



## Administration of medicines in care homes (with nursing) for older people by care assistants

### Evidence-based guidance for care home providers

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The University of Leeds, at the request of the Department of Health, produced this guidance. An evidence-based review underpins this guidance [1]. It provides:

- clear information for care home providers, managers and staff on the legal framework for the administration of prescribed medicines for a named individual<sup>1</sup> by care assistants; and
- the requirements for safety and quality assurance.

*This guidance has been prepared to make clear that care workers such as care assistants are not prohibited from administering medicines to residents. It draws attention to existing guidance which sets out good practice measures for the safe management and handling of medicines in this sector. It does not prevail over that guidance and should be read together with it and the relevant legislation [2,3,4].*

### Is it legal for a care assistant to administer medicines in care homes (with nursing)?

- Yes. The law does not prevent care assistants from administering medicines in care homes (with or without nursing<sup>2</sup>).

### So, a care assistant can administer medicines?

- Yes, but any staff employed by the care home and responsible for the management and administration of medicines must be suitably trained and competent and the care home manager and staff should keep this regularly under review.

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<sup>1</sup> The review focused on care homes (nursing) providing care for older people. However, this guidance may be relevant to care homes (nursing) providing care for a range of individuals.

<sup>2</sup> In homes with nursing care, registered nurses are employed by the homes to provide continuous care (24/7), whereas in care homes without nursing, registered nurses from community and primary care services visit to provide nursing care when required. Both settings employ care assistants and registered nurses (employed by the care home or the NHS) offer guidance and support to this assistant workforce.

- All staff administering medicines must follow the care home's policies and procedures about managing medicines.

### **What should care home providers consider when training care assistants for administering medicines in care homes?**

- As a minimum, training should cover: the supply, storage and disposal of medicines; safe administration of medicines; quality assurance and record-keeping; and accountability, responsibility and confidentiality [5,6,7,8].
- Care assistants should understand procedures and policies for reporting any error or incident in the administration of medicines. Such procedures will usually include reporting the incident to their line manager or the person in charge of the setting.
- Training should highlight common issues associated with medication administration errors so care assistants have raised awareness that:
  - administering and managing inhalers and liquid medicines is much more likely to give rise to medication errors than tablets or capsules;
  - antibiotic administration may be particularly prone to error with a number of doses being missed over the course of treatment;
  - allergy and drug sensitivities should be checked prior to administration of medicines;
  - medication administration errors are more common in the morning; and
  - interruptions during the preparation and administration of medicines are associated with medication errors.
- Training should be followed by a formal assessment process that should be repeated regularly as required.

### **What are the responsibilities of the care provider?**

- The registered provider must provide safe care and treatment, including the administration of medicines [9].
- The registered provider must ensure that policies and procedures are in place that comply with current legislation and guidance for medicines administration [5,8], including (i) supply and ordering; (ii) storage, dispensing and preparation; (iii) administration; (iv) disposal; and (v) recording.
- The service provider should encourage a culture that allows their staff to report incidents [5,6,7]. To achieve this they should have in place systems to support:
  - clear incident reporting;
  - investigations of incident reports to decide whether to offer training to an individual or review existing procedures; and

- reporting of serious incidents to the regulatory body.

### **Do staff have to administer medications or can a care home resident manage their own medicines?**

- The Mental Capacity Act (2005) [10] states that ‘a person must be assumed to have capacity unless it is established that s/he lacks capacity’. Care home staff should regularly assess [11] whether an individual resident has capacity to make specific decisions about their care and treatment (including whether they wish to manage their own medicines).
- In cases where it is appropriate for a resident to manage their own medication, residents with capacity should be offered this choice, with appropriate support from staff. Where a resident does not have capacity to make these decisions, a best interests decision will be made on their behalf.
- Residents in care homes (with nursing) have the same rights to choose to manage their own medicines, including the right to refuse medication, as people living in their own home or in care homes (without nursing). Different rules apply to people who are detained under the Mental Health Act 1983 in a hospital, or residents whose individual assessment indicates that this would not be safe for them e.g. if they are at risk of overdose.

### **So, what is the role of the registered nurse (RN) if care assistants administer medicines in care homes (with nursing)?**

- When a RN delegates the administration of medicines to a care assistant then the RN must be confident that the care assistant is competent to take on this task.
- Any care assistant accepting the delegated task of administering or assisting with medicines must take responsibility for ensuring that their actions are carried out carefully, safely and correctly. Care assistants need to be aware of their responsibilities if a resident declines to take their medicines; these responsibilities should be included in training and in care home policies and procedures.
- Where care assistants are involved in medicine administration, the RN needs to ensure the continuing assessment of care home residents and their medicines to manage their health care needs and to apply the principles of medicines management (see NMC Standard 19) [12].
- Ensuring the correct dosage is administered is a crucial component of medicines administration for all staff. Once a care assistant has accepted the delegated task then they are responsible for administering the medicine as per the prescription and within their organisation’s protocols and guidance. Ultimately, the accountability for the overall nursing care of the patient rests with the RN (see the NMC Code Standard 11) [13].

- Delegation, accountability, liability and criminal responsibility need to be clearly understood by RNs and care assistants [14,15].

### **What kind of medicines can a care assistant administer?**

- Care workers should only administer medicines that they have been trained to give and this will generally include assisting people in: taking tablets, capsules, oral mixtures; applying a cream/ointment; inserting drops to ears, nose or eyes; and administering inhaled medicines.
- A RN can request an appropriately trained care assistant to be a second signatory for the administration of controlled drugs [12].

The administration of medicines by invasive or specialised techniques, or the administration of controlled drugs, will normally involve a RN, however, suitably trained and competent senior support staff may administer certain medicines when it has been deemed in the best interest of the resident [8].

## References<sup>3</sup>

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<sup>3</sup> URLs accessed 7 April 2016