

## User Guide - Covert Administration documents on Ardens

The BLMK ICB Covert Administration Guidance (Adults) contains the following appendices which can be accessed via the Ardens 'Covert Medication Administration' template:

- MCA Assessment form
- Best Interest decision record form
- Instructions for carers from pharmacist
- Review form for Covert administration

These appendices can be found on SystemOne in:

- The Ardens 'Covert Medication Administration' template (see below)  
or via
- 'Communications & Letters' in the Ardens folder within Referrals Bedfordshire

### **Ardens 'Covert Medication Administration' template:**

The Ardens template below may be used to document the MCA assessment and best interests discussion, however it may be difficult to extract saved information via the journal and send to the care home. Therefore, we recommend using the above BLMK ICB appendices that have been embedded in the Ardens template. These can be accessed by clicking on the 'CCG Preferred Choice' button as circled below.

Covert Medication Administration

Exact date & time Tue 26 Jul 2022 14:31

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

### Covert Medication Administration

Capacity can fluctate so review regularly

**Assessment**

Actively refusing medication  Yes  No

Assessed as lacking capacity  Yes  No [Mental Capacity assessment](#)

Best interest meeting held  Yes  No

**Impression**

Covert medication appropriate  [Covert Medication Form](#)

Covert medication inappropriate

**Management**

Beliefs, understanding, swallow & palatability discussed

Indication for each drug checked  [Drug Review](#)

Medication discussed with pharmacist  [Pharmacist](#)

Alternative dosage forms considered  [Consider patches, liquids, dispersible tablets](#)

Off licence use implications considered  [If required to meet specific patient needs](#)

Covert administration review date  [Follow-Up](#)

**Note**

[CQC](#)  
[NICE](#)  
[SPS](#)

Show recordings from other templates  
 Show empty recordings

[CCG Preferred Choice](#)

Information Print Suspend Ok Cancel Show Incomplete Fields

# BLMK ICB Covert administration guidelines and appendices via 'CCG Preferred Choice'

Preferred Choice - Bedfordshire, Luton & MK CCG

Other Details... Exact date & time Tue 26 Jul 2022 14:31

Changing the consultation date will affect all other data. [Select problems](#) to avoid this, cancel and press the 'Next' button [Hide Warning](#)

Home

## BLMK Preferred Choice

**Antimicrobial**  
[Antimicrobial Prescribing Primary Care Guidelines](#)

**Care Homes**  
[Care Homes Information](#)  
[Self Care Toolkit](#)

[Self-Care advice for product purchase](#)

[Covert Administration Guidelines](#)

[MCA Assessment form](#)

[Best Interest decision record form](#)

[Instructions for carers from pharmacist](#)

[Review form for Covert administration](#)

**Nutrition**  
[Bedfordshire Infant formula guidelines](#)  
[Milton Keynes Infant formula guidelines](#)  
[Oral Nutritional Supplements](#)

**Opioids**  
[Opioid information](#)

**Ophthalmology**  
[Dry Eyes](#)

Show recordings from other templates  
 Show empty recordings

Information Print Suspend Ok Cancel Show Incomplete Fields

Select document to complete then create as 'New letter' by clicking on 'Write now'

New Letter

Other Details... Exact date & time Tue 26 Jul 2022 14:31

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**Recipient**

Name: First Name Middle Names Surname  
Organisation  
House name Address Book...  
Road Directory...  
Locality Telephone  
Town Fax  
County  
Postcode Find Add Map

**Sender**

Name: Ms Harprit Middle Names Bhogal  
Organisation: The De Parys Group  
House name: The De Parys Group Address Book...  
Road: 23 De Parys Avenue Directory...  
Locality Telephone: 01234 350022  
Town: Bedford Fax: 01234 213402  
County: Bedfordshire  
Postcode: MK40 2TX Find Add Map

**Writing**

Editor:  SystemOne  MS Word  
Template: Choose Template... Care Home - MCA assessment form  
Letter type: Medicines Management Save as Default

[Write Now](#) Create Task to Write Later Cancel

## Example of MCA Assessment form to be completed:

The screenshot shows a software interface with a menu at the top. The 'Form Protection' option is circled in blue. A blue arrow points from this menu to a form titled 'Appendix 3: MCA 01 Mental Capacity Assessment Form for LESS complex decisions (November 2015)'. The form is an NHS document and contains the following sections:

1	Name of Relevant Person Miss Xxxxx Xxxxx-TestPatient	Address of Relevant Person MK40 2TX, 23 De Parys Avenue, Bedford, Bedfordshire
2	Preferred Name of Relevant Person	
3	Date of Birth	01 Jan 1960
4	NHS Number	
5	I am starting this assessment on (insert date and time) [redacted] Although I presume capacity, I doubt the person is able to make this particular decision at this time.	
6	What is the decision that needs to be made? [redacted]	
7	Is there an impairment of, or disturbance in, the functioning of the person's mind or brain?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7a	Details of Impairment: (For example: symptoms of alcohol or drug use, delirium, concussion, head injury, conditions associated with mental illness, a dementia, significant learning disability, brain damage, confusion, drowsiness, or loss of consciousness due to a physical or medical condition) [redacted]	
8	Can the decision be delayed because the person is likely to regain capacity in the near future? Give Reasons below:	Yes <input type="checkbox"/> Not likely <input type="checkbox"/> Not appropriate to delay <input type="checkbox"/>
9	Assessment (Please provide evidence for points 9a to 9d):	
a.	Person has ability to <u>understand</u> information related to the decision to be made? If answer is 'No' please provide evidence	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Details: [redacted]	
b.	Person has ability to <u>retain</u> information long enough for the decision to be made? If answer is 'No' please provide evidence	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Details: [redacted]	

Click on 'Form Protection' button to allow completion of the assessment.

Once the form has been completed, click on 'Form Protection' button again to save additions to the document. Then click on 'Save final version' and select 'Yes' when prompted

## Sending documents to care home via secure NHS email:

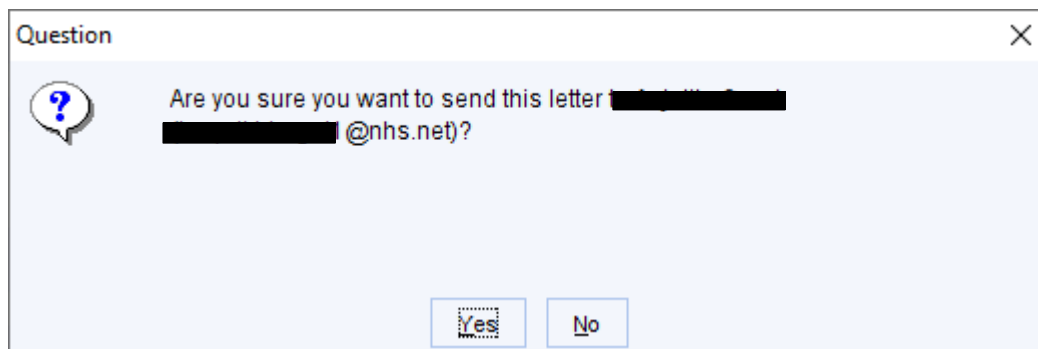
Completed documents such as the MCA assessment and Best Interests decision forms can be emailed to the care home via secure NHS net email by right clicking on the letter in the tabbed journal and selecting 'Send via NHSmail' (as below).

Practices can save NHS email addresses for their aligned care homes in their own 'Address book' in the 'Organisation Contacts' tab.

The screenshot shows a list of journal entries in a software interface. A right-click context menu is open over one entry, with the 'Send via NHSmail' option highlighted. The background shows a list of entries with columns for date, time, and patient name.

Date	Time	Patient Name
07 Feb 2022	09:58	Miss Xxxxx Xxxxx-TestPatient
11 Feb 2022	10:26	[redacted]ys Group
15 Feb 2022	15:24	[redacted]s Group
15 Feb 2022	15:24	[redacted]
07 Mar 2022	11:18	Miss Xxxxx Xc
18 Mar 2022	11:28	[redacted]oup
18 Mar 2022	11:28	Miss Xxxxx Xc
18 Mar 2022	11:32	[redacted]oup
18 Mar 2022	11:32	Miss Xxxxx Xc
05 May 2022	12:06	[redacted]
26 Jul 2022	15:56	M [redacted]ys Group

You will be asked to confirm whether you would still like to send the email to the named care home and NHS mail address (as below)



A brief email can be composed (see below), and the completed document will be attached. This will be sent directly to the care home NHS mail address once the patients record is saved. The document can be viewed in the patient record for future reference.

**Please note:** other documentation (e.g., Best Interests decision form) would need to be completed and sent as a separate document.

