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NHS
North of England Commissioning Support

Medicine Matters

Medicines information for care staff in a social setting

Autumn 2016

Covert Administration of Medicines

Health and social care practitioners should not administer medicines to a resident without their knowledge (where this happens, it is known as covert administration) if the resident has capacity to make decisions about their treatment and care (NICE Guidance : Managing medicines in care homes 2014) .

However, there may be occasions when the administration of medicines is in the best interests of the individual who may lack capacity or understanding of the impact on their health if the medicine is not taken.

There should never be an occasion when staff in a care home decide by themselves to give medicines disguised in food or drink to ease administration.

The decision to administer medicines covertly should always be within a good practice framework , which protects the individual and the care home staff involved. This should include;

- evidence of an assessment of mental capacity
- agreement in a best interests meeting involving care home staff, prescribing health professional, pharmacist and family member or advocate regarding administering the medicines without the resident's knowledge
- recording the decisions made regarding mental capacity and best interests and a proposed management plan
- planning and defining how the medicines will be administered to ensure consistency of support
- evidence of regular review regarding whether covert administration continues to be appropriate for the individual.

Before administering medicines covertly, the following considerations should be made:

1.Necessity
Is the treatment so essential it needs to be given by deception? Has a recent medicine review been undertaken as part of the assessment?

2. Capacity
Does the person have the capacity to decide about medical treatment? The person must have had an up to date assessment in accordance with the Mental Capacity Act 2005.

3. Benefit
Is the treatment of benefit to the person? Note; treatment must be for the benefit of the individual and not to benefit others.

4.Least Restriction of Freedom
Is covert administration the best way to give the medicine and likely to cause the least distress to the individual? Is the individual subject to a Deprivation of Liberty Safeguard (DoLS)?

5. Past and present wishes of the person
Has an advanced statement been made for the individual?

6. Consult others
Have other experts contributed to the decision e.g. the pharmacist must be involved in advice regarding how best to give the medicine?

7. Encourage to use existing skills
Have all means of expression been explored? The person must have every opportunity to understand and communicate decisions.

8. Commissioned service
The organisation / care home should have a clear policy and procedure for the administration of covert medication

The care home must have a care plan in place to evidence the full decision making process which can be referred to by all staff when administering medicines

Ask the prescriber to describe how the medicine is to be given as part of the prescribed dosage information, which will then be included in the printed instructions on the pharmacy label

NECS Medicines Optimisation website: Information, guidance documents and various medicine related tools can be accessed and downloaded from our website.

http://medicines.necsu.nhs.uk/resources/care-homes/

Lessons Learnt

The incident

The following scenario summarises a recent incident in a care home whereby poor communication across healthcare services resulted in a resident not receiving their intended treatment.

Mr Z had a planned procedure in hospital, which was anticipated to involve a short stay and return to the care home the following day.

In advance of his surgery, the care home was instructed to stop his aspirin treatment for a week prior to the planned date of surgery, whilst continuing his other prescribed medications. This instruction was followed and the aspirin omitted for 7 days before surgery.

Mr Z's surgical procedure went well and he was discharged from hospital as planned.

On return to the home, no medications had been supplied by the hospital and no discharge information regarding medications was provided.

The nurse in the care home contacted the ward to clarify the medications prescribed for Mr Z and was advised that there were "no changes".

This message was passed to the team and Mr Z's medication regimen, prior to the surgery was resumed.

A number of days later, it was identified that Mr Z's aspirin had not been restarted following discharge.

Root causes identified included:

- Lack of clarity or awareness regarding when the aspirin was intended to be restarted
- No written discharge information from the hospital received by the care home
- Verbal "handover" of information between the hospital and the care home did not include listing the medicines prescribed for Mr Z
- No clear plan or communication regarding the break in aspirin regimen documented or handed over within the care home

Action Points

- **Ensure there is clarity regarding planned breaks in medicine administration and seek advice regarding recommencement**
- **Care home staff to request discharge summary including medicine information**
- **Do not accept verbal "no changes" in medicines, ask for a list of current prescribed medicines which should be followed up in writing**
- **Clear documentation regarding medicine changes on MAR chart and in care plan**

Planning medicine stocks over bank holidays

Bank Holiday planning

It's coming up to that time of year again when we have a double bank holiday in the month, which sometimes leads to over-ordering of medicine stocks and last minute requests for supplies.

Please ensure that you work closely with your community pharmacist and GP practices, to agree arrangements, of when best to request and order your routine medicine supplies. Note: ensure you have made appropriate arrangements to take into consideration any time issues or delays regarding electronic or written prescriptions . This is of particular importance for controlled drug as they can only be issued on green prescriptions (FP10).

Also, please make sure staff delegated to the duty of ordering and receipt of medicines have dedicated time to undertake this task effectively.

Other issues to consider:

Do you have sufficient "when required" medicines and other prescribed items such as sip feeds or appliances, to last over the bank holidays.

- Note: this does not mean you need to order everything "just in case", look to see what the usage of the items has been recently and use this information to decide whether further stock is needed.

Are any of your residents likely to be requesting leave over the holiday period?

- If so, make sure you have clear, safe and suitable arrangements about medicines they may need to have with them.

Are there sufficient stocks of homely remedies in the home if these are used?

- Ensure stocks are sufficient and within the expiry date indicated

Please make sure you are aware of the opening times of your supporting community pharmacy and your GP practice over the holiday

Future Issues: If you have an idea for an article to be included in a future issue, please contact your local Medicine Optimisation Care Home Team

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