Camden and Islington NHS
NHS Foundation Trust

SUPPORTING THE SELF-ADMINISTRATION OF MEDICATION

DECEMBER 2015

This policy partially supersedes previous policies for self-medication in collaboration with the pharmacist

Policy title	Supporting the self-administration of medication
Policy reference	PHA15
Policy category	Clinical
Relevant to	All staff supporting service users to self-administer medicines
Date published	January 2016
Implementation date	January 2016
Date last reviewed	December 2015
Next review date	January 2018
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Approved by (Group):	Drugs and Therapeutic Committee 9th December 2015
Approved by (Committee):	Quality Committee 19 January 2016

Document history

Date	Version	Summary of amendments
Apr 1995	1	New policy
Mar 2002	2	Updates
Aug 2006	3	Updates
Dec 2015	4	Rewritten

Membership of the policy development/ review team	Simon Bristow, Lead Nurse for Medicines Management and Dual Diagnosis
Consultation	Chief Pharmacist, Lead Pharmacists, Team Managers

DO NOT AMEND THIS DOCUMENT

Further copies of this document can be found on the Foundation Trust intranet.

Contents

1. Policy statement

Supporting service users to self-administer their medicines is designed to promote recovery, through supporting the development of skills and knowledge required to independently manage treatment. Supervised self-administration is a core function of services across the rehabilitation pathway, as well as community acute services including.

- Inpatient rehabilitation wards
- Community rehabilitation units
- Supported housing projects
- Acute day units
- Crisis houses
- Crisis teams/home treatment teams

Implementation of this policy will ensure practice is compliant with the Mental Capacity Act (MCA) (2005), and will support registered nurses to ensure that their practice is in line with the Nursing and Midwifery Council (NMC) standards for medicines management (2015), and 'The Code' (2015).

In addition, implementation of this policy supports assurance of compliance with Regulation 13 of the Care Quality Commission (CQC) Essential Standards: Management of medicines, though ensuring that service users have their medicines when they need them, in a safe way, and are given information about their medicines.

Trust value	**Yes/No**
They will receive a warm welcome throughout the journey to recovery	No
They, their dignity and their privacy will always be respected;	Yes
Their care will be founded on compassion and kindness	Yes
They will receive high quality, safe care from a highly trained team of professionals	Yes
We work together as a team to ensure they feel involved and offer solutions and choices – 'no decision about you, without you'	Yes
We are positive so they can feel hopeful and begin their journey of recovery knowing we will do our very best.	Yes

2. Executive summary

Aims of the policy:

- To establish a standardised approach for assessing service user's ability to self-administer medicines safely
- To define the different stages of the self-administration process
- To define the responsibilities of different members of the Multidisciplinary Team (MDT) in supporting service users through the process.

Scope
This policy applies whenever the self-administration of medicines is supervised by C&I staff in either inpatient or community services. There are no exceptions to its use in these services, and staff should use this policy when planning care that involves supervising service users self-administering medicines, in accordance with the scope of practice appropriate to their role.

This policy should be read in conjunction with the medicines management policy and any standard operating protocols specific to a service.

3. Duties and responsibilities

The Chief Executive has ultimate responsibility for ensuring that mechanisms are in place for the overall implementation, monitoring and revision of policy.

Divisional Directors are responsible for implementation of the policy within their own spheres of management and must ensure that:

- All new and existing staff have access to and are informed of the policy
- Ensure that local written procedures support and comply with the policy
- Staff training needs are identified and met to enable implementation of the policy.

Service managers are responsible for ensuring that they:

- Ensure that policies and practices are being adhered to within their service areas

- Monitor training compliance and assure competence of staff within their services to practice in accordance with their role
- Support staff to work within, and not exceed, their sphere of competence

All Trust staff are responsible for ensuring that they:

- Are familiar with the content of relevant policies, and follow their requirements
- Work within, and do not exceed, their own sphere of competence.

4. Definitions

Self-administration

The act of preparing and administering a dose of medication(s) to oneself.

Administration/use of medicines

The activities undertaken when a medicine is administered; i.e. given by introduction into the body, or by external application to the patient.

Preparation/manipulation of medicines for administration

Activities associated with preparation of medicines for use, including calculation and selection of doses, withdrawal of volumes from containers, and preparation of injections.

Medication Administration Record (MAR) chart

A MAR chart is a used as a written record of medicines that have been administered. It is not a prescription and cannot be used to obtain medicines from pharmacy.

Medication chart

A medication chart is a record of all medicines prescribed and administered. This is used to prescribe medicines, and can therefore be used to requisition medicines from pharmacy

Dispensing/issuing/supply

The activities undertaken in response to formal orders, when medicines are issued to the place where they will be used, or supplied direct to the service user. This includes the supply of both stock, and individually named items.

Secondary dispensing

Removal of medicines from the original dispensed containers and put into another container prior to the time of administration.

Capacity

Someone who lacks capacity cannot, due to an illness or disability such as a mental health problem, dementia or a learning disability, do the following: understand information given to them to make a particular decision

Competence

The ability to do something successfully to an acceptable standard

Nurse

A person employed as a nurse who holds current registration with the nursing and midwifery council (NMC)

Member of clinical staff – an employee of the organisation working in a clinical role, including but not limited to nurses, support workers, occupational therapists, social workers, psychotherapists

5. Stages of self-administration

5.1 Stages of self-administration

There are three stages of self-administration denoting the level of independent responsibility that service users have for managing their own treatment. Service users may be managed using a combination of the approaches below according to their needs. For example, a service user residing in a community rehabilitation unit may independently manage the storage and self-administration of nicotine replacement therapies (level 3), however may require prompting and direct supervision of the self-administration of their antipsychotic treatment (level 1).

Level 1 - Staff initiated

At this stage the service user will be **fully supervised by the staff member throughout the self-administration process**. Medicines will be stored in a central medicines cupboard or trolley, and service users will not have independent access to them.

At the time administration is due **the staff member will prompt** the service user that their medication is due, and will ask if they want to take it. They will hand the medicines bag/box/blister pack to the service user, and will request they:

- Select correct item(s) from own bag/box/blister pack.
- Advise the staff member the drug, dose and number of tablets they are taking.
- Count out the correct number of tablets/capsules/volume of liquid, and take the medication correctly.
- Return closed item(s) to bag.

The observing staff member must check what the service user states they are taking correlates with what is recorded on the MAR chart/medication chart **before the self-administration occurs**.

The member of staff will then observe the service user preparing and taking the medication and will intervene to prevent the service user from taking medicines incorrectly if necessary.

The member of staff will initial the MAR chart/medication chart and make an entry on carenotes detailing if the service user was able to correctly identify:

- What medicines they are taking
- If they prepared the medication correctly
- If they self-administered the medication correctly
- Any prompting or intervention provided

This information must also be shared with the multidisciplinary team (MDT) via handover and clinical reviews, and any concerns regarding a service users safety during self-medication must be escalated within the MDT.

Level 2 - Service user initiated

The service user will be informed of designated time(s) when the medicines are due. **The service user is then expected to remember to come and ask for medication at the scheduled time(s).**

The staff member will hand the medicines bag/box/blister pack to the service user, and will request they:

- Select correct item(s) from own bag/box.
- Advise the staff member the medicine, dose and number of tablets they are taking.
- Count out the correct number of tablets/capsules/volume of liquid, and take the medication correctly.
- Return closed item(s)

Initially, the member of staff will not remind the service user when to take their medication. If they forget to ask for the medication and 30 minutes have elapsed, then they should be reminded and this should be noted on the progress notes and discussed within the MDT.

The member of staff will then observe the service user preparing and taking the medication and will intervene to prevent the service user from taking medicines incorrectly if necessary.

The member of staff will initial the MAR chart/medication chart, make an entry on carenotes detailing if the service user was able to correctly identify:

- What medicines they were taking
- If they prepared the medication correctly
- If they self-administered the medication correctly
- Any prompting or intervention provided

This information must also be shared with the MDT via handover and clinical reviews, and any concerns regarding a service users safety during self-medication must be escalated within the MDT.

Level 3 - Service user led - The service user will have sufficient knowledge about their medicines and be able to handle their medicines safely, taking the correct dose at the right time without direct supervision from staff.

- The service user will be expected to take their medicines correctly with minimum intervention from staff.
- The service user will ensure the medicines are kept locked in the bedside locker/cabinet.

- The staff member in charge should hold a duplicate key (but routine concordance checks should be done in collaboration with the service user)
- Monitoring of concordance should be completed at least twice weekly using the form in appendix 2, however may be completed more frequently if clinically indicated (for example every 48 hours for service users taking clozapine)

The stage of self-medication should be recorded in the service users care plan and on the MAR chart/medication chart

5.2 Self-administration in bedded services (wards, crisis houses, assisted accommodation projects)

Wards and assisted accommodation projects are able to support service across different phases of self-medication in accordance with service user needs, provided that appropriate lockers etc. are in place.

Wards will be using medication charts rather than MAR charts to record self-administration, and self-medication will only be supervised and signed for by registered nursing staff.

Crisis houses will only support service users to participate in level 1 of self-administration. Crisis houses are not permitted to work with service users at level 2 or 3 of self-administration to ensure doses are not omitted, and medicines are used in accordance with prescriptions.

Controlled drugs must be stored in controlled drug cupboards, and handled in accordance with the Controlled Drugs Policy and Procedures.

5.3 Self-administration in community teams (crisis teams, home treatment teams, assertive outreach teams)

Community teams who supervise the self-administration of medicines should use the appropriate section of the crisis team medication charts to record each supervised self-administration.

Within community teams only service users who require direct supervision of the self-administration process (level 1 and 2) require the assessment process described in section 7.

Some service users treated by these services may require this level of direct supervision during self-administration, however may retain their own medicines at home, and will not require them to be locked away as described in section 7.1. This should be documented in the care plan.

6. Capacity, consent, risk assessment and care planning

6.1 Capacity assessment

It should be assumed that service users have the capacity to make decisions around their care and treatment (MCA, 2005). However, compliance is not proof of capacity, and if there are any concerns about whether a resident is able to give informed consent to self-administer their treatment then a capacity assessment pertaining to this decision should be conducted by an appropriately skilled and trained member of staff. For any service users experience chronic or fluctuating levels of psychotic symptoms, or expressing ambivalence or confusion about their treatment, capacity should be assessed.

All service users self-administering medicines within a 24 hour treatment setting in C&I must have their capacity to make decisions related to this task assessed in line with the Mental Capacity Act (2005).

Assessment of capacity to make the decision to self-medicate should be specific to the amount of responsibility for self-medication to be given to the service user. See Section 7.

Capacity assessments should be recorded on carenotes under Assessments ➜create new ➜ 'C&I test for capacity"

6.2 Risk assessment

An appropriately skilled registered nurse should carry out an individual risk assessment to determine how much support a service user needs to self-administer their medicines. For assisted accommodation and crisis houses this should ideally occur prior to transfer into the service.

Risk assessment should consider the following items, and a management plan addressing these must be recorded within the **'evidence of risk of harm from others' section of the risk assessment** on carenotes:

- Service user choice re: self-administration and their consent to engage in the process
- If self-administration will be a risk to the service user or to other residents/carers (for example, could leaving a medicine out in their home pose a risk to another person)
- If the resident can take the correct dose of their own medicines at the right time and in the right way (for example, do they have the mental capacity and manual dexterity to self-administer?)
- How often the assessment will need to be repeated based upon individual service user need
- How the medicines will be stored
- The responsibilities of the care home/crisis team/crisis house/assisted accommodation staff (as applicable)

If formulation of the risk assessment exceeds the sphere of knowledge of the nurse, additional input should be sought from colleagues, such as the pharmacist, RMO, or Trust Mental Capacity Lead.

For service users who lack the manual dexterity to administer medicines themselves (with or without compliance aids), support from occupation therapy colleagues in the assessment process should be sought where available.

If a service user doesn't have capacity, a best interest's decision should be taken. The MDT retains ownership of responsibility for making best interests decision, however the membership of the group taking a best interests decision should be proportionate to the level of restriction placed on the service user. For example, it may be appropriate for a decision regarding supervision of self-administration for a service user who has fluctuating capacity to be taken by a single registered healthcare professional, however, a decision to transfer the service user to a registered care facility would be taken in conjunction with other professionals and a representative for the service user.

6.3 Review

Review of capacity, risk, and consent should be an ongoing process during a treatment episode/admission, and should be formally reviewed and the risk assessment/care plan updated accordingly in response to:

- Deterioration in mental state
- Changes in medication
- After a self-administration error
- Withdrawal of consent

- Review of treatment via CPA or other care review

In wards and in community rehabilitation, the multidisciplinary team in line with their treatment review schedule should review unit's progress against the self-administration pathway. This should be aligned with 6 monthly CPA cycles at a minimum. This review should formally reassess capacity, risk, and consent using the processes described above. Risk assessment and care plans should be updated accordingly.

7. Management of errors and incidents

Errors should be clinically managed in accordance with the protocols for managing medication incidents described within local SOPs. This will usually include:

- Escalation to GP/prescriber and Trust pharmacy during working hours
- Escalation to duty doctor and on call pharmacy out of hours.

All errors/incidents related to the self-administration of medicines must be reported using Datix.

8. Physical assistance with self-administration

Service users who require assistance with preparing medicines for self-administration (for example a service user whose hands shake and require help with pressing out the tablets into a pot) must have:

- The capacity to have made the decision to self-administer the medicines
- Requested for assistance from staff in supporting them to remove the medicines from the packaging

See the Trust medicines management policy for more information.

9. Dissemination and implementation arrangements

This policy will be circulated to divisional directors, service managers and team managers for dissemination within their services. The lead nurse for medicines management, mental capacity act lead, and lead pharmacists will be available to support services in its implementation.

10. Training requirements

For training requirements please refer to the Trust's Mandatory Training Policy (Intranet) and Learning and Development Guide (Intranet).

Staff involved in the supervised self-administration of medicines are required to participated in training and competence assessment processes pertaining to this intervention.

11. Monitoring and audit arrangements

Nurses based within services are expected to lead on the local monitoring and audit of processes around the management of medicines, with additional support from pharmacy as required.

Managers are responsible for ensuring that quarterly audits are in place for the presence and quality of:

- Capacity assessments, consent and risk assessment pertaining to self-administration
- Care planning pertaining to the self-administration of medicines

The following criteria should be checked weekly by the manager or designated nurse. The service manager will monitor results of the audit checks. Required actions will be identified and completed in a specified timeframe.

MAR chart checks

a) Any entries on MAR chart are signed and dated by the staff member supervising self-administration

b) Medicines administration is recorded or reason for not administering (by code) on the MAR. There are no blank spaces on at due times for administration.

c) Service users on stage 3 of self-administration have had their concordance checked in accordance with the process described in section 7.3

Medicines (expiry, storage, disposal) checks

d) All medicines being administered are in date.

e) All medicines are stored appropriately in locked medicines cupboard, CD cupboard or medicines fridge.

f) Fridge temperature is monitored daily and appropriate action taken where temperature has deviated outside 2-8 degrees C

g) All rooms where medicines are stored are temperature monitored daily and appropriate action taken where temperature has deviated above 25°C.

h) There is an up to date log of medicines for disposal.

Controlled Drug checks

i) Controlled Drug balance in stock and record book correct. All entries in controlled drug record book in accordance with standards set out in Trust Controlled Drug Policy and Procedures.

Elements to be monitored	Lead	How Trust will monitor compliance	Frequency	Reporting	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
MAR chart and concordance for stage 3	Manager of the service	Audit / Pharmacy checks	Weekly / monthly	Divisional quality forums	Required actions will be identified and completed in a specified timeframe	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders
Medicine storage, expiry, disposal	Manager of the service	Audit / Pharmacy checks	Weekly / monthly	Divisional quality forums		
Controlled Drugs	Manager of the service / Lead Pharmacist	Audit / Pharmacy checks	Weekly / monthly (quarterly trust CD audit)	Divisional quality forums DTC		
Self administration assessments	Manager of the service	audit	quarterly	Divisional quality forums		

12. Review of the policy

January 2018 or earlier should practice change.

13. References

This policy has been developed in accordance with the following NICE guidelines

- SC1 - managing medicines in care homes (2014)
- CG76 – Medicines adherence: Involving patients in decisions about prescribed medicines and supporting adherence (2009)
- NG5 – Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes (2015)

14. Associated documents

- The Mandatory Training Policy and Learning and Development Guide must also be listed in the related documents section.

  http://cift-ap02/sorce/

- Medicines Management Policy
- Patients own drugs policy
- Medication optimisation policy
- Controlled Drugs Policy and Procedures
- Standard Operating Procedure (SOP) for Medicines Management in Crisis Houses
- Standard Operating Procedure (SOP) for Medicines Management in Community Rehabilitation Units
- Standard Operating Procedure (SOP) for Medicines Management in Hanley Gardens and Caledonian Road

Appendix 1

Equality Impact Assessment Tool

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	N/A	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

Camden and Islington NHS
NHS Foundation Trust

Appendix 2

MEDICINES ADMINISTRATION RECORD (MAR) FOR PRESCRIBED REGULAR MEDICINES AND WHEN REQUIRED MEDICATION

SERVICE USER NAME:	ALLERGIES:
DATE OF BIRTH:	STAGE OF SELF MEDICATION:

DATE (Month/Year)

MEDICINE DOSE AND FREQUENCY:	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Morng																															
	Lunch																															
	Tea																															
	Night																															
Pharmacy:	**Count**																															
Record date(s) & Quantity(s) received with 2 signatures																Qty(s) returned/destroyed & signature:																
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	Night																															
Pharmacy:	**Count**																															

Record date(s) & Quantity(s) received with 2 signatures					Qty(s) returned/destroyed & signature:			

Entry Codes: Initials = supervised medicine given, D = medicine declined, SA = self-medication (not observed), O = medicine omitted, N = not available, F = any other reason record in notes.

Appendix 3 - monitoring concordance for service users on stage 3

STAGE 3 SELF-MEDICATION CONCORDANCE CHECKS		
NAME OF PATIENT:	DATE CHART STARTED:	

Drug dose/freq	**Date of check**															
	No of tablets counted															
	No of tablets that should be left															
	No of tablets counted															
	No of tablets that should be left															
	No of tablets counted															
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