

# Care Homes Good Practice Guidance

## Self-Administration

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### Purpose of this guidance

This guidance aims to support all care home staff to encourage self-administration of medicines in a safe way. The guidance can be used as a reference for care home staff during the self-administration of medicines. It is intended to encourage good practice and have auditable procedures in place to monitor the process of self-administration of medicines in care homes.

### What is Self-Administration?

When a resident in a care home can look after and take their own medicines, this is referred to as 'Self-Administration'. It is very important for residents living in care homes to maintain their independence and care home staff should assume that a resident can take and look after their own medicines unless a risk assessment has indicated otherwise. Residents have the right to choose to manage their own medicines with appropriate support from care home staff. It is important to consider the resident's choice, and also if this will be a risk to them or others.

### Recommendations

The care home should have a policy in place for self-administration of medicines. Please see the following link to implementing the NICE guideline on managing medicines in care homes: [NHS Checklist for Care Home](#)

CQC also states care home providers should ensure they have a **policy** in place and that their process of self-administration of medicines (including Controlled Drugs) should include:

- Individual risk assessment
- Obtaining or ordering medicines
- Storing medicines
- Recording administration
- Reminding or prompting residents to take their own medicines
- Monitoring compliance
- Disposal of unwanted medicines



## Individual Risk Assessment

Self-administration of medicines will not be appropriate for all residents and may vary from person to person, and for different medicines. Care home staff will need to assess the risk for each resident individually. If a resident is assessed as being able to self-administer their own medication, they should be requested to sign an agreement (refer to Appendix 1). It will then be necessary to assess how much support the resident requires to carry on taking and looking after their own medicines within the care home setting.

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### **Risk assessment should consider the following:**

- If the resident can identify all their medications and what they are taking them for.
- If self-administration will be a risk to themselves or other people.
- Do they have the mental capacity and manual dexterity to take the correct dose of their medication at the right time and in the right way. This may differ for different types of medicines: e.g. a resident may manage to take their tablets, but may struggle with their eye drops and require support.
- How often you will need to repeat or review the risk assessment. Maximum review period is 6 months (sooner if there are concerns e.g. during an acute illness) or when there is any change in the resident's circumstances.
- Where the medicines will be stored.
- The responsibilities of the care home staff.

The care home manager should coordinate the risk assessment and decide who to involve. They should assess the risk individually for each person, involve the resident and their family/carers if they wish and involve care home staff. Other healthcare professions can be involved e.g. the GP and pharmacist can offer help and advice, and could identify how to adjust medicines to make them easier to self-administer.

Following the risk assessment for self-administration (Appendix 2), there needs to be ongoing assessment and compliance checks to ensure the resident maintains their level of competence. It is important to document responsibilities and actions in the risk assessment and resident's care plan.

If a resident is eligible to self-administer, then the care home may want to observe the person on the first day, then review again at a later point (e.g. in 2 weeks or at the end of 28-day cycle) to ensure the resident can safely self-administer.



## Ordering and Receipt of Medicines

If the care home take responsibility for ordering the resident's medication monthly, staff should check with the resident what is needed. This is particularly important for 'when required' medication e.g. **inhalers, creams, pain relief and laxatives** which **MAY NOT** be needed each month. If the care home is requesting and/or collecting medicines on behalf of the resident, it is essential to keep a complete record of:

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- What comes in from the pharmacy including the name & strength of the medicine
- Date and quantity received
- What is given to the resident, what is used, and what is left at the end of the cycle

This is known as an audit trail. These records can be recorded on the medication administration record (MAR) chart and will allow care home staff to assess whether the resident is taking their medication appropriately.

For residents who are visually impaired or with dexterity problems, check that any required adjustments have been made (see section on page 5)

## Storage of Medicines

- Medicines are to be stored as identified in the resident's risk assessment e.g. the medicines could be stored in a lockable cupboard/drawer in their room. The storage place must be accessible to residents and authorised staff only. Residents should have easy access to their medicines.
- If a care home resident is self-administering, they can hold their own **Controlled Drugs (CDs)**. There must be a named supply for the individual. See further information in CDs section.
- Care home providers also need to consider the storage of:
  - Purchased over-the-counter medicines and food supplements e.g. vitamin preparations; oral nutritional supplements
  - Medicines that need refrigeration
  - Tube feeds
  - Dressings, stoma products and catheters
  - Medicines supplied in monitored dosage systems.

Care manager must ensure that policies and procedures consider how staff will monitor the temperature of medicines storage areas. This will help to make sure medicines are stored according to the manufacturer's recommendations.

Residents should be able to get any of their own medicines that need special storage, such as fridge items when they need to take or use them.

Medication such as **inhalers or GTN spray/sublingual tablets must be stored within easy access and do not have to be in a locked drawer/cabinet.**



## Record of Administration

CQC states that care homes must keep records when they provide medicines including Controlled Drugs (CDs) for self-administration and to remind care home residents to take their medicines themselves.

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The care plan must indicate that the resident wishes to self-administer and make clear whether the person needs support to look after and take some or all medicines, or if care home staff are responsible for giving them. The level of support and resulting responsibility of the care home staff should also be written in the resident's care plan. This must include how to monitor reassessment of competency to self-administer medicines, without invading their privacy.

**Staff DO NOT need to fill in the administration section on the MAR chart**, but the chart must indicate that the resident self-administers. It should show 'Self-Administration' through the administration box. The resident's MAR chart should indicate which medicines are self-administered and which are administered by staff. It should also show an effective way of monitoring medicines adherence.

## Controlled Drugs (CDs)

Residents who can self-administer their own medicines can self-administer CDs after the appropriate risk assessment is completed.

- Any CDs received by a care home must be entered into the Controlled Drugs Register (CDR).
- During the risk assessment, consider the safe storage of CDs in the resident's room.
- Where these CDs are self-administered, they should be signed out of the CDR before storage in the resident's personal lockable area. Individual doses do not need to be recorded in the CDR.
- When the resident is wholly independent and is responsible for requesting and collecting the CD personally from the community pharmacy, there is no requirement to keep a record in the CDR.
- If the resident does not arrange the supply and collection of CDs but relies on care home staff to do so, there should be clear records made in the CDR:
  - Receipt from the supplying pharmacy (documenting exactly what has arrived including date, name, strength and number of tablets/quantity of liquid)
  - Details of how much has been supplied to the resident
  - Any subsequent return and/or disposal of unwanted CDs



Residents who self-administer CDs do not need to use a Controlled Drugs cabinet to store them in, but should store them in their personal lockable, non-portable cupboard or drawer. The resident and authorised staff should have access to this locked area.

## Disposal of Self-administered Medicines

- Care home staff must obtain resident's consent to dispose of their medication. The disposal of medication is regulated by law in order to protect the environment.
- For care homes with nursing staff, any CDs supplied for a named person should be denatured using a CD denaturing kit designated for this purpose (which can be purchased from a Pharmacy) and then consigned to a licensed waste disposal company. The CDR should be updated.
- For care homes without a nursing setting, the CD should be returned to the pharmacy (or dispensing doctor who supplied them) at the earliest opportunity, for safe disposal. The CDR should be updated. Please refer to the ICB Good Practice Guidance for further information: [HWE ICB CD Good Practice Guidance](#)

## Additional Support to Self-administer Medicines

Self-administering medicines is not an 'all or nothing' situation. Some residents may keep and use their own inhalers, but may want the care home staff to administer their other medicines.

### Other types of support could include:

❖ Reminder charts, alarms	❖ Help to measure liquids
❖ Use of multi-compartment compliance aids	❖ Devices to help with the use of inhalers or eye drops
❖ Large print labels	❖ Colour-coded labels
❖ Easy to open containers	

Support may also be providing the person with suitable information about their medicine(s). This may include explaining what the medicine is for, how to take it and any potential side effects.

**Individual risk assessment should identify how much support a resident need to take and look after their own medicine(s).**



## References:

1. NICE checklist [NICE SC1 - checklist for care home medicines policy](#)
2. [NICE guidance SC1 - Evidence Full guideline](#)
3. CQC Self-administered Medicines in care homes [CQC - self-administered medicines care homes](#)
4. PrescQIPP supporting Self-administration of medication in the care home [Care Homes - Self-Administration PDF](#)

<b>Version:</b>	1.0
<b>Developed By:</b>	Shruti Raval, Specialist Pharmacy Technician – Social Care Integration Team, Hertfordshire and West Essex Integrated Care Board
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## Appendix 1: Self-Administration consent form

### SELF-ADMINISTRATION CONSENT FORM TEMPLATE

#### Resident

I wish to maintain responsibility for my own medication and self-administer medication prescribed for me.

I understand that I must keep all my medications in the locked drawer/cupboard provided.

I understand that I will be assessed periodically to determine if self-administration is still appropriate.

Name of Resident: \_\_\_\_\_

Signature of Resident: \_\_\_\_\_

Date: \_\_\_\_\_

Name of manager/assessor/qualified nurse: \_\_\_\_\_

Signature of manager/assessor/qualified nurse: \_\_\_\_\_

Date: \_\_\_\_\_



## Appendix 2: RISK ASSESSMENT FORM – SELF-ADMINISTRATION

Resident's Name:.....

Date of Assessment:.....

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Name and Signature of Assessor: .....

Date of Review: .....

Next Review Date: .....

	Yes/No/ N/A	Action Required	Date Action Completed
1. Is the resident able to identify all the medication they are currently taking?			
2. Is the resident able to state what each medication is being taken for? (ie. Furosemide - this is my water tablet)			
3. Does the resident know when to take each medication?			
4. Does the resident know how much of each medication to take?			
5. Can the resident remove medication from blister packs/original packs?			
6. Can the resident decant medication from bottles or other containers which have a child resistance lock cap?			
7. Does the resident have any other dexterity issues?			
8. Has the resident had problems with forgetting to take medication in the past?			
9. Is the resident able to measure and take liquid medication?			
10. Does the resident understand the requirement of the safe custody of medication whilst in the care home?			
11. Is resident suitable for self-administration?			
List of medications for self-administration:			

If the resident is suitable for self-administration, the resident should be provided with a lockable drawer or cupboard to store their medication. It must be clear to the resident that they should never give the key to their lockable storage area to another resident.

The resident's ability to self-administer should be reviewed if there is a change in their medical condition, a new medication is initiated, maximum 6 monthly or if there are any changes to their current medicines. This ensures self-administration of medicines in a safe and effective way within the care home setting.

