Partners in improving local health

Medicine Matters

North of England Commissioning Support

Medicines information for care staff in a social setting

Summer 2019

Covert Administration of Medicines in Care Homes : an update

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 and which** medicines will be administered to ensure consistency of support **(ask which order they are best given in)**
- evidence of regular review regarding whether covert administration continues to be appropriate for the individual.

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

NOTE; Medication must be offered overtly (openly) before resorting to covert administration.
Homes should identify a robust procedure for recording covert administration including a record of offering the medicine for administration, recorded as "R" if refused and a subsequent entry or annotation to record covert administration indicating the time and how it was administered

NICE have recently published a quick guide support the decision making process https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/giving-medicines-covertly which includes the following key steps (extract from NICE guidance):

A medicines policy, including a process for giving medicines covertly, should be in place. The process should cover:

Mental Capacity Assessment (MCA)

If there are concerns about the person's ability to give informed consent to take their medicines, an appropriate person (e.g. the prescriber) should carry out a mental capacity assessment. Check that care staff know where to go for advice if they feel a MCA may be needed.

Best interests meeting

If the person does not have capacity to make decisions about their medicines, arrange a best interests meeting. The prescriber, in discussion with care staff, a pharmacist and someone who can communicate the views and interests of the person, such as a family member or advocate, should decide whether the medicines can be stopped or given in a different form, or whether it is in the persons best interests to be given the medicines without their knowledge. Check whether the person has made an advance decision. Medicines should not be given covertly unless agreed at this meeting.

Keeping records

Record the outcome of the MCA and any decisions made during the best interests meeting. Note who was involved and agree where this record will be kept. Make sure the persons care plan is updated to reflect the decisions made and to provide clear authorisation to care staff to give medicines without the person knowing.

Making a plan

Seek advice from a pharmacist to plan how each medicine can be safely given without the person knowing. The plan should ensure that any food or drink containing medicines cannot be consumed by another person. What instructions or training do care staff need to be able to put the plan into action? Have care staff providing medicines support been assessed as competent to administer the person's medicines covertly?

Regular reviews

As a person's capacity to make decisions about their medicines can fluctuate over time, the appropriate people (e.g. including the prescriber) should regularly review the decision to give medicines covertly to check whether it is still needed

Further information is available:

CQC: https://www.cqc.org.uk/guidance-providers/adult-social-care/administering-medicines-covertly

There is also guidance and template documentation on our website: https://medicines.necsu.nhs.uk/necs-good-practice-guidance-and-tools-for-care-homes/

The Medicines Optimisation Website

Information, guidance documents and various medicine related tools are accessible via our website. These can be downloaded and many may be adjusted to suit your needs. NECS Medicines Optimisation website:

https://medicines.necsu.nhs.uk/category/resources/care-homes/

Lessons Learnt: Prescribed dose vs Quantity to administer (mg or ml?)

The incident: The incident was regarding liquid controlled drug (Oramorph® Solution).

- The label produced by the community pharmacy stated the dose of to administer as "give 1.25ml (2.5mg)….".
- The dose to be administered had been transcribed onto the handwritten medicines administration record (MAR) chart as the prescribed dose (in mg), but not the volume to administer (in ml).
- Due process regarding accuracy checks for completing the MAR chart entry had been carried out, however had failed to identify that although the dose transcribed (2.5mg) was correct, the volume to administer (1.25ml) had not been included as part of the administration instruction on the MAR chart as printed on the label.

As a result, staff reading and administering this medicine had subsequently interpreted the dose to give as 2.5ml resulting in the resident being given DOUBLE (i.e. 5mg) the intended dose over a number of days.

Consider how this could be prevented

Writing both the dose in **mg** and volume in **ml** as part of the administration instruction is a very common way for small doses of liquid medication, particularly controlled drugs, to be prescribed, and is done to minimise the risk of the prescribed dose and the quantity to administer being be confused.

Although essentially the dosage information added to the handwritten MAR chart in the above incident was correct, the fact that the VOLUME to administer was not transcribed resulted in the subsequent confusion and incorrect interpretation of the information written on the MAR chart.

Lessons learnt:

- When preparing a handwritten MAR chart, ensure ALL information contained on the medication label is transcribed and checked.
- Each medication entry on MAR chart should be thouroughly checked and correspond fully with the label of the medication BEFORE preparing the medicine for administration.
- When administering any medication, the label and MAR chart should be clear regarding the dose to be given i.e number of tablets or volume of liquid medicine etc
- If medicine instructions are unclear or ambiguous – check with the prescriber or the pharmacist for further clarity.
- In the case of a controlled drug, the record in the CD register should reflect the quantity given with a corresponding check in the remaining balance.

Medicines in health and social care

CQC have recently published a document recognizing the need to learn from incidents to share good practice and improve outcomes. We hope our regular feature of Lessons Learnt in Medicine Matters contributes to this sharing and improvement of practice. (for more information click on the report image)

Smiling Matters: Oral health care in care homes

Good oral care helps keep people free from pain – especially important for those who have communication difficulties, who may find it difficult to alert others to where it hurts. For those with chronic conditions, good oral care can help make sure they can take the medicines they need to prolong health.

Good oral health can also reduce the risk of malnutrition, which is thought to affect around 1.3 million older people. And it can reduce the risk of acquiring aspiration pneumonia, particularly in residential settings. These conditions can lead to people becoming frailer and can be fatal

CQC have recently produced a report regarding the state of oral health in care homes across England.
Among the homes visited:

- most had no policy to promote and protect people's oral health (52%)
- nearly half were not training staff to support daily oral healthcare (47%)
- 73% of care plans reviewed only partly covered or did not cover oral health
- it could be difficult for residents to access dental care
- 10% of homes had no way to access emergency dental treatment for residents

CQC recommends a cross-sector approach including:

- sharing best practice
- repeating and reinforcing the guidance
- mandatory staff training
- oral health check-ups for all residents moving into a care home
- a multi-agency group to raise awareness

(Click on the image for ore information regarding the report)

If you have any questions regarding this newsletter or if you have an idea for an article to be included in a future issue, please contact us on Tel: 0191 2172558 where you will be forwarded to the most appropriate member of the team

Please don't forget to share this newsletter with your colleagues!