LIVING SAFELY AND WELL AT HOME

Managing medication at home: a guide for families and carers

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IN BRIEF

Medicines support at home ranges from a simple reminder, called prompting, to a trained care worker giving each dose and recording it on a medicines administration record (MAR). The aim is to help the person manage as much as they safely can, with the support agreed in writing in the care plan and regular reviews by the GP or pharmacist.



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Prompting, assisting and administering: what the words mean

"Medicines support" means any help that enables someone to manage their medicines. National guidance from NICE and the CQC describes several levels:

- **Self-management:** the person looks after their own medicines, perhaps with a reminder chart or alarm.
- **Prompting:** a carer reminds them it is time, and they take the medicine themselves.
- **Assisting:** a carer helps with practical steps, such as opening packs, reading labels or putting in eye drops the person cannot manage.
- **Administering:** a trained care worker selects and gives the medicine, following the pharmacy label, and records it.

The guiding principle is to support the person to manage as much as they can, safely. Their needs and preferences should be assessed and written into the care plan, including who is responsible for ordering, collecting, storing and giving each medicine, and when the arrangement will be reviewed, for example after six weeks.

What paid carers can and cannot do

Care workers from a CQC-registered provider can give medicines support only when it is agreed in the care plan, and only after training and an assessment of their competence, including being observed.

Care workers can usually:

- Prompt and remind.
- Give tablets, capsules and liquids, using an oral syringe for small doses.
- Apply creams, patches, eye drops and ear drops, and help with inhalers.
- Order and collect medicines, if this has been agreed and recorded.
- Record every dose taken or declined.
- Raise concerns with the GP, pharmacist or family.

Specialist tasks, such as some injections or giving medicines through a feeding tube, can only be done by a care worker if a health professional delegates the task, the person consents, responsibilities are written down, and the care worker is trained and signed off as competent.

Care workers should not:

- Change a dose or timing without instructions from the prescriber.
- Give anything without clear written directions, such as a pharmacy label.
- Crush tablets or open capsules without advice from a pharmacist, as this can change how a medicine works.
- Hide medicines in food or drink unless the legal covert process has been followed.
- Leave doses out to be taken later, unless this has been risk-assessed and agreed in the care plan.

Most providers' policies also do not allow care workers to give medicines from a pill organiser filled by a family member, because no pharmacist has checked it. Family members are free to give medicines themselves, and should agree with the provider how those doses will be recorded.

Blister packs and their limits

Blister packs, also called monitored dosage systems or multi-compartment compliance aids, put each time's tablets into a sealed compartment. They help some people, but NICE advises considering them only when a health professional, such as a pharmacist, has assessed the person and found a specific need. Their limits include:

- Many medicines cannot go in them, including liquids, inhalers, creams, drops, "when required" medicines and some tablets that must stay in their original packaging.
- It can be hard to tell which tablet is which. The pharmacy should describe each one.
- A change in dose mid-month usually means new packs, which can cause mix-ups.
- Some people find the foil hard to push through.
- They do not solve memory problems: someone may still take two days' doses, or none.

Alternatives worth asking the pharmacist about include easy-open lids, large-print labels, a simple reminder chart, an alarm, or a simpler routine, for example moving to once-daily medicines where possible. Pharmacies must make reasonable

adjustments to help disabled people manage their medicines.

MAR charts: why records matter



When care workers give medicines support, they must record it for each medicine on every occasion. This is usually on a **medicines administration record (MAR)**, ideally printed by the pharmacy. A MAR should include:

- The person's name and date of birth.
- Each medicine's name, form and strength.
- The dose, and when and how it is taken.
- The GP practice.
- Any stop or review dates.
- Allergies and special instructions, such as "take with food".

Each entry shows who gave the medicine and whether it was taken or declined. Only trained staff should make handwritten changes. If medicines change part-way through a cycle, a new entry should make the change clear. An up-to-date patient information leaflet for each medicine should be kept in the home.

Storing and disposing of medicines safely

- Keep medicines in a cool, dry place, out of sight of visitors and away from children.
- Keep fridge medicines in the fridge, in a clearly labelled container.
- If someone is confused and could take too much, or others in the home are a risk, use a lockable box or cupboard.

- In a person's own home, controlled drugs such as strong painkillers do not need a register, but should be stored safely and counted if there is any concern.
- Return unwanted or out-of-date medicines to a pharmacy. Do not put them in the bin or down the toilet.
- Use a sharps bin for needles, and ask the pharmacy or GP how to dispose of it.

Time-critical and "when required" medicines

Some medicines must be taken at specific times, or harm can follow. Examples include medicines for Parkinson's, insulin, medicines containing paracetamol (to avoid doses too close together), medicines that must be taken before or after food, and antibiotics. Make sure the care plan and visit times reflect these.

For "when required" (PRN) medicines, such as painkillers or laxatives, the instructions should say what the medicine is for, the dose, the minimum time between doses and the maximum in 24 hours. Ask the GP or pharmacist to clarify any label that says "as directed".

Medication reviews with the GP and pharmacist

Medicines that once helped can later cause dizziness, falls, confusion or drowsiness, especially as people get older and take more of them. Regular reviews matter.

- **Structured medication review:** a full review, usually with a clinical pharmacist at the GP practice. People prioritised include those living in care homes, taking 10 or more medicines, living with severe frailty (particularly if housebound or after recent falls or hospital stays), or taking medicines that commonly cause problems or addictive painkillers. Anyone can ask the practice for a review.
- **New Medicine Service:** free support from a community pharmacist when someone starts a new medicine for certain conditions, including high blood pressure, heart failure, atrial fibrillation, type 2 diabetes, asthma, COPD, Parkinson's disease, osteoporosis, stroke and depression (for adults). It involves three appointments over several weeks, in the pharmacy or by phone. Ask when collecting the new prescription.
- **After a hospital stay:** compare the discharge letter with the medicines at home, remove anything that has been stopped, and ask the community pharmacist to check the changes. See our guide to leaving hospital.

Questions to ask at a review

- What is each medicine for, and is it still needed?
- Could any cause dizziness, falls, confusion or constipation?
- Can any be stopped, reduced or combined?
- Could the timings be simplified, for example to once a day?
- Is there a liquid or patch version if swallowing is hard?
- What should we do if a dose is missed or refused?

When someone refuses their medicines

A person with mental capacity has the right to refuse a medicine, even if family or carers think it is unwise. Care workers should record the refusal, try again a little later if appropriate, gently ask whether something is wrong, such as pain or difficulty swallowing, and tell the GP or pharmacist if it continues.

If the person lacks capacity to make the decision, a best interests decision is needed under the Mental Capacity Act 2005. Hiding medicines in food or drink is only allowed after a best interests meeting involving the prescriber, with pharmacist advice on how to give each medicine safely, and with clear written authorisation in the care plan. Our guide to mental capacity and best interests explains the process.

Medicines list: template

Keep a current list in the home, in your phone and in the emergency plan. Bring it to every appointment.

Medicine and strength	Dose and time	What it is for	Notes
Example: amlodipine 5mg	Copy from the label, e.g. 1 tablet at 8am	Blood pressure	Started March

Also note at the top: name, date of birth, NHS number, GP practice, pharmacy, allergies and any reactions, and the date the list was last checked.

Practical tips for families

- Use one pharmacy, so the pharmacist can spot interactions.
- Ask the pharmacy whether it offers repeat prescription reminders or delivery.
- With the person's agreement, apply to the GP practice for family and carer access, so you can order repeat prescriptions online.
- Check expiry dates when you visit, and clear out stopped medicines.
- Keep over-the-counter medicines and supplements on the list too, and ask the pharmacist before buying new ones.

Who to call

- **The community pharmacist:** free advice, no appointment needed.
- **The GP practice:** for reviews, side effects and changes.
- **NHS 111:** day or night, for urgent advice, including missed doses of important medicines.
- **999:** if someone has taken a large overdose, is very drowsy or cannot be woken, or has a severe allergic reaction.

What to do next

1. Write or update a medicines list using the template above.
2. Ask the GP practice for a medication review, especially after a fall or hospital stay.
3. Ask the pharmacist whether a blister pack, easy-open lids or reminders would really help.
4. If paid carers are involved, check the care plan says exactly what medicines support they give.
5. Agree how doses given by family will be recorded.

How we can help

Any CQC-registered home care provider should assess medicines support, write it into the care plan and record every dose. Day and Nightcare is a CQC-registered provider, rated Good, offering fully managed live-in care anywhere in England and home care visits, sleep-ins and waking nights across Oxfordshire, and 24-hour care

with carers working in shifts anywhere in England. If you are considering care, call us on 01865 715780 to arrange a free initial assessment, where we can talk through the medicines support your relative needs.

Common questions

Can a home carer give my mother her tablets?

Yes, if it has been agreed in her care plan and the care worker has been trained and assessed as competent. The care worker should give medicines from the containers supplied by the pharmacy, following the label, and record every dose or refusal. Specialist tasks, such as some injections or giving medicines through a feeding tube, can only be done by a care worker if a health professional delegates the task and trains them.

Should my father have his tablets in a blister pack?

Only if an assessment, usually by a pharmacist, shows it would genuinely help. NICE guidance says these packs should not be the automatic choice. They can help some people, but not every medicine can go in them, and they do not solve memory problems on their own. Original packs with clear labels, easy-open lids, a reminder chart or a simpler routine may work as well or better.

What is a MAR chart?

A medicines administration record, or MAR, is the chart care workers use to record the medicines support they give. It lists each medicine, its strength, dose, timing and route, and the person's details, and care workers sign it each time a dose is given or declined. It is ideally printed by the pharmacy. Families giving a dose, for example on a day out, should agree with the provider how to record it.

What should we do if a dose is missed?

Check the patient information leaflet that came with the medicine, which explains what to do. Do not give two doses at once to make up, unless a pharmacist or doctor tells you to. For time-critical medicines, such as those for Parkinson's or diabetes, ask a pharmacist or call NHS 111 promptly. If doses are often missed, ask for a review of how medicines support is arranged.

Can medicines be hidden in food if my relative refuses them?

Only through a proper legal process. Giving medicines without someone's knowledge, called covert administration, is only allowed if the person lacks the mental capacity to decide, and a best interests decision has been made involving the prescriber, a pharmacist and the family, and recorded in the care plan. A person who has capacity has the right to refuse medicines, even if others disagree with the choice.

Sources and further information

- NICE: Managing medicines for adults receiving social care in the community (NG67)
- CQC: Managing medicines, home care providers
- CQC: Medicines administration records in adult social care
- NHS: New Medicine Service (NMS)
- NHS England: Structured medication reviews and medicines optimisation
- NHS: How to get family and carer access for adults

Read next

CHOOSING LIVE-IN CARE

Care assessments and care plans: what to expect

What happens at a council care needs assessment and at a care provider's assessment in England, how eligibility is decided, what a good person-centred care plan contains, risk assessments, reviews, and how the person stays in control of their own care.

Read the guide →

LEGAL MATTERS AND PLANNING AHEAD

Mental capacity and best interests: a guide for families

How the Mental Capacity Act 2005 works in England and Wales: the five principles, how capacity is assessed, best interests decisions, deprivation of liberty after the 2026 Supreme Court ruling, the position on LPS, and how to support someone to decide.

Read the guide →

LIVING SAFELY AND WELL AT HOME

Technology and telecare: alarms, sensors and smart help at home

A plain guide to personal alarms, fall detectors, telecare sensors, video calls, medication dispensers and smart home help for older people, with typical costs, council telecare schemes, VAT relief, and what the digital phone switchover means for alarms.

Read the guide →

All guides in the information centre **Check what help you could get**

Talk to our care team: 01865 715780
enquiries@dayandnightcare.co.uk · Out of hours: 07775 686272
Day and Nightcare Live In Limited, 9 Hollow Way, Cowley, Oxford OX4 2NA
CQC overall rating: Good (report published 20 April 2018)

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