Good Practice Guidance B: Administration of medicines in Care Homes

Adapted from the CQC Professional Advice: The administration of medicines in care homes – QMP Document No 225/07 which has now been withdrawn.

Key Points

- People are free to choose whether or not to keep and take medicines themselves.
- Care homes should assess any risk to the person who looks after his/her own medicines and the potential risk to other people in the care home. This assessment must be reviewed regularly.
- Prescribed medicines belong to the person they were supplied for, identified by the name on the label.
- People who have a physical or mental disability should not have their medicines automatically given by care home staff.
- There are situations when people may be keen to look after some medicines and not others.
- Care home staff may, with the consent of the resident, administer prescribed medication, so long as this is in accordance with the prescriber's directions (The Medicines Act 1968).
- Care home staff must have clear directions what to give and when.
- Care home staff must have the correct level of training before giving any medicines. There must be enough suitably trained workers to cover all of the times that people may need medicines.
- Care homes should have written procedure for the administration of medicines, which is monitored to make sure that care home staff follow safe practice.
- Care home staff should only give medicines to people from the container that the pharmacist or dispensing GP has provided.
- Within Oxfordshire it is expected that residents can access treatment for minor ailments as would someone in their own home; the GP should therefore not be requested to prescribe for these situations.

What do the regulations say?

The Care Quality Commission document: Guidelines about compliance; essential standards of quality and safety gives guidance on what providers should do to comply with regulations of the Health and Social Care Act 2008.

Regulation 13 states that the registered person must protect residents against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. The guidance makes it clear that providers who comply with the regulations will:

- Handle medicines safely, securely and appropriately.
- Ensure that medicines are prescribed and given by people safely.
- Follow published guidance about how to use medicines safely.

What are the issues when people look after and take their own medicines?

It is important to stress that the first priority is the person's wishes. Residents are free to choose whether or not to keep and take medicines themselves. This important element of choice promotes independence and dignity.

If care homes chiefly promote administration of medicines by care home staff, residents may not be aware of the support that can be offered to them. Care homes should assess any risk to the person who looks after his/her own medicines and the potential risk to other people in the care home. This assessment must be reviewed regularly.

Care home staff should identify whether people who are confused or lack cognitive awareness can safely keep and take their own medicines. The Mental Capacity Act and linked Code of Practice are key documents to consider.

Part of the risk management strategy includes providing residents with somewhere secure (lockable) to keep the medicines in their own rooms.

Prescribed medicines belong to the person they were supplied for, identified by the name on the label. The care home does not own them, even though care home staff may request and take receipt of medicines. This applies whether or not the home provides nursing care.

People who have a physical or mental disability should not have their medicines automatically given by care home staff. Community pharmacists undertake assessments under the Equality Act and may be able to adjust the way that medicines are packed or labelled for individual people in order to promote self-administration. Examples include large print labels if eye sight is

poor, containers with ordinary caps instead of child-resistant closures that are difficult to open.

Residents in care homes with nursing have the same rights to choose as those in care homes without nursing. When a registered nurse gives care it does not automatically mean that residents may not look after their own medicines.

However, there are reasons why some residents do not choose to keep their own medicines, preferring instead to allow the care home staff to take the responsibility for them. When this happens the care home should document the resident's decision.

There are situations when people are keen to look after some medicines and not others. An example is when a resident keeps an inhaler for immediate use but prefers the care workers to look after tablets and liquid medicines.

What are the Equality and Diversity issues?

People have certain preferences and these may relate to equality and diversity. The following need to be considered:

- The medicine is provided in a gelatine capsule and the person is vegetarian
- People prefer to have medicines given to them by a member of the same sex
- The person observes religious festivals by fasting and prefers not to have medicine given at certain times.

These specific examples of resident choice and preference should be recognised and accommodated through the care planning process also referred to below.

Can care home staff give medicines to residents?

Care home staff may, with the consent of the resident, administer prescribed medication, so long as this is in accordance with the prescriber's directions (The Medicines Act 1968). Consent does mean that the resident may at any time refuse to take medication that the care home staff offers.

Care home staff must have clear directions what to give and when. This will require detailed information in the care plan if a doctor orders a medicine 'when required'. For further information refer to 'Good Practice Guidance D: Medicine administration records (MAR) in Care Homes'.

In care homes without nursing, basic training is essential before a care worker gives medicines to people. This should cover administration of the following:

- tablets and capsules

- liquids that must be measured, e.g. lactulose
- cream, ointment or other external application
- eye, ear or nose drops
- inhalers

Many care providers allocate medicine administration to senior staff. However there must be enough suitably trained workers to cover all of the times that people may need medicines. It is not in the best interests of residents to restrict access to pain relief during the night because care workers are not at a senior level.

When medicines must be administered by specialised techniques, the community nursing service supports people who live in care homes without nursing. With additional training from a healthcare professional, a care worker can give the following:

- rectal administration, e.g. suppositories, diazepam (for epileptic seizure).
- medicines through a Percutaneous Endoscopic Gastrostomy (PEG)
- oxygen.

(This is not an exhaustive list.)

Delegation of medicine administration to a care worker is an important aspect of care provision. This is very important in care homes when residents have medicines prescribed for conditions like epilepsy. Some medicines are in tablet or liquid form that care workers can give. However when the resident has a seizure, he/she may need to have medicines administered rectally and this is a specialised technique. Seizures are not predictable, so it is impossible to predict when the medicines will be needed and it is not in the resident's best interest to delay treatment for a paramedic to attend the home.

The care home's procedures must include that care home staff can refuse to assist with the administration of medication by specialised techniques if they do not feel competent to do so. If a member of staff is no longer competent in the administration of medication by specialised techniques they must inform their manager as soon as possible to ensure that additional training is provided and residents continue to receive the best care.

What safeguards must be in place?

There are two important safeguards that care homes must make sure are in place to protect the people they care for:

- written procedures for the administration of medicines, which are monitored to make sure that care home staff follow safe practice.
- Care home staff have the correct level of training before giving any medicines.

A further safeguard is that care home staff only give medicines to people from the container that the pharmacist or dispensing GP has provided. This

container must have the person's name on the label and the full instructions for the care worker to refer to. Re-packaging medicines into another container with the intention that a different care worker will give it to the resident at a later time is called 'secondary dispensing'. Both the Royal Pharmaceutical Society and the Nursing & Midwifery Council state that this is unsafe practice that can potentially cause medication errors. For further information refer to 'Good Practice Guidance L: Secondary dispensing in Care Homes'.

What if the care home staff mixes medicine with food or drink?

Care home staff should not mix medicine with food or drink if the intention is to deceive someone who does not want to take the medicine. This is called 'covert' administration. Further information can be found in 'Good Practice Guide J: Disguising medicines in food and drink in care homes' including exceptional circumstances as to when this might be required. For more information refer to the Mental Capacity Act and Code of Practice.

If the decision is taken to give medicine covertly, it is not good practice to crush tablets or open capsules unless a pharmacist informs the care home staff that it is safe to do so.

When a resident has difficulty swallowing, it may be important to crush tablets when there is no liquid alternative. Please contact the resident's GP or pharmacist for further information.

Why is there a difference between care homes that offer personal and nursing care?

A care home with nursing employs registered nurses. The Nursing and Midwifery Council (NMC) Code of Professional Conduct requires each nurse to be individually accountable for making sure that all medicines are administered correctly and to be personally accountable for up-to-date practice. This is available at www.nmc-uk.org

The code sets out how a registered nurse may delegate the administration of some medicines to care workers, an example of this is the application of cream or ointment when the care worker is bathing the resident. The whole task is delegated and the care worker who is responsible should sign the record of administration.

If the registered nurse prepares medicine and gives it to another care worker to take to the person, the care worker who gives the medicine is responsible and should:

- make sure that the prepared medicine is correct with the record
- sign the administration record.

Under no circumstances should the nurse who prepared the medicine sign the record without checking that the person has taken it.

The administration of medicines by invasive or specialised techniques will normally involve a registered nurse, an example of this is intra-venous administration of medicines. The care home is responsible for making sure that a registered nurse who gives medicines by a specialised technique has relevant and up-to-date training.

Are monitored dosage systems essential in care homes?

Monitored dosage systems (MDS) have been promoted as a safe system of medicine administration in care homes; however MDS is merely a convenient form of packaging for a limited group of medicines. Safe practice is not guaranteed by use of a system alone but is promoted by only allowing staff who are trained and competent to give medicines. Further information on the use of MDS in care home sis available in 'Good Practice Guidance E: Monitored Dosage Systems (MDS) in Care Homes'

MDS do improve some procedures including:

- the system of organising repeat prescriptions for people
- a visual check whether medicines have been removed to give to the resident.

MDS can only be used for tablets and capsules, but there are exceptions and the following should not be put into MDS:

- medicines that are susceptible to moisture, e.g. effervescent tablets
- light-sensitive medicines, e.g. chlorpromazine
- medicines that should only be dispensed in glass bottles, e.g. glyceryl trinitrate
- medicines that may be harmful when handled, e.g. cytotoxic products like methotrexate.

Liquid medicines, creams, eye drops, inhalers must be supplied in traditional containers. Therefore, any care home that uses MDS will have at least two different systems operating.

Care homes must consider carefully how any changes that the prescriber makes to the residents' medicines can be obtained in MDS quickly. MDS works well when the person's medication is regular and does not change frequently.

Packaging of medicines for 'as required' use in MDS is not suitable.

The NHS does not fund MDS systems such as *Manrex, Nomad, Venalink, Medidose, Dosette* and similar systems for care homes. Community pharmacists and dispensing doctors can be requested to supply medicines for

a care home in a MDS but they do not have to do this and can refuse. Alternatively the care home may be asked to pay for the service and/or equipment if this is requested by the care home.

Once an MDS system has left the community pharmacy or dispensing practice, it should not be sent back to the community pharmacy or dispensing practice to add in additional medicines.

Individual residents can be assessed within the Equality Act for support to manage medicines themselves. This does not apply to entire care environments, unless all residents are self-medicating, as the principal benefit is to care home staff.

Some care homes who have been unable to get medicines in MDS have previously taken the decision to allow care workers to re-package medicines in similar products called compliance systems. Examples of these are *Medidose,* and *Dosette.* This is called 'secondary dispensing' and is considered unacceptable – for further information see 'Good Practice Guidance L: Secondary dispensing in Care Homes'.

This guidance does not preclude situations where care workers support people to fill their own compliance aid.

Can care home staff give medicines that the doctor has not prescribed?

Many medicines can be purchased through wholesalers and retail outlets by anyone. Residents may decide to buy and keep remedies to take themselves, including herbal remedies and products that they purchase from other countries.

Care homes should keeps a range of 'homely remedies'; in these situations it is care home staff who will decide whether to give them to a resident or not. Homely remedies are used to provide immediate relief for mild symptoms. They are treatments that people would use themselves without consulting their GP, for example to treat toothache or indigestion. These medicines should not be considered 'safe' as they may interact with medicines that the doctor has prescribed for residents.

Whilst a care home is under no obligation to provide this treatment, within Oxfordshire it is expected that residents can access treatment for such minor ailments as would someone in their own home; the GP should therefore not be requested to prescribe for these situations.

When homely remedies are purchased for occasional use by residents, the care home must have a written policy that details the following:

- which medicines are kept for immediate relief of mild symptoms that a resident may choose to self-treat as they would in their own home

- the indications for offering the medicines
- the dose to give and how often it may be repeated before referring to the resident's doctor
- how to establish with the resident's GP that the remedies will not interact with other prescribed medicines
- how to obtain the resident's consent to treatment that the doctor has not prescribed
- how the administration will be recorded.

If a problem such as constipation persists, care home staff should consult with the resident's GP as the symptoms may be masking other medical problems. This is why homely remedy use should be time-limited. Please refer to the Oxfordshire OCCG Guidelines for 'The use of homely remedies in care homes (with or without nursing)

Things to consider

The policy and procedure for medicine administration should explain to care home staff what to do and how to do it safely. Is there evidence to support that:

- care home staff have read and understood the policy?
- the principles of the policy are part of everyday practice in the care home?

Resident choice should feature in arrangements for medicine administration. For example:

- What evidence is there that the care home supports people to look after their own medicines?
- How is consent from a resident obtained and recorded when care home staff give medicines?
- Has the care home identified individual preference? This may include the time and place that the person would prefer to have their medicines; and whether the resident prefers care from a same sex worker.

The care home should have evidence that care workers are trained before they are expected to give medicines.

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 including;
    - The code: Standards of conduct, performance and ethics for nurses and midwives
    - Standards for medicines management

- 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.

Oxfordshire CHUMS Working Group & Medicines Management Team