NHS
Barnsley Clinical Commissioning Group

Putting Barnsley People First

Covert Administration of Medication for Patients in Care Homes.

Version:	Final V1.0
Approved By:	Quality and Patient Safety Committee
Date Approved:	20.04.2017
Name of originator/author:	Neil Heslop (Medicines Management Lead Pharmacist) & Sarah MacGillivray (Designated Nurse Adult Safeguarding & Patient Experience)
Name of responsible committee/individual:	QPSC
Name of executive lead:	Brigid Reid (Chief Nurse)
Date issued:	09.05.2017
Review Date:	**20.04.2019**
Target Audience:	General Practice and Care Home Staff.

THIS POLICY HAS BEEN SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT

Amendment Log

Version No	Type of Change	Date	Description of change
V0.1	Initial draft iteration	01.12.2016	
V0.2	Specialist review	03.02.2017	Additional information regarding Mental Capacity Act Removal of duplicate information Update of flow charts to match policy text Reformatting Addition of cover sheet and contents page Completion of Equality Impact Assessment.
V0.3	Additional information and formatting	16.02.2017	Additional information to support understanding of acronyms used Reformatting of flow charts
V1.0	Iteration of final version		Additional information added to flow charts appendices 1 and 2 at request of Q&PSC. Policy agreed by Q&PSC for dissemination and implementation.

Contents

1. Introduction

1.1 The giving or withholding of medication should not be the primary method of influencing or controlling a resident's behaviour **and other recognised skills, such as de-escalation or distraction techniques should always be the first choice in attempting to manage behaviour that challenges.**

1.2 The covert administration of medicines should only be used in exceptional circumstances when such a means of administration is judged necessary, in accordance with the Mental Capacity Act 2005. (NICE QS85).

2. The Legal Framework

2.1 Covert administration of medication is a serious interference with a person's autonomy and right to self- determination under Article 8 of the European Convention of Human Rights and as such would require a Deprivation of Liberty Safeguards (DoLS) authorisation or a review of any existing authorisation in place.

3. The Process

3.1 If a resident is refusing medication, the care home worker must provide them with information about the medicine in a format that they find easy to understand, which may enable the resident to reconsider their decision. If they continue to refuse medication, then the care home worker must try to ascertain the reason for medication refusal and record this on the Medicine Administration Record (MAR) chart; daily records care records and inform the Registered Manager.

3.2 The Registered Manager will contact the prescriber for advice and where refusal falls within part of a defined course of treatment, the GP needs to be informed after the first refusal.

3.3 Following refusal of medication that is essential to health and well-being or for all other medications refusal for two consecutive days or more, a mental capacity assessment in relation to medicines should be completed. This can be done by a care worker within the care home and the outcome should be documented in the resident's care notes. The GP should be made aware of this assessment and its outcome and a full medication review undertaken to support appropriate clinical management and ensure that only those medications that are currently necessary are prescribed.

3.4 If it is assessed that the resident has capacity to make an independent decision, medicines **must not** be administered covertly.

3.5 If the resident is deemed to lack capacity a BEST INTEREST discussion MUST take place with the multi-disciplinary team involved in the resident's care and people close to the resident to decide if the medication is to be administered covertly. This must be thoroughly documented (via the best

interest decision form) in the resident's care records, and an agreed medicine management plan written.

3.6 If the situation is urgent, a discussion between the care home and prescriber should take place to support decision making. However, a formal meeting should be arranged as soon as possible.

3.7 If the patient has cognitive impairment, then consider guidance from the Memory Team & Support Services about what might work best for the individual.

3.8 It is also important to consider and plan how the medicine can be covertly administered, whether it is safe to do so and to ensure that the need for continued covert administration is regularly reviewed.

3.9 Medications should not be altered to make them easier to swallow or to hide them without input from a pharmacist or prescriber. Inappropriate changes to the form of the medication may affect the way that the medicine works. Appropriate information regarding stability of medication when administered covertly should be obtained from the GP, practice pharmacist or the care home pharmacist at the Clinical Commissioning Group. This information should be documented on the care plan and the Administration of Covert Medication Form at Appendix 3. This should then be attached to the front of the Medicine Administration Record (MAR chart).

3.10 Regular review dates MUST be set to review the resident's mental capacity to make decisions regarding medication, Best Interest decisions made on their behalf and covert administration of medication management plans. Any change of medication or treatment regime should also trigger a review where such medication is covertly administered.

4. Further guidance

Further guidance can be found at:

AG, Re [2016] EWCOP 37 (6 July 2016)
http://www.bailii.org/ew/cases/EWCOP/2016/37.html

National Institute for Health and Care Excellence (NICE). March 2015. Medicines Management in Care Homes. Quality Standard QS85
https://www.nice.org.uk/guidance/qs85

Equality Impact Assessment 2013

Title of policy or service	Covert administration of medication for patients in care homes.	
Name and role of officers completing the assessment	Neil Heslop, Medicines Management Lead Pharmacist & Sarah MacGillivray, Designated Nurse Adult Safeguarding & Patient Experience.	
Date assessment started / completed	03.02.2017	03.02.2017

1. Outline	
Give a brief summary of your policy or service. • **Aims** • **Objectives** • **Links to other policies, including partners, national or regional**	The policy aims to provide guidance for prescribers and those administering medication in the care home environment regarding clinical and legal considerations to be taken into account when administering medications in a covert fashion. Due regard has been taken of the requirements of the Mental Capacity Act (2005), recent case law (AG, Re [2016] EWCOP 37. July 2016) and National Institute for Health and Care Excellence (NICE). March 2015. Medicines Management in Care Homes. Quality Standard QS85.

2. Gathering of Information

This is the core of the analysis; what information do you have that might impact on protected groups, with consideration of the General Equality Duty

	What key impact have you identified?			**What action do you need to take to address these issues?**	**What difference will this make?**
	Positive impact	**Neutral impact**	**Negative impact**		
Human rights	Y				
Age	Y				
Carers		Y			
Disability	Y				
Sex		Y			
Race		Y			
Religion or belief		Y			

Sexual orientation		Y			
Gender reassignment		Y			
Pregnancy and maternity		Y			
Marriage and civil partnership (only eliminating discrimination)		Y			
Other relevant group		Y			

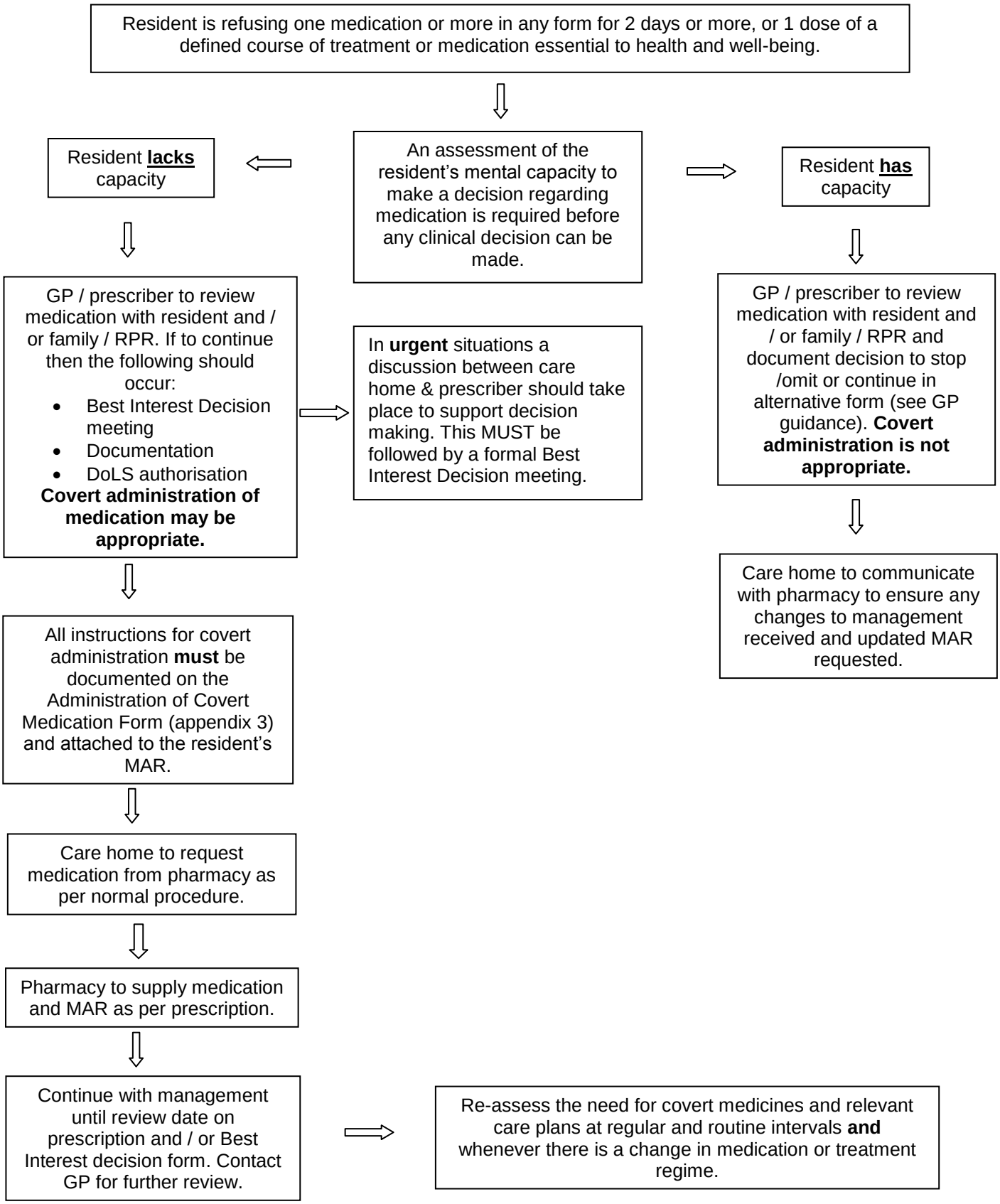
Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action Plan				
Issues Identified	**Actions required**	**How will you measure impact / progress?**	**Timescale**	**Officer responsible**
Nil	Nil	Not required	N/A	N/A

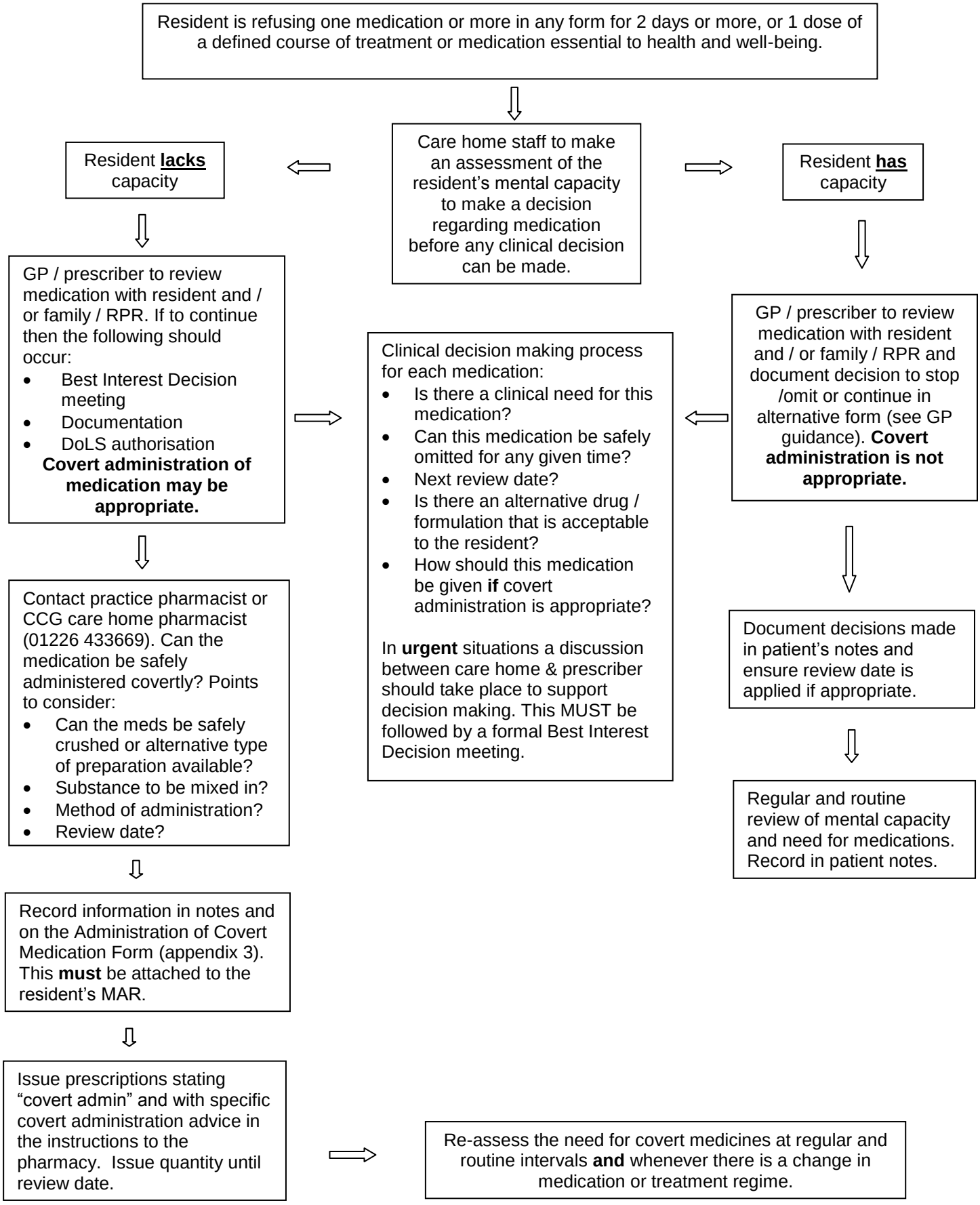
4. Monitoring, review and publication			
When will the policy and EIA be reviewed and by whom?	The EIA will be reviewed when the policy is reviewed. This will be in 2 years or sooner if there is a change in legislation.		
Lead Officer	Neil Heslop, Medicines Management Lead Pharmacist / Sarah MacGillivray, Designated Nurse Adult Safeguarding & Patient Experience	**Review date:**	February 2019

Appendix 1

Covert Medication: Care Homes Flowchart.



Covert Medication: GP Flowchart.



Administration of Covert Medication Form.

This document should be completed for any covert administration of medication after a Best Interest Decision has been made. This form **must** be attached to the resident's MAR chart.

Name of medication to be administered.	Specific instructions for administration. Include any cautions such as temperature or types of food to avoid.	Name of pharmacist / GP providing instruction for administration.	Date of commencement.	Date of review.	Authorised by: