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Care System

# Good Practice Guidance Self-administration

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for a healthier future**



# Learning Objectives

- Benefits of Self-Administration
- CQC guidance
- Individual risk assessments
- Self-Administration consent form
- How to support your resident with Self-Administration
- Risk factors
- Order, receipt & storage of medication
- Recordkeeping
- Disposal of medication



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# What is Self- Administration

Self-administration of medicine is when a resident in a care home can look after and take their own medicines.

- It is important for people living in care homes to keep their independence.
- People should have the right to choose to manage their medicines on their own. Staff should consider a person's choice and if there is a risk to them or others.
- NICE guidance SC1 for care homes states, **that staff should assume a person can self-administer unless a risk assessment indicates otherwise as some people would like to stay as independent as possible. It is important that when people are receiving short term respite, or intermediate care, they are given the option to manage their medicines independently as this would be important for when they return home. It is not a 'all or nothing' decision. Residents can choose to self-administer some medication such as inhalers but have all other medication administer by the care home staff.**

<https://www.nice.org.uk/guidance/sc1/chapter/1-Recommendations#helping-residents-to-look-after-and-take-their-medicines-themselves-self-administration>



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# Benefits of Self-administration to residents



# Process of Self-administration of Medicine

CQC states that you should have a policy in place for self-administration of medicines. Your process for self-administration including controlled drugs should include:

- Individual risk assessment
- Obtaining or ordering medicines
- Storing medicines
- Reminding or prompting people to take their medicines if necessary
- Monitoring adherence
- Disposal of unwanted medicines

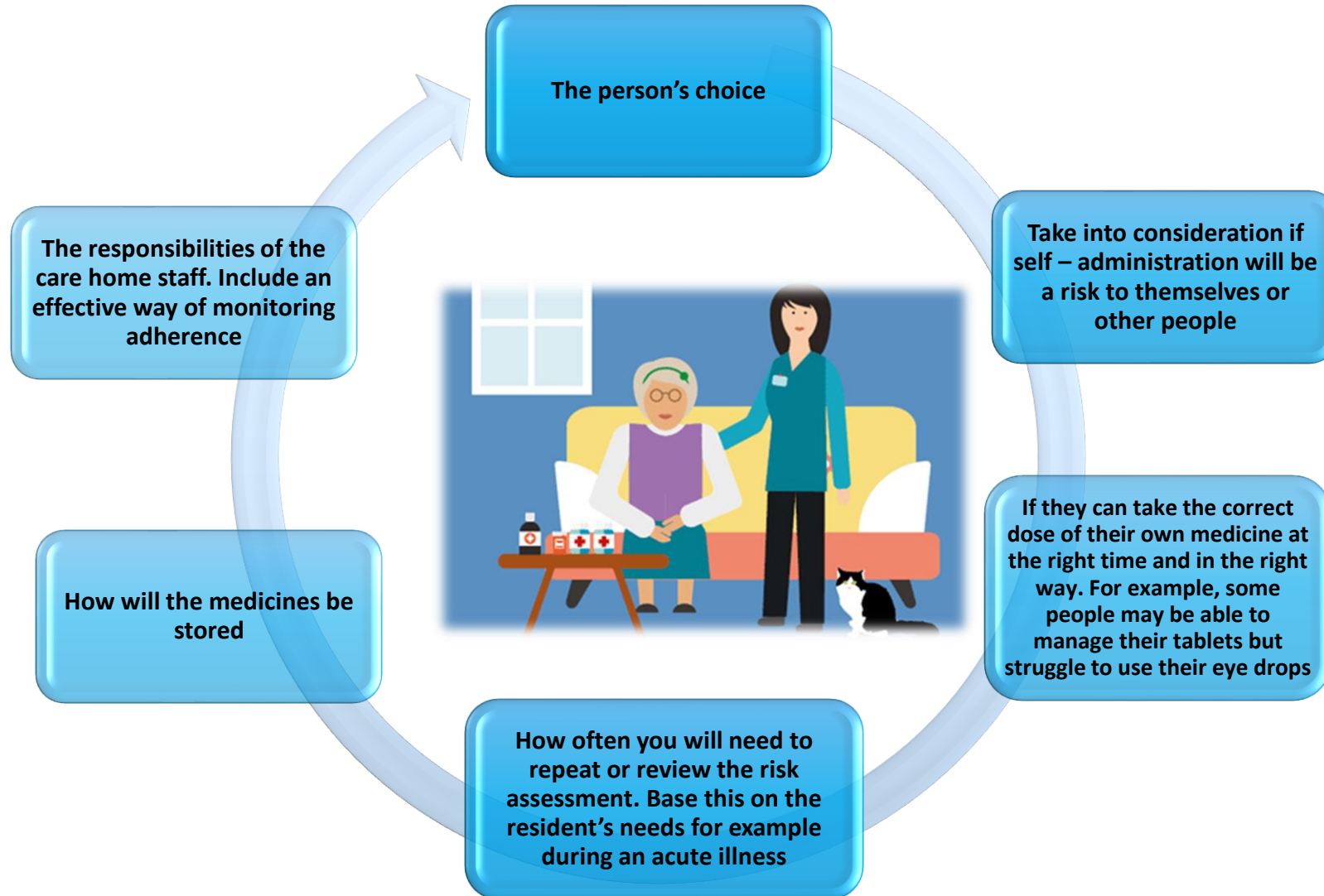


# Individual Risk Assessment

- Self-administration of medicines will not be appropriate for all residents and may vary from resident to resident and for different medicines. Care home staff will need to assess the risk for each resident individually. You will need to assess how much support a resident needs to carry on taking and looking after their own medicines.
- The care home manager should coordinate the risk assessment and decide who to involve. Assess the risk individually for each resident. Involve the resident and their family members or carers if they wish. Involve care home staff with the training and skills for the assessment.
- Other healthcare professions can be involved. For example, the GP and pharmacist can offer help and advice. They could identify how to adjust medicines to make them easier to self-administer.
- Following the initial assessment there needs to be on going assessment and compliance checks to ensure the resident maintains their level of competence.



# Individual Risk Assessment



# Factors that can affect Self-administration

## Patient related factors to consider

- ❖ Not personally responsible for administering medication at home
- ❖ Acute confusion
- ❖ Cognitive impairment
- ❖ History of alcohol or drug abuse
- ❖ Previous history of overdose
- ❖ Mental health issues
- ❖ Incapacity

## Medication related factors to consider

- ❖ Unstable medication regimen
- ❖ 'When required' medicines
- ❖ Controlled drugs
- ❖ Parenteral medication (with the possible exception of insulin)
- ❖ Short term courses (e.g. antibiotics)
- ❖ Variable/non-stable doses (e.g. warfarin, reducing steroid doses)
- ❖ Nebules
- ❖ Items requiring refrigeration (except insulin)
- ❖ Once only doses (stat doses)
- ❖ Cytotoxic







**Good Practice Guidance for Care Homes  
Medicine Reminder Chart**

Care home:		Chart number: .... of ....
Residents Name:	Date of birth:	

**This is a list of the medicine(s) that you are prescribed and when you are to take them.**

Name and Strength	Description	What is it for?	When and how much of your medicine to take.				Special instructions
			Morning time.....	Afternoon time.....	Evening time.....	Night time...	

**You may also be prescribed medicines to be taken “when required” these are described on the next page**

Prepared by (print name):	Date:
Details checked by:	



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# Self-administration consent form

Refer to the full Herts Valleys CCG Self-Administration of medicines guidance [[Here](#)]

## 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: \_\_\_\_\_



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

Resident's name:

Date of assessment:

Name of Assessor:

Date of review:

Next Review Date:

	YES/NO/ N/A	ACTION REQUIRED	Date of Action
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?			
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 or if there are any changes to their current medicines.



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# Order and Receipt of Medication

The care home may take responsibility for ordering the resident's medication monthly after having checked with them first what is needed. When required medication for example **inhalers, creams, pain relief** and **laxatives** **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:

- ❖ What comes in from the pharmacy including the name and strength of the medicine
- ❖ Quantity received
- ❖ The date it was received
- ❖ What is given to the resident, what is used and what is left at the end of the cycle

## Monitoring and Audit

These records can be recorded on the MAR chart. When a resident self-administers their own medication, the care staff must be alert to notice if they are taking too much or not enough.



## Record Keeping

- CQC states that you must keep records when you supply medicines including controlled drugs for self-administration and to remind people to take their medicines themselves.
- The care plan must 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 home staff should also be written in the care plan for each person. The care plan should also include how to monitor whether the person is still able to self-administer medicines.
- If the resident is solely responsible for the ordering and the receipt of their medication including CDs, there isn't a requirement to document this in the CD register.



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# Record Keeping of Controlled Drugs

- Residents who can self-administer their own medicines can self-administer CDs after the appropriate risk assessment is completed.
- Extra consideration should be applied during the risk assessment regarding the storage of CDs in the resident's room to ensure it is not accessible to others.
- Any CDs received by a care home must be entered into the Controlled Drugs Register (CDR). 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. The records should include
  - Receipt from the supplying pharmacy.
  - Details of how much has been supplied to the resident.
  - Any subsequent disposal of unwanted CDs
- If the resident is solely responsible for the ordering and the receipt of the CD personally from the community pharmacy, there is no requirement to keep a record in the CDR.
- 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



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# Storage

- Medicines are to be stored as identified in the person's risk assessment (e.g. lockable cupboard or drawer in their room). The storage place must be accessible to residents and authorised staff only. The Residents should be able to access their medicines as and when they need to take them.
- Care home providers also need to consider the storage of:
  - Purchased food supplements e.g. vitamin preparations; purchased oral nutritional supplements.
  - Medicines that need refrigeration.
  - Tube feeds
  - Dressings, stoma products and catheters.
  - Medicines supplied in monitored dosage systems, which may need more space.
- Residents should be able to get any of their own medicines that need special storage, such as those requiring cold storage at a time when they need to take or use them.
- Also, some medication that can be stored within easy access, such as **inhalers or GTN and do not have to be in locked drawer/cabinet.**



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# Disposal of Medication

Care home staff must obtain resident's consent to dispose of their medication when appropriate.

The disposal of medication is regulated by the law to protect the environment and prevent potential abuse or harm. Disposal and records should be in accordance with legal and organisational requirements.



For care homes with nursing, the controlled drug should be denatured using a denaturing kit designated for this purpose and then consigned to a licensed waste disposal company

For care homes without nursing, the controlled drug should be returned to the pharmacy or dispensing doctor who supplied them at the earliest opportunity for safe disposal.



## Further Resources

- 1) CQC guidance <https://www.cqc.org.uk/guidance-providers/adult-social-care/self-administered-medicines-care-homes>
- 2) PrescQIPP guidance <https://www.prescqipp.info/media/5806/293-medicines-administration-in-care-homes-20.pdf>
- 3) <https://www.prescqipp.info/media/5809/293-medicines-administration-in-care-homes-briefing-sheet-self-administration-of-medication-20.pdf>
- 4) NICE SC1 guidance for care homes <https://www.nice.org.uk/guidance/sc1/chapter/1-Recommendations#helping-residents-to-look-after-and-take-their-medicines-themselves-self-administration>



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**On admission, you should assume that every resident can self-administer their medication.**

**a) True**

**b) False**



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**On admission, you should assume that every resident can self-administer their medication.**

**a) True**



**b) False**



# A person must self-administer ALL their medication.

a) True

b) False



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# A person must self-administer ALL their medication.

a) True

b) False



# Daily administration has to be recorded on the MAR chart.

a) True

b) False



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# Daily administration has to be recorded on the MAR chart.

a) True

b) False



# Residents are not able to self-administer controlled drugs.

a) True

b) False



# Residents are not able to self-administer controlled drugs.

a) True

b) False



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**Variable doses are a factor that should be considered when assessing whether self-administration is appropriate.**

**a) True**

**b) False**



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**Variable doses are a factor that should be considered when assessing whether self-administration is appropriate.**

**a) True**



**b) False**



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# Any Questions?



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