

# Managing medicines in care homes

Information for the public  
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## About this information

This information explains the advice about managing medicines in care homes that is set out in the guideline.

## What does this information cover?

This information covers using medicines properly and safely for all children, young people and adults who live in care homes, including those who need nursing care. In this information, 'medicines' applies to all healthcare treatments used in care homes. These could be tablets, liquid medicines and injections or other treatments such as creams, dressings, catheters, inhalers, and appliances such as continence aids.

## Who is this information for?

This information is for people who live in care homes and their family members or carers. It may also be useful for care home staff and others with an interest in using medicines

correctly and safely in care homes.

## Legislation, regulation and professional standards

There are laws and professional standards that set out how medicines should be managed in care homes. Different organisations across England, Wales and Northern Ireland monitor whether or not these laws and standards are being followed. In England, adult care homes are monitored by the Care Quality Commission (also called the CQC) and children's care homes by Ofsted. Different regulators are responsible for monitoring in Wales and Northern Ireland.

There is more information on the NICE website about care for people [using health and social care services](#).

## Care home medicines policy

All care homes should have a written policy that they follow, which gives information about how staff in the care homes should:

- share information about medicines
- keep records about medicines
- deal with any mistakes that might happen when people who are living in a care home are given their medicines
- review and accurately list the medicines someone is taking
- order, receive, store and dispose (or get rid) of medicines
- give medicines to people in their care.

The policy should be checked regularly to make sure that it is up to date.

# Involving people in decisions

## Getting informed consent

People who live in care homes have the same right to be involved in decisions about their care and treatment as anyone else. Sometimes people need help with this. People working in health and social care (health and social care practitioners) should make sure that people who live in care homes can get the support they need to help them take a full part in decisions about their treatment and care. This includes considering any mental health problems, any health problems (such as sight or hearing problems), any difficulties reading or speaking English, or any cultural differences that might mean extra help is needed. These should be recorded and should be checked regularly.

Health professionals who prescribe medicines (for example, pharmacists, doctors and nurses) should assume that people who live in care homes can make decisions about their own medicines. However, if they are concerned that a person may not be able to make these decisions, they should check whether the person understands why a new medicine is needed before offering it. This is known as assessing capacity to give informed consent. The Mental Capacity Act (2005) explains how an adult's capacity to give informed consent should be checked. Once the health professional has carried out the assessment of capacity, they should record the results in the person's care record.

## When a person refuses to take a medicine

Sometimes a person refuses to take a medicine. If this happens, staff in the care home should record what has happened and why (if the person will give a reason) in the person's care record and in the record of their medicines. If the person agrees, staff should also tell the health professional who prescribed the medicine.

## Making decisions for people who are not able to make decisions themselves

If someone is not able to make decisions about medicines by themselves, a decision may be made for them if it is in their best interests. However, health and social care practitioners should still make sure that people who live in care homes are involved as much as possible by:

- finding out how they feel about taking their medicines and what they understand about them
- including them in meetings at which decisions are made about their medicines whenever possible
- talking to people who know them well, including family members or carers and friends, as well as staff in the care home
- providing care and treatment in a way that helps them to have as much control and choice as possible.

## Sharing information

Care homes should have a written process that staff should follow, which tells them how they should share information about medicines people are taking. The staff should have training on how to follow the policy.

If someone moves from one care setting to another (for example, they are discharged from hospital back into a care home), all information about their medicines, including who will be prescribing them in the future, should be sent with them so that everyone involved in their care has the information and mistakes aren't made.

When a person visits a health professional outside the care home (for example, a GP), care home staff should follow rules on confidentiality and only share enough information to make sure the person is safe.

## Keeping records

Care homes should keep records of all medicines that are taken by residents. A common type of record used in care homes is called the 'medicines administration record'. Records should include:

- the person's name, date of birth and weight (if under 16 years or frail)
- the names of the medicines being prescribed
- the strength of the medicines and the amount of the medicine or dose

- how the medicines should be taken or used and how often
- other information that might be important, such as whether the medicine should be taken with, before or after food
- whether any medicines need to be monitored and when they should be reviewed
- any support needed to help the person continue to take their medicines
- information about any allergies to medicines or their ingredients or reasons why the person has been unable to take any medicines in the past.

Care homes should make sure the information in these records is accurate and up-to-date. They may need help from health professionals prescribing the medicines and the pharmacies supplying the medicines.

Records must be filled in as soon as possible after a person takes their medicine, including the date and time the medicine is taken.

The care home must keep these records safe, and destroy them when they are no longer needed.

If a person has any side effects to a medicine they are taking, or any are suspected, staff in the care home should record details of these in the person's care plan and should tell the person who prescribed the medicine or another health professional (usually the GP or an out-of-hours service) as soon as possible. They should also let the pharmacy who supplied the medicines know if the person agrees to this.

## Dealing with mistakes

Occasionally a mistake may be made with a person's medicines (for example, 1 tablet is given rather than 2). If this happens, staff in the care home should ask for advice from a health professional about what they should do to make sure the person is safe. Who they contact will depend on whether the mistake happens during the working day or out of hours. It may be a health professional who prescribed the medicine, one who works in an out-of-hours service, a local pharmacist or one who works in an emergency service.

Care homes should record any mistakes or suspected mistakes. If the mistake has or might have put the resident at risk (a safeguarding issue), care homes should report what has

happened. Not all mistakes are safeguarding issues.

Adult care homes in England should report any concerns about medicines which are considered a safeguarding issue to the Care Quality Commission.

Safeguarding for adults is:

**Ensuring that people live free from harm, abuse and neglect and, in doing so, protecting their health, wellbeing and human rights.**

(Care Quality Commission 2010)

Children's homes should also report all safeguarding issues.

Safeguarding for children is:

- **protecting children from maltreatment**
- **preventing impairment of children's health or development**
- **ensuring children are growing up in circumstances consistent with the provision of safe and effective care**
- **taking action to enable all children to have the best outcomes.**

(Department for Education 2013)

When there is a mistake with a person's medicines, care home staff should find out the cause. They should be trained and have the skills to do this.

People who live in care homes, and their family members or carers, should know who to speak to if they have any worries about medicines. Staff in the care home should give residents, and their families or carers, information about the care home's complaints process, and other processes that they can follow, such as those of the local authority and the Care Quality Commission. All people who live in care homes should be able to have someone to help put their views across (called an advocate) and should know how to contact an independent complaints service.

# Accurately listing and reviewing medicines

## Accurately listing medicines

When a person moves into a care home or returns to a care home after a stay in hospital, an accurate list of their medicines should be made as soon as possible. The person and/or their family members or carers should be involved in this, as well as a pharmacist and any other people working in health or social care (practitioners) who have been involved in managing the person's medicines. The name and job title of the person making the list as well as the date should be recorded.

The following information should be available on the day a person moves into a care home (or back into a care home):

- the medicines they are taking, including the name and strength, the form (for example, a tablet or liquid), the amount (or dose), how often and how it is taken (for example, by mouth or by an injection)
- recent changes to medicines and the reason for the change, including changes to the amount, or changes to how often the medicine is taken
- the date and time that any 'when required' medicines or medicines that aren't given every day (for example, weekly or monthly medicines) were last given
- information about any allergies or reactions the person has had to medicines or their ingredients in the past
- whether any medicines need to be monitored and when they should be reviewed
- any support needed to help the person continue to take their medicines
- any information that has been given to the person and their family members or carers.

The person's full name, date of birth, NHS number, address, and weight (if under 16 years or frail), and details of their GP and other relevant contacts (for example, consultants, a local pharmacist or specialist nurse) should also be available.

## Reviewing medicines

People who live in care homes should have their medicines reviewed to see whether:

- all the medicines are still needed
- the amount of the medicine they are taking needs to be changed, or
- they should be offered a new medicine.

This is known as a medication review. A person's GP should make sure this happens. How often the review takes place will depend on the person's health, but everyone who lives in a care home should have a medication review at least once a year.

Everyone who lives in a care home should have a named health professional who is responsible for reviewing their medicines. The named health professional should be identified by the GP. The health professional should know the person and know about their health, and should be able to gather the information needed for the review. The person living in the care home and/or their family members or carers and a local team (which may include a GP, pharmacist, nurse, a member of the care home staff and a social care practitioner) should also be involved in reviewing medicines.

During the medication review, the following should be discussed:

- the reasons for the review
- the person's understanding of the medicines, any concerns they have, and any more information or support they need to take their medicines as prescribed
- family members' or carers' understanding of the medicines and any concerns they have (but only if the person agrees that family members and carers should be involved)
- all medicines (both prescribed and over-the-counter) that the person is taking, what they are for, how safe they are, how well they are working, and whether they are still needed
- any problems the person is having taking the medicine, including difficulty swallowing tablets or using inhalers properly, and any side effects
- any tests needed for monitoring the medicines.



# Prescribing medicines for people in care homes

GP practices should have a written process for prescribing and issuing prescriptions to their patients who live in care homes. All medicines prescribed should be recorded in the person's GP patient medical record and their care record. Records are likely to include instructions on how to use the medicine (for example, where to apply a cream and how much to use), how long the medicine should be used, how long the medicine will take to work and what it is for.

People working in health and social care (practitioners) should work together to make sure that everyone knows when medicines have been stopped, started or changed. Care home staff should update records of medicines administration as soon as possible with details of any changes to a person's medicines.

## Prescribing by telephone, video link or online

Health professionals should only use telephone, video link and online prescribing rarely. If they do, they should follow this up by sending the details to the care home in writing as soon as possible. Occasionally details of medicines may be sent by text. The care home should have a process for recording the details of these text messages and making sure the information is kept confidential.

## Prescribing variable dose and 'when required' medicines

Sometimes the amount (or dose) of a medicine the person takes is different (called a variable dose medicine). The dose might depend on the symptoms (for example, when paracetamol is taken for pain relief or laxatives for constipation) or the results a blood test (for example, when a test for blood clotting shows that more warfarin is needed to stop blood clots). In other cases, the medicine is only needed when there are symptoms (called a 'when required' medicine). For these types of medicines:

- when and how the medicine should be used, how it should be monitored and what it is expected to do should be noted in the person's care record

- the prescription should have instructions on how much of the medicine should be used and how often it should be taken (including the maximum amount of the medicine to be taken each day) and how long it should be used for
- enough should be prescribed to last for the expected time of treatment.

## Ordering medicines for people in care homes

Ordering medicines is an important part of the work of staff in a care home. Medicines belong to individual people living in care homes and must not be shared between residents, even if 2 of them are taking the same medicines.

It is important that a care home doesn't run out of a person's medicines. For this reason, care home staff should have time set aside for ordering medicines. Care homes should have at least 2 members of staff who have the training and skills for ordering medicines, although at any given time ordering can be done by 1 member of staff. Staff should check the medicines they receive against the original order to make sure that all medicines needed have been prescribed and supplied and that all records are kept up-to-date.

Care homes should be responsible for ordering medicines from GP practices and should not pass this responsibility to the local pharmacy.

## Storing and disposing of medicines in care homes

### Storing medicines

Care homes must store all medicines safely, including controlled drugs. These are medicines that have legal controls because they may be misused, obtained illegally or cause harm (examples include morphine, pethidine and methadone).

Care homes should think about how medicines should be stored for each resident. This should include providing easy access for people who are responsible for taking their own medicines.

## Disposing of medicines

Before disposing of a medicine, staff should check whether it is still needed, whether it's within its expiry date and what the shelf-life is once opened. Care homes should keep records of all medicines (including controlled drugs) that have been disposed of or are waiting to be disposed of. Medicines waiting for disposal should be kept in a locked cupboard until they are collected or taken to the pharmacy.

## Supporting people in care homes to take their own medicines

It is important for the independence of people living in care homes that they are involved as much as possible in taking their medicines. People working in health and social care (practitioners) should carry out an assessment to find out how much support a person needs to take their own medicines. The assessment should involve the person who is living in the care home, care home staff and, if the person wishes, their family members or carers. The person's GP or a pharmacist may also be involved. The assessment should include:

- discussing what the person would like
- checking whether there will be a risk to the person (or others) if they are responsible for taking their own medicines
- checking how able the person is to take their own medicines
- determining how the medicines will be stored (this is usually in a lockable cupboard or drawer in the person's room).

Sometimes support will involve doing things like pharmacists and GPs supplying medicines in packages that make them easier to use (for example, by putting medicines for each time of day and each day of the week in a separate compartment in a box). This can help people have more control of their medicines. Pharmacists and GPs who supply medicines to care homes should make sure that all their staff follow an agreed process for checking that this has been done properly.

A person who is taking medicines that need special storage should be able to get to their medicines when they need them.

When a person is taking controlled drugs and is responsible for their own medicines, the care home should have a process that clearly sets out how this should be done, including what the staff should do when they are given drugs the person no longer needs and how they should get rid of them.

## When staff give medicines to people in care homes

### Process for making sure medicines are used safely and effectively

Care homes should have a process in place to make sure that medicines are used safely and effectively. This process should include information about:

- what to do with medicines that need to be given in a special way (for example, patches, creams, inhalers, eye drops or injections)
- recording what was taken or used as soon as possible
- something known as the '6 R's', which stands for right resident, right medicine, right route, right dose, right time, resident's right to refuse
- what to do if the person is having a meal or is asleep
- using the right equipment to give the medicine
- how to record and report mistakes, side effects and when a person refuses to take a medicine
- how to handle and use medicines that are prescribed for 'when required' use
- how to manage medicines when the person is away from the care home (for example, when they visit relatives)
- monitoring medicines (for example, for side effects) and checking how well medicines are working.

Staff in the care home, the health professional who prescribes the medicines and a pharmacist should agree with the person when they should have their medicines (for

example, what time of the day). This could mean avoiding busy times such as the morning medicines round.

Care homes should try to avoid disruptions when medicines are being given out. This might include:

- making sure that enough trained staff are on duty so that staff have enough time to spend with each person and to check that the medicines have been taken correctly
- changing the times for giving out medicines
- avoiding staff breaks when medicines are being given out.

## Recording medicines that are taken or used

When recording medicines that have been taken or used, staff in the care home should:

- make a note in the record as soon as the person has taken the medicine, including the date and time
- make a note when a medicine has not been taken or used and the reasons why.

One member of staff should do the recording because mistakes in recording are less likely than if more than 1 person does it.

When health professionals (for example, district nurses) give medicines to people in care homes, they should make their records available to care home staff if asked. The care home staff should record any medicines given by health professionals visiting the home in the resident's medicines administration record. Health professionals who are visiting the care home might see the person alongside care home staff who are responsible for giving medicines.

Care home staff should make an entry on the medicines administration record when they give a medicine that needs a separate record kept (for example, when giving warfarin they would add 'see warfarin administration record').

When giving controlled drugs, care home staff should sign the controlled drugs register and the medicines administration record.

## When the person is away from the home

When a person is going to be away from the care home (for example, visiting family members), staff should give the following information to the person and/or their family members or carers:

- details of the medicines the person is taking with them
- clear directions and advice on taking the medicines
- the time of the last and next dose of each medicine
- details of who they can contact if they have any questions about the medicines (this might be someone from the care home or a pharmacy or a GP).

The care home should have a process to make sure that people have the medicines they need when they are away from the home. Details of medicines taken with them should be recorded in the person's care plan.

## When care home staff give medicines without a resident knowing

If a person has capacity to make decisions about their treatment and care, they should not be given medicines without them knowing. Very occasionally, if this is in the best interests of the resident and they lack capacity, medicines are given to a person in a disguised form without them knowing (for example, in food or drink). This is called 'covert administration'. Care homes should have a process that follows existing laws and good practice guidelines on how and when this should be done. This is important to protect both the person being given the medicine and the staff in the care home.

The process should include:

- how to assess someone's capacity to refuse a medicine and how to record reasons for presuming a person's incapacity
- holding a meeting to determine what is best for the person
- recording the proposed treatment plan and the reason for giving a medicine without the person knowing

- planning how to give the medicines without the person knowing
- regularly reviewing whether covert administration is still needed.

## Non-prescription medicines and over-the-counter products

Non-prescription medicines and over-the-counter products are known as homely remedies. These can be bought without a prescription from a pharmacy or supermarket (examples include mild pain killers and cough medicines). People in care homes may be offered homely remedies for treating minor ailments. If the care home does this, they should consider having a process, which may include information about:

- which medicines may be offered and for which symptoms
- the amount of the medicine that should be given as well as how often
- the maximum amount of the medicine that should be taken each day
- where to record that the medicine has been given
- how long the medicine should be given before the GP is contacted
- which residents should not be given certain medicines or products (for example, paracetamol should not be given as a homely remedy if a resident is already receiving prescribed paracetamol).

## Questions to ask about managing medicines in care homes

- Who do I ask for information about my medicines?
- How do I report a bad reaction to a medicine or a side effect?
- What do I do if I think a medicine isn't working?
- Who do I speak to if I want to stop taking a medicine?
- How often should my medicines be reviewed?

- Who do I tell if I think a mistake has been made with my medicines?
- Which staff should be handling my medicines in the care home?
- Can my relatives help me with my medicines if I visit them?
- Can care home staff help me with my medicines if I go out of the care home?
- If I look after my own medicines, how much will the care home staff know about my medicines?
- Who do I speak to if I'm worried about my relative's medicines?

## Sources of advice and support

- Age UK, 0800 169 6565 [www.ageuk.org.uk](http://www.ageuk.org.uk)
- Coram Voice, 020 7833 5792 [www.coramvoice.org.uk](http://www.coramvoice.org.uk)
- Mencap, 0808 808 1111 [www.mencap.org.uk](http://www.mencap.org.uk)
- Mind, 0300 123 3393 [www.mind.org.uk](http://www.mind.org.uk)
- The Relatives and Residents Association, 020 7359 8136 [www.relres.org](http://www.relres.org)
- Rethink Mental Illness, 0300 5000 927 [www.rethink.org](http://www.rethink.org)

You can also go to [NHS Choices](#) for more information.

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