Implementing support for self-administration of medicines, to safely prepare service users for transition to the community

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<table>
<thead>
<tr>
<th>Trust name</th>
<th>Cornwall Partnership NHS Foundation Trust</th>
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<tbody>
<tr>
<td>Provider type</td>
<td>Mental health</td>
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<tr>
<td>Site (if applicable)</td>
<td>Badmin Community Hospital</td>
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<tr>
<td>Core service</td>
<td>Long stay/rehabilitation mental health wards for working age adults</td>
</tr>
<tr>
<td>CQC rating (SAFE)</td>
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<tr>
<td>CQC rating (Overall)</td>
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The challenge

Fettle House is a mental health rehabilitation unit for adults, with capacity for 18 male or female residents. It is staffed by two nurses supported by four healthcare assistants. Service users range from those recovering from recent acute illness requiring psychiatric intensive care unit (PICU) admission to those who are nearly ready for discharge. The average length of stay varies from six months to two years.

Self-medication was always encouraged for service users who were able to manage independently, using Medidose® or blister packs. However, although Fettle House is a rehabilitation unit, not all clients were assessed as self-medicating. There was therefore no standardised system that supported all clients based on their individual ability and prepared them for eventual transition to the community, while providing necessary checks and support to ensure safety.

The solution

Whenever a new client was admitted to Fettle House, they were considered to be self-medicating from the beginning. With that in mind, staff devised a standardised, three-tier support system administering medicines that enabled service users to administer their own medicines, based on each individual’s ability to do so safely.

Service users usually enter the scheme at level 1 or 2 and gradually progress to level 3 when ready. On admission, they are individually assessed and placed at the appropriate level. Each of them is allocated an individual medication locker in the clinical room.
Level 1 requires them to attend the clinical room when their medicine is due, to receive their medication. An individual’s level of understanding of their medicines is also discussed at this stage.

At level 2, the patient and their nurse identify the support system that meets their ability and long term needs; for example administering straight from the boxes, using a Medidose® or prefilled blister pack. If they are able, clients are invited to simply attend the clinical room, where they are provided with the key to their individual locker and observed when they take their medication.

Clients moving to level 3 (self-administration) get access to a locker in their own room and a personalised booklet to record each time they take medication. They collect their medicine weekly from the clinical room. Staff continuously monitor and discuss compliance and progress with the client. They also perform spot checks on clients at level 3. If necessary, clients can be moved back to level 2, although other supportive measures are explored first.

Clients remain on the same support track when on extended leave, in partnership with local pharmacies, which reduces the need for costly care packages. For example, those on level 3 are provided with a 'leave prescription' and a decision is made on how many days of leave medication can be safely issued.

Approximately 40% of clients are supported at this level at any one time, while others remain at level 1 or 2, because they are not sufficiently independent to fully self-medicate. This information is very helpful when evaluating options for ongoing community support, after discharge.

Enablers and challenges

Implementing this process was possible because clients had a relatively long length of stay, and the pharmacy staff and the care team collaborated very well.

Nursing staff had to embrace a higher level of risk than they were used to but this was mitigated by ensuring that any changes were agreed as a group and nurses were free to conduct spot checks at any time (for clients at level 3).

Upfront investment was necessary to provide individual patient lockers in the medicines room and a dedicated pharmacy technician during the early stages of implementation.

Support from the medical director helped to ensure the trust’s approval of the new system.

Impact

Individual medicines storage and weekly stock replenishment have eliminated delays in administration because of the non-availability of medicines and resulted in cost savings.
Clients rate their independence highly and are proud of being able to manage their own medicines. They are aware of what their medicines are for and feel fully involved in their care. They also feel better prepared to self-manage their medicines in the community.

Next steps and sustainability

The current support system is well embedded in the unit and sustained through effective communication between the nursing and pharmacy team, who provide support with named patient supplies, as well as supporting the leave and discharge process.

Going forward, the pharmacy team wants to increase their involvement with patients on admission, by for example discussing with patients the therapeutic effects and side effects of medications.

Want to know more?

For detailed information, see the appendix of materials from the trust:
1. Self-medication internal policy
2. Risk assessment form
3. Consent to self-administration
4. Self-administration log
5. Spot checks documentation chart
6. Three tier allocation flowchart

To find out more, contact ward manager: Luke.taylor3@nhs.net and the Pharmacy team: helen.lobb@nhs.net and diane.torry@nhs.net

To see the other case studies in this series: visit the NHS Improvement website at: Improving quality and safety in healthcare.