

# Good Practice Guidance: The administration of medicines in care homes



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## Purpose of this document

1. This document gives a guide to good practice in how medication should be administered in care homes. It covers:
  - the fundamental standards and CQC guidance
  - deciding who is to administer the medication
  - what the issues are when people look after and take their own medicines
  - what the equality and diversity issues are that care providers need to consider
  - what safeguards must be in place when care workers give medicines to people
  - whether a care worker can mix medicines with food or drink
  - why practice is different in care homes (nursing)
  - the pros and cons of monitored dosage systems
  - what to do about homely remedies

## Regulations and Guidance

2. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 detail the fundamental standards which service providers must meet.
3. The fundamental standard “Safe Care and Treatment” (Regulation 12) includes the requirement that providers must ensure ‘*the proper and safe management of medicines*’. However, all the standards must be applied to all aspects of care including the administration of medication.
4. Further information on how to meet the fundamental standards can be found in the CQC document *Guidance for providers on meeting the regulations*.

## Deciding who should administer the medication

5. It must not be automatically assumed that medication must be given by a care worker when a person moves into a care home. In line with the fundamental standard “Person centred care” (Regulation 9) it is important to establish with the person what their wishes are regarding the administration of their medication. This important element of choice promotes independence and dignity. If care providers chiefly promote administration of medicines by care workers, people may not be aware of the support that can be offered to them.
6. People who have a physical or mental disability should not have their medicines automatically given by care workers. An assessment should be made with the person of support required to maintain their independence. Community pharmacists 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 their eyesight is poor, containers with ordinary caps instead of child-resistant closures that are difficult to open.

This guidance is based on documents that were previously issued by CQC (now withdrawn). Where necessary they have been updated in line with changes to the Regulations and the latest available guidance. Providers should use this advice in conjunction with NICE guidelines ‘Managing medicines in care homes’ 2014 and ‘The Handling of Medicines in Social Care’ (RPSGB 2007) and the latest CQC guidance.

7. If a person is believed to lack capacity then the principles and processes of the Mental Capacity Act must be adhered to when arrangements for medication administration are being decided.
8. Residents in care homes (nursing) have the same rights to choose as those in care homes (personal care). When a registered nurse gives care it does not automatically mean that people may not look after their own medicines.
9. 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 workers may request and take receipt of medicines. This applies whether or not the home provides nursing care
10. People may choose not to keep their own medicines, preferring instead to allow the care staff to take the responsibility for them. Where this is the person's choice this should be clearly documented and a formal signed consent to the arrangements kept in the person's care plan.

### **What are the issues when a person administers their own medication?**

11. Where a person wishes to look after and administer their own medication, care providers must assess with the person any potential risks to the person themselves or to other people in the care home. This assessment must be documented and reviewed regularly. It should be carried out by a suitably trained and competent member of staff.
12. Part of the risk management strategy includes providing the person with somewhere secure to keep the medicines in their own rooms and the person should agree to keep their medication safely.
13. Care staff should be aware that the needs of a person may change over time or fluctuate with illness. If problems are suspected with the arrangements for medication administration these should be reviewed with the person to ensure they are still safe and appropriate.
14. There are situations when people are keen to look after some medicines and not others. An example is when a person keeps an inhaler for immediate use but prefers the care workers to look after tablets and liquid medicines. Self – administration does not have to be all or nothing and an assessment should be undertaken with the person and documented as in paragraph 11.
15. Care providers should agree the arrangements with the person and keep a formal signed consent to the arrangements in the person's care plan. These arrangements must be individualised to the specific person.

### **What are the equality and diversity issues?**

16. People have certain preferences and these may relate to equality and diversity. These need to be recognised and accommodated through the care planning process.

Some examples are:

- 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.

## Can care workers give medicines to people?

17. Care workers may, with the consent of the person, administer prescribed medication in accordance with the prescriber's directions. The person may at any time refuse to take medication that the care worker offers.
18. Care workers must have clear directions of 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 'Medication administration records (MAR) in care homes and domiciliary care' and 'Pharmacy Tip: Medication prescribed to be taken when required.'
19. In care homes (personal care), 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
  - patches
20. Many care providers allocate medicine administration to senior staff. But there must be enough suitable trained workers to cover all of the times people may need medicines. It is not in the best interests of the person to restrict access to pain relief during the night because care workers are not at a senior level.
21. When medicines must be administered by specialised techniques, the community nursing service supports people who live in care homes (personal care). Under certain circumstances care workers may be able to administer medicines by specialised techniques. To do so this must be covered in the care provider's policy and appropriate insurance must be in place. Care workers must have had additional training in the technique and been assessed as competent by a healthcare professional.

Examples of specialised techniques are

- medicines by rectal administration, e.g. suppositories, rectal diazepam
- insulin by injection
- medicines through a Percutaneous Endoscopic Gastrostomy (PEG)
- oxygen.

*(This is not an exhaustive list.)*

22. The care home's procedures must include that care workers can refuse to assist with the administration of medication by specialised techniques if they do not feel competent to do so.

## What safeguards must be in place?

23. There are two important safeguards that care providers must make sure are in place to protect the people they care for.
  - A written procedure for the administration of medicines, which is monitored to make sure that care workers follow safe practice.
  - Care workers who have the correct level of training and have their competency assessed before giving any medicines.

24. A further safeguard is that care workers only give prescribed 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.

### **What if the care worker mixes medicine with food or drink?**

25. A care worker 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. The exception to this is when the resident is assessed as lacking capacity to consent to treatment in accordance with the guidelines in the Mental Capacity Act and a medical practitioner has determined that the medicine is essential for that person's health and well being. For more information refer to the Mental Capacity Act and Code of Practice.
26. If the decision is taken to give medicines covertly, advice should be sought from a pharmacist on the best way to do this. The advice given must be clearly documented including the name and professional title of the person giving it.
27. When a person has difficulty swallowing, it may be necessary to crush tablets or open capsule when there is no liquid alternative or the person has trouble swallowing a liquid. Advice should always be sought from a pharmacist on the methods to be used and the agreement of the GP sought. The person should be informed of the method to be used and their agreement established.

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

28. A care home (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.
29. 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.
30. The administration of medicines by invasive or specialised techniques will normally involve a registered nurse. An example of this is intravenous administration of medicines. The care provider 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?**

31. Monitored dosage systems (MDS) have been promoted as a safe system of medicine administration in care homes but MDS are 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.

32. MDS do improve some procedures including:
- the system of organising repeat prescriptions for people
  - supply to the care home of printed medicine administration record charts (MAR)
  - a visual check of whether medicines have been removed to give to the resident.
33. Some medications which should not be put into a MDS system include:
- 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.

The person who dispenses the medication is responsible for deciding if the medication can be included in the MDS or not. The care home cannot insist a medication is included.

34. Other formulations such as creams, eye drops and inhalers must be supplied in traditional containers. Therefore, any care home that uses MDS will have two different systems operating.
35. Care providers must consider carefully how any changes that the prescriber makes to the person's medicines can be obtained in MDS quickly. MDS work 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.
36. There is a real issue of how MDS are financed. The NHS does not fund MDS systems such as *Manrex*, *Nomad*, *Venalink*, *Medidose*, *Dosette* and similar systems. The care provider may be asked to pay for the equipment. Suppliers of medicines (community pharmacists, dispensing GPs) cannot be compelled to provide medicines in this way however much the care provider may want it. Individuals may qualify for a free service under the Equality Act to support them to manage medicines themselves. This does not apply to entire care environments where the principal benefit is to care workers.
37. Some care providers who have been unable to get medicines in MDS have 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 'secondary dispensing' already referred to in section 24 and is considered unacceptable.
38. This guidance does not preclude situations where care workers support people to fill their own compliance aid.

### **Can care workers give medicines that the doctor has not prescribed?**

39. Many medicines can be purchased from retail outlets by anyone. People may decide to buy and keep remedies to take themselves, including herbal remedies and products that they purchase from other countries. Where people also have prescribed medication they should be encouraged to speak to the GP or pharmacist before using over the counter medicines.
40. Care staff can administer a person's own bought medication but before they do so they should check with the GP that there is no interaction with any prescribed medication or medical problems. The medication must only be administered from the original package as purchased and within the dose range specified on the manufacturer's information.

41. A care provider may decide to keep a range of 'homely remedies' and in this case it is care workers 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 could use themselves without consulting their GP, for example to treat toothache or indigestion.
42. The care provider is under no obligation to provide this treatment. But if homely remedies are purchased for occasional use by people living at the home, the care provider must have a written policy which is agreed with the GPs of the people living at the home that details the following:
  - which medicines are kept for immediate relief of mild symptoms that a resident may choose to self-treat 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 person's doctor
  - how to establish that the remedies will not interact with other prescribed medicines
  - how to obtain the person's consent to treatment that the doctor has not prescribed
  - how the administration will be recorded.
43. If the problem persists, residents should consult with their GP because the symptoms may be masking other medical problems. This is why homely remedy use should be time-limited.

### **What demonstrates good practice?**

44. The policy and procedure for medicine administration should explain to care workers what to do and how to do it safely. Is there evidence to support that:
  - care workers have read and understood the policy?
  - the principles of the policy are part of everyday practice in the care home?
45. The individual's choice must feature in arrangements for medicine administration. Some ways to demonstrate this are
  - Is there evidence that the care provider supports people to look after their own medicines?
  - How a person's consent is obtained and recorded when care workers give medicines?
  - Has the care provider identified individual preference? This may include the time and place that the person would prefer to have their medicines; and whether the person prefers care from a same sex worker.
46. The care home should have evidence that care workers are trained and assessed as competent before they are expected to give medicines.