Good Practice Guidance G: Self medication in Care Homes

Adapted from the CQC Pharmacy tip: Medication prescribed to be taken when required (27 October 2008) which has now been withdrawn.

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 administration section of the MAR form when residents self-administer medicines, but the form should indicate that the resident self-medicates.

Scenario

Whilst talking to a lady in her own room during an inspection of a care home, the inspector noticed an inhaler and a bottle of indigestion remedy on the bedside table.

The medication administration record showed that an inhaler and a bottle of the indigestion remedy had been received that month, but no doses were signed for. Other medicines had been signed as given. The lady’s care plan made no mention of either item and there were no risk assessments relating to medication.

Staff told the inspector that the resident insisted on taking these medicines herself and asked for more when she needed them.
What issues does this raise?

- Are residents at this home able to self medicate?
- What records should the home keep?
- How should medicines for self medication be stored in care homes?

Discussion

- Residents have the right to choose to manage their own medicines if they want to, with appropriate support from the care home. This is particularly important for short term respite, or intermediate care, when residents may need to be able to manage their own medicines when they return 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, for example a resident being helped to live more independently.

- The degree of self medication can vary from a resident able to completely managing all the medication arrangements themselves to taking one tablet later on at night after the care home staff has left it with them earlier.

- 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.

- 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.

- Locked storage must be provided for each resident; any controlled drugs that the resident takes can be kept in here and do not need to be locked in the care home’s controlled drug cupboard.

- Some residents may need extra help to be able to manage their medicines, such as special monitored dosage systems. The supplying pharmacy should be able to help with this; pharmacy contractors have an existing and ongoing responsibility to make reasonable adjustments to their services and provide auxiliary aids where appropriate for residents with disabilities. However should a resident not fall under this and a monitored dosage system is requested, there may be a charge for this service.
• In the above scenario the home must have documented assessments of the risks to both the lady herself and other residents living in the home.

• The care home should also have policies, procedures and care plans for self medication which should include the frequency of any checks made that the lady is managing her medicines successfully. A record must be kept of the inhalers and liquids that are given to her. Locked storage must also be provided.

• There is no need for staff to fill in the administration section of the MAR chart when residents self-administer medicines, but the form should indicate that the resident self-medicates. Some homes choose to use the form to show that they have checked that the medicine has been taken, but it must be clear that this medication has not actually been given by staff.

Further information

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

• Further information on The handling of medicines in Social Care can also be found on the Royal Pharmaceutical Society website: www.rpharms.com

• 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/

The above links are made available solely to indicate their potential usefulness to users. The user must use their own judgment to determine the accuracy and relevance of the information they contain.

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