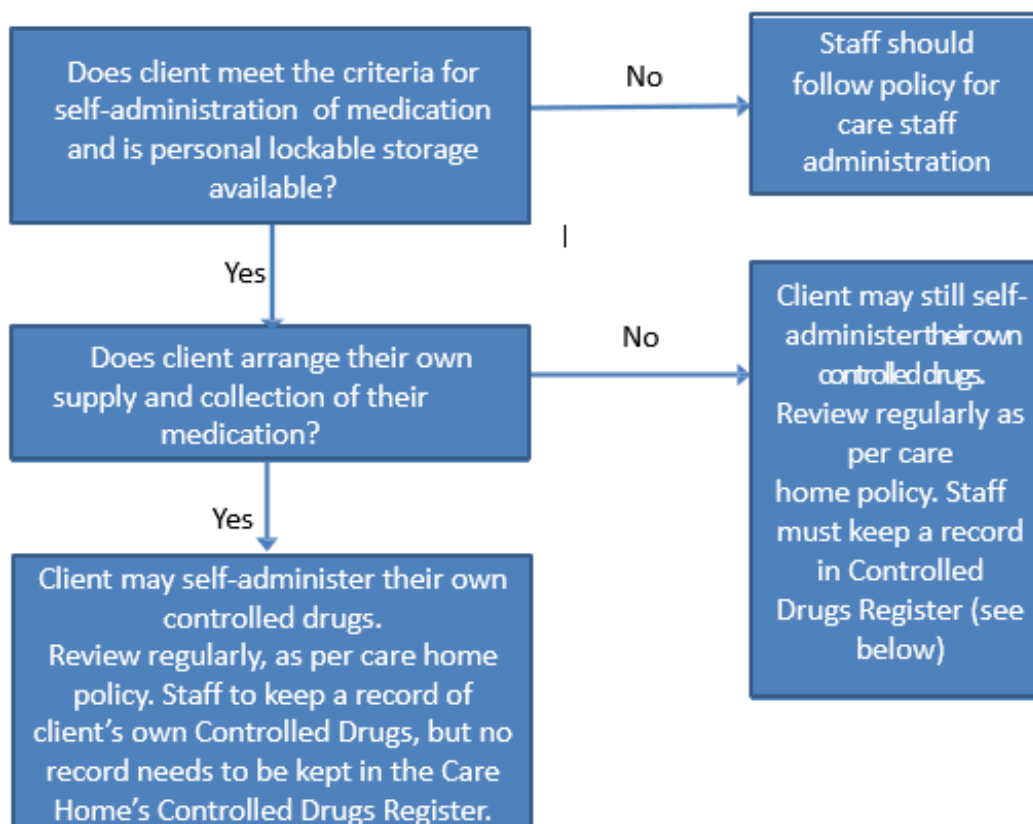
References:

1. **CQC:** <https://www.cqc.org.uk/guidance-providers/adult-social-care/self-administered-medicines-care-homes>
2. **PrescQipp bulletin 143:** Supporting self-administration of medication in the care home setting. November 2016
3. **NICE guidelines:** Managing medicines in care homes SC1. March 2014
<https://www.nice.org.uk/guidance/qs85/chapter/quality-statement-3-self-administration>

Flow chart for self-administration of medication.



Guidelines for self-administration of Controlled drugs



The Controlled Drugs Register must include:

- A separate page for each resident self-administering
- Receipt from the pharmacy
- Supply to the person
- A column to record running balances
- Any subsequent disposal of unwanted Controlled Drugs
- Each individual dose taken does not need to be recorded when self-administering

Date	Received	Supplied	quantity	Balance
01/01/2014	Smiths Pharmacy		60	60
01/01/2014		Mrs Jones	60	0
15/01/2014	Mrs Jones deceased		30	30