NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Covert administration of Medication (Adult)

Harprit Bhogal
Care Home Pharmacist – Bedford Borough

Kaylie McNaughton
Care Home Pharmacist – Luton

Session Plan

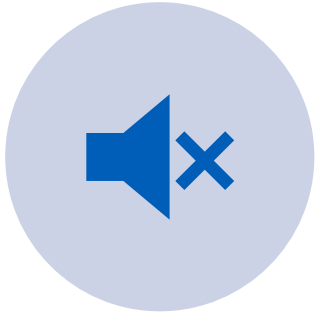
Bedfordshire, Luton and Milton Keynes Integrated Care Board

1. Introduction & Housekeeping
2. Covert Administration of Medication
3. The Process - 7 steps approach
4. Case Studies – interactive session
5. Quiz
6. Questions

Housekeeping

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Please write your name and the care home/provider you are from in the chat



Please remain on mute when not speaking

Q&A section at the end – please use the “raise hand” function or “chat” function

This session does not equate to competency in the subject area – individual providers are responsible for assessing competency.

Meet the Team - NHS BLMK ICB Care Home Medicines Optimisation Pharmacists & Pharmacy Technicians

Bedford Borough Place

Team Email:
blmkicb.bedsmocarehometeam@nhs.net

Harprit Bhogal
Care Home Pharmacist
harprit.bhogal1@nhs.net
Tel: 07733 013073

Lindsey Jones
Care Home Pharmacy Technician
lindsey.jones33@nhs.net
Tel: 07771 581922

Central Bedfordshire Place

Team Email:
blmkicb.bedsmocarehometeam@nhs.net

Courtenay Amos
Care Home Pharmacist
courtenay.amos@nhs.net
Tel: 07771 576395

Sharon Tansley
Care Home Pharmacy Technician
sharontansley@nhs.net
Tel: 07469 902006

Luton Place

Team Email:
blmkicb.lutoncarehometeam@nhs.net

Kaylie McNaughton
Care Home Pharmacist
kaylie.mcnaughton@nhs.net
Tel: TBC

Lisa Woods
Care Home Pharmacy Technician
lisa.woods5@nhs.net
Tel: 07557 084888

Milton Keynes Place

Team Email:
blmkicb.mkcarehomespharmacy@nhs.net

Hazel Gervais
Care Home Pharmacist
hazel.gervais2@nhs.net
Tel: 07765 254188

Kasia Wolska
Care Home Pharmacy Technician
k.wolska@nhs.net
Tel: 07901 755443

Please send details of your query/referral to the relevant area's team email address (no proforma required). Individual contacts can be used if needed.

Emails are monitored Monday—Friday, 9am—5pm (excluding Bank Holidays) and will be triaged to the most appropriate member of the team.

Patient identifiable details should ONLY be sent from and to secure email addresses (e.g. NHS.net to NHS.net).

More information, guidance documents & newsletters can be found on the BLMK ICB Care Home Medicines Optimisation (MO) team website.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Our Role

- Supportive – the ICB is not a care home regulatory body.
- The team provides support to a number of key stakeholders including:
  - Care homes / Learning Disability Homes
  - Primary Care Networks (PCNs) / Practices
  - The ICB Quality Team
  - Local Authorities
  - Other community services
  - Secondary care

BLMK ICB Medication Training Offer – Tiered System

Bedfordshire, Luton and Milton Keynes Integrated Care Board

1. • Medication eLearning – PrescQIPP
2. • Online Medication Training Sessions – BLMK ICB
3. • Medication Champions Scheme

BLMK ICB Care home Medicines Optimisation team – Training offer

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Tier 1 – Medication eLearning:

- Hosted by PrescQIPP (Skills for Care and NICE endorsed)
- Care Home staff- ‘Medicines use in care homes: courses 1, 2 & 3’ (access code needed)
- Community-based Care staff –'Managing medicines for adults receiving social care in the community: courses 1 & 2’ (no access code required)
- Fully funded by BLMK ICB / Health Education England - free of charge
- Provides foundation knowledge in medicines management within social care and supports the implementation of recommendations in the NICE SC1 (Managing medicines in care homes) and NICE NG67 (Managing medicines for adults receiving social care in the community)

BLMK ICB Care home Medicines Optimisation team – Training offer…continued

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Tier 2 – Online Medication Training Sessions

- Provided by the BLMK ICB Care Home Medicines Optimisation team, free of charge
- On the selected topics below and will focus on local guidance and procedures:
  - Homely Remedies and Self Care
  - When Required (PRN) Medication
  - Covert Administration of Medication
  - Medicines Reconciliation & Transfers of Care
  - Controlled Drugs & Controlled Drug Regulations in Care Homes
  - Medication Safety, Governance & Safeguarding

Tier 3 – Medication Champions Scheme – COMING APRIL 2024

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Covert Administration of Medication (Adults)

BLMK ICB Covert Administration of Medication (Adult) - Guidance

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Link to guidance and appendices:

[BLMK ICB Covert Administration Guidance (Adults) - June 2022]

[Care Homes: Covert Administration Guidance – BLMKICB Medicines Management]


Bedfordshire, Luton and Milton Keynes
Health and Care Partnership

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Covert Administration of Medication (Adult)
Best practice guidance

June 2022

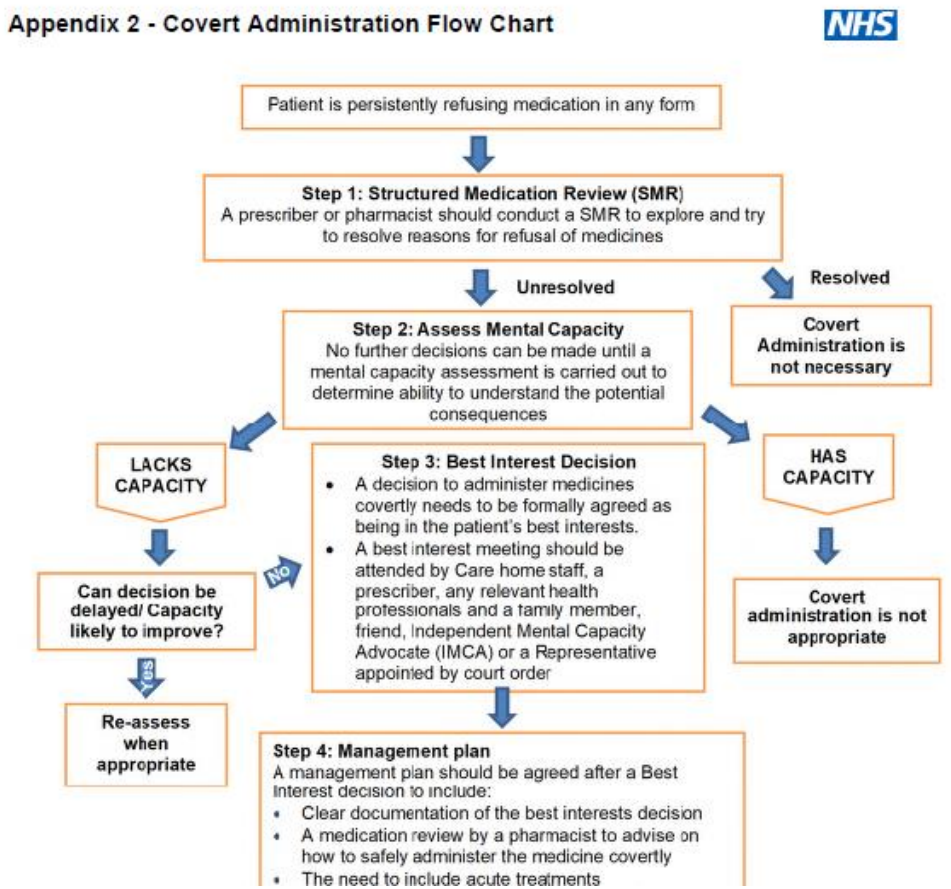
Author:	Harprit Bhogal - Care Home Pharmacist Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB)
Responsibility:	All General Practitioners and Non-Medical Prescribers who may need to consider covert administration for patients in their care.

BLMK ICB Covert Administration of Medication (Adult) – Flowchart

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Link to flowchart:

[Appendix-2-Covert-administration-flow-chart.pdf (icb.nhs.uk)]



What is Covert Administration?

Occurs when medicines are administered in a disguised format without the knowledge or consent of the person receiving them.

This usually involves hiding oral medicines (tablets, capsules or liquids) by administering in food or drink. BUT…. it can also apply to medicines in other forms, such as patches, injections, or medicines given by a feeding tube, if the person lacks capacity to consent and they don't know they are taking that medicine.

As a result, the person is unknowingly taking medication which they have previously refused when offered.

What is Overt Administration?

Bedfordshire, Luton and Milton Keynes Integrated Care Board

The practice of putting medication into food and drink to make it more palatable often at the request of the resident. This could still be regarded as deceitful and open to abuse unless clear documentation supports the practice in the individual care plan.

Overt administration is a co-operative process that is transparent and open to scrutiny and audit, and by definition requires resident's capacity to understand what is being done.

It is therefore NOT covert administration if a resident has swallowing difficulties and has consented to medication being mixed in food and drink to aid administration and is fully aware that this is being done.

Residents MUST be advised that their medication has been mixed with food or drink every time it is administered, and this should be clearly documented

If that person's understanding that they are taking medication and what it is for, is doubted, then a mental capacity assessment should be completed and if they are deemed to lack the capacity for that decision, then it will be taken in their best interests and documented.

Responsibilities

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

All care home providers must have procedures in place for arranging covert administration of medicines and ensure these are followed appropriately.

The person administering the medication needs to be able to do this safely and should receive the appropriate level of training and supervision to do so.

Care providers should ensure a review takes place at pre-agreed regular intervals or if there is a change in medication, or the physical or mental state of the individual.

General Principles

Bedfordshire, Luton and Milton Keynes Integrated Care Board

- Last resort – all other options tried
- Medication specific – review need
- Time limited – short as time possible
- Regularly reviewed
- Transparent – clear documentation
- Inclusive – other advocates involved
- Best interest decision

Process – 7 steps approach

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Step 1: Structured Medication Review (SMR)

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

- Conducted by a prescriber e.g. GP or pharmacist
- Explore and try and resolve reasons for refusals
- Consider deprescribing if appropriate
- If issues resolved at this stage, covert admin may not be necessary

Step 2: Assessing Mental Capacity

Bedfordshire, Luton and Milton Keynes Integrated Care Board

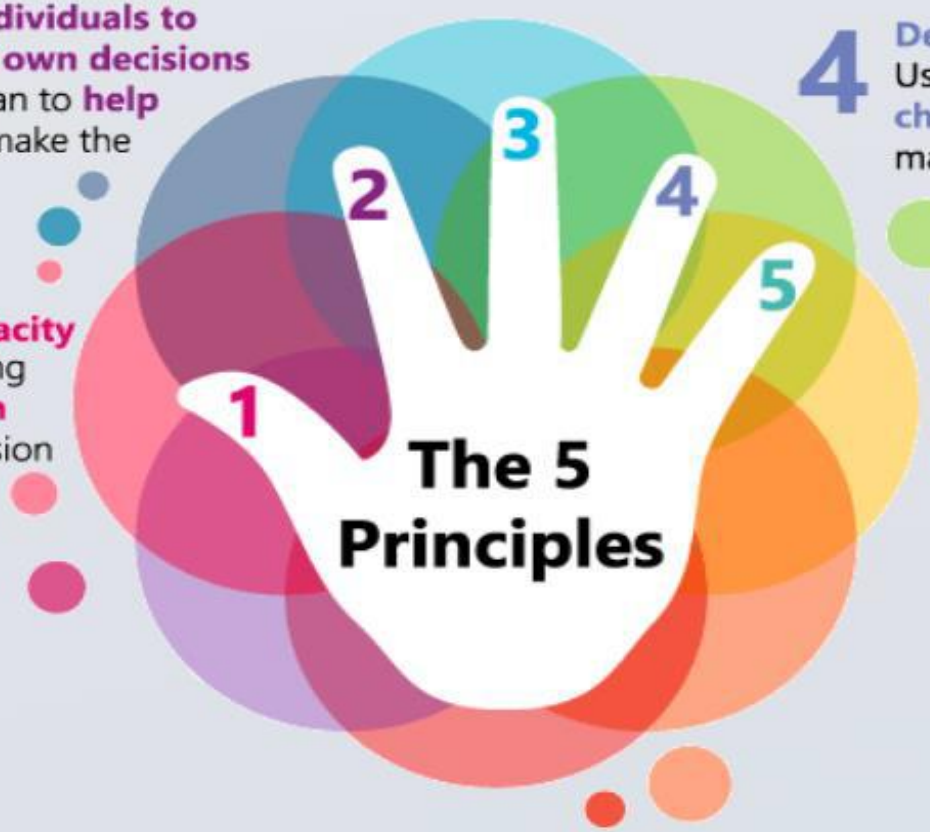
- Assessment can be completed by an appropriately trained member of staff
- If outcome not clear or further support needed, then HCP involvement
- Can be done jointly with home, involve family, carers if needed, MDT approach
- **Prescriber must take overall responsibility!**

The Five Statutory Principles

3 The right to make unwise decisions
You must **not** say a person lacks capacity just because their decision seems unwise

2 Support individuals to make their own decisions
Do all you can to **help** the person make the decision

4 Decisions in best interest
Use a **best interest checklist** if the person can't make a decision



1 Presume Capacity
Start by thinking the person **can** make the decision

5 Less Restrictive option
Check that the decision made **does not** stop the individuals freedom more than needed

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

MCA assessment:

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Two key questions to be answered:

Stage 1 - is the person unable to make a particular decision (the functional test)?

Stage 2 - is the inability to make a decision caused by an impairment of, or disturbance in the functioning of, a person's mind or brain? This could be due to long-term conditions such as mental illness, dementia, or learning disability, or more temporary states such as confusion, unconsciousness, or the effects of drugs or alcohol (the diagnostic test)

MCA assessment continued:

Bedfordshire, Luton and Milton Keynes Integrated Care Board

A person will be considered to lack mental capacity in law to consent if she or she is unable to:

- **Understand** in simple language what the treatment is, its purpose and why it is being prescribed
- **Retain** the information for long enough to make an effective decision
- **Use or weigh up** the information in considering the decision, understand its principle benefits, risks and alternatives, consequences of not receiving treatment
- **Communicate** their decision in any form

If unsuccessful in one or more parts of this assessment, then they do not have capacity

9	Assessment (Please provide evidence for points 9a to 9d):				
a. Person has ability to understand information related to the decision to be made? If answer is 'No' please provide evidence	Yes		No	√	
Details: *I asked Joe if he knew what his medication was for but due to his confusion (as a result of Alzheimer's disease) he was unable to answer the question and just replied 'I will have a cup of tea with sugar'. When asked how many tablets he was taking, he again replied 'just a cup of tea with sugar'. I then asked if the medication caused any side effects and he just pointed at another resident in the care home and said 'he's not very nice that man'*					
b. Person has ability to retain information long enough for the decision to be made? If answer is 'No' please provide evidence	Yes		No	√	
Details: *When I asked Joe if he knew who I was and the purpose of my visit, he just answered 'I'll have to be at work soon so you'll have to go'. He could not recall who I was or the purpose of my visit, even though I had introduced myself and explained my role a few minutes ago. Joe forgets the name of his main carer even if reminded frequently and sometimes refers to him as his dad. Joe was not orientated to time or place during assessment, which is usual for him according to main carer.*					
c. Person has the ability to use or weigh up the information in considering the decision? If answer is 'No' please provide evidence	Yes		No	√	
Details: *Joe was unable to comprehend very basic questions such as 'how are you?' To this he replied 'Is she bringing my clothes in today'. Joe was unable to demonstrate that he understands the consequences of the decision to be made. Subsequently I have concluded he would not have the ability to use or weigh up information related to his medication.*					
d. Person has ability to communicate their decision by any means? If answer is 'No' please provide evidence	Yes		No	√	
Details: (State what steps have been taken to achieve communication)					

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

MCA assessment – Example

d. Person has ability to communicate their decision by any means? If answer is 'No' please provide evidence		Yes		No	√
Details: (State what steps have been taken to achieve communication) *Although Joe can speak English he is unable to communicate any decisions as he does not understand what decision is being made, cannot retain information for decision to be made and cannot weigh up the information provided, due to advanced Alzheimer's disease. Joe did not respond appropriately to any of the questions during the assessment, Alternative methods of communication (such as sign language) are not helpful in this case, due to level of confusion.*					
If you have answered YES to all of the questions 9a – 9d above, then on the balance of probability, the person is likely to have capacity to make this particular decision at this time. If you have answered **NO** to one or more of those questions then on the balance of probability the person is not likely to have capacity for this decision and you will be required to proceed.					
Details of any Advance Decisions to Refuse Treatment (ADRT): (Does any ADRT relate to this particular decision. Reference and attach any relevant documents) *No ADRT in place*					
Conclusion:					
10	**Person HAS the capacity to make this informed decision at this time?**	Yes		No	√
Document and detail your evidence and give reasons for your conclusion: *It is evident following the assessment that Joe does not have the capacity to understand why it is important that he takes his medication. He was unable to answer very basic questions and has very poor short term memory.*					
11	**What is the persons Preferences/Wishes?** *N/A* NB. If person has the capacity for this decision you must respect their preferences and wishes, document these here and sign and date below the completion of this capacity decision. If they DO NOT have capacity for this decision you must still respect the rights, will and preferences of the individual and give weight to their views when making a decision in their best interests.				
Signed:	*Dr Who*	**Date of Completion:**	*13/2/20*		

Bedfordshire, Luton and Milton Keynes Integrated Care Board

MCA assessment – Example

Step 3: Best Interest Decision

Bedfordshire, Luton and Milton Keynes Integrated Care Board

- Method for making a decision
- Decision maker (e.g. responsible clinician) to think of best course of action for person
- Not personal views of decision maker
- Best interests process S4 of the MCA 2005 to be followed…..
- A best interests meeting is recommended by NICE (involving: Care home staff, a prescriber, relevant HCPs (e.g. pharmacist), family/friend, Lasting Power of Attorney for health and welfare, an Independent Mental Capacity Advocate (IMCA) or court appointed Rep, as appropriate.)

Best Interests Checklist

- Consider all the relevant circumstances ensuring that age, appearance, behaviour etc. are not influencing the decision - **and**
- Consider a delay until the person regains capacity - **and**
- Involve the person as much as possible - **and**
- Not to be motivated to bring about death - **and**
- Consider the individual's own past and present wishes and feelings - **and**
- Consider any advance statements made - **and**
- Consider the beliefs and values of the individual - **and**
- Take into account comments of family and informal carers - **and**
- Take into account views of any Independent Mental Capacity Advocate (IMCA) or other key people involved - **and**
- Show evidence and document it is the least restrictive alternative or intervention.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Sample – Best interest decision record form

NHS

Please provide a copy of this form to the carer(s) supporting the patient and scan into patient notes in surgery.

Name of patient	*Mr Joe Bloggs*		
Date of birth	*1/1/43*	Location	*Rainbow Care Home*

-What treatment is being considered for covert administration? *(Consider inclusion of acute treatments for emergencies e.g., Antibiotics, Lorazepam)* **It has been confirmed that no advanced decisions are in place concerning this treatment.**	- *Sodium Valproate 100mg crushable tablets* - *Antibiotics for acute treatment of infections* *There is no advanced decision in place*
-Why is this treatment necessary? -How will the person benefit? -Could this treatment be stopped? Where appropriate, refer to clinical guidelines, e.g., NICE.	- *To control seizures* - *To treat acute infections when necessary* *Treatment is essential for the health and wellbeing of the patient and should not be stopped*
-What alternatives did the team consider which were not successful? Examples - other ways to manage the person, other ways to administer treatment, different formulations such as liquids or dispersible tablets -Why were they not appropriate?	State the options tried: *Staff tried various persuasive techniques, change of administration time, different staff members administering medication, also tried switching from tablets to liquids.* *Joe continued to refuse or spat out his medication routinely for more than a week*

Best Interests – Example

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Best Interests – Example

Treatment may only be considered for a person who lacks capacity. -When was Mental Capacity Assessment (MCA) for this issue completed?	Date:	*13/2/2020*
	Assessed by:	Name: Dr Who Signature: *Dr Who*
-Who was involved in the decision? N.B. A pharmacist must give advice on administration if this involves crushing tablets or combining with food and drink as it may be unsuitable (see Appendix 5) **If there is any person with Lasting Power of Attorney to consent, then the treatment may only be administered covertly with that person's consent, unless this is impracticable.**	Name of health care professionals involved:	*Dr Who – GP* *Mrs White – Care Home Manager* *Mrs Brown – Senior Carer* *Ms Jones – Pharmacist*
	Name of relatives, advocates or other carers involved:	*Mrs Smith – Daughter*
-When will the need for covert treatment be reviewed? (This will be dependent on physical condition of each patient. Fluctuating capacity requires more frequent review - at least every three months)	Date of first planned review	*3 months – 13/5/2020*
Important – please note that covert administration usually involves altering medicines and this may be unlicensed (off-label) activity. By signing this form the prescriber is also authorising unlicensed (off-label) use of medication. At present this can only be done by an independent prescriber		
Prescriber name:	*Dr Who*	
Signature:	*Dr Who*	
Date:	*13/2/2020*	

Step 4: Management Plan

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Acute treatments for emergencies if needed (e.g., Antibiotics to treat infections or medication such as Lorazepam to manage challenging behaviours).	**Pharmacist advice** to advise the care home how the medication can be covertly administered safely
	Clear documentation of the decision of the best interests meeting
	A plan to review the need for continued covert administration of medicines on a regular basis, including what to do if the patient regains capacity.

Name of patient	*Mr Joe Bloggs*		
Date of birth	*1/1/43*	Location	*Rainbow Care Home*

Medication:	Advice from pharmacist:	Resource(s) used:	Date:	Pharmacist signature:
Sodium Valproate 100mg crushable tablets	*Tablet to be crushed (using tablet crusher or between two spoons), then dose to be added to small amount of soft food, e.g., yoghurt or jam. The tablets have a bitter taste. Please witness all the dose has been consumed by the service user*	*The NEWT Guidelines*	*13/2/2020*	Ms Jones

Report to GP at next contact if:

- Covert administration results in a refusal to eat or drink
- It appears that the full dose of medication has not been taken (make a note on MAR chart)
- There appears to be a deterioration in the patient's health and well being.

Pharmacist Instructions – Example

Step 5: Obtain Authorisation

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

- Covert admin ➡ altering medicines ➡ unlicensed (off-label) activity
- Think about professional and legal responsibility (liability)
- Only independent prescriber can authorise off-label use
- Without authorisation could result in professional misconduct

Step 6: Record Keeping & Documentation

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

- Good record keeping is essential
- “ad-hoc” verbal or written directions to covert admin not appropriate
- Prescriber has overall responsibility for ensuring completion of documents
- Documentation in surgery records and with the care provider
- Correct MAR chart recording important

Step 7: Regular Reviews

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Agreed when covert plan implemented
Monthly review of plan by care home
Use MDT meetings or ‘weekly check in’ to review plan if needed
Full review of plan at least 6 monthly
More frequent reviews in some cases
Significant changes = review of DoLS
Removal of covert plan requires best interests discussion and review

Meds changes and Transfer of care

Bedfordshire, Luton and Milton Keynes Integrated Care Board

- **New medication** ➡ new situation and legal process to be followed (MCA assessment and best interests)

- **Transfer of care** – documentation MUST follow and to be reviewed at new placement. **Please note** - any existing DoLS is not transferable, new application would be required

Deprivation of Liberty Safeguards (DoLS)

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Procedure prescribed in law when it is necessary to deprive of their liberty someone who lacks capacity to consent to their care or treatment in order to keep them safe from harm

DoLS has to be a consideration if covert admin

Covert admin alone may not constitute DoLS

A DoLS already in situ must be reviewed

Liberty Protection Safeguards (LPS) was due to replace DoLS, however delayed due to pandemic and now delayed “beyond the life of this parliament”

DHSC announced that the MCA 2005 Code of Practice (MCA Code) is being reviewed and updated

Practical Points

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

- Staff to encourage intake in normal way before covert admin
- Staff to be aware of personal preferences through care plan
- Mix with smallest volume of food/drink, give with first mouthful
- Not all drinks suitable e.g. tea or milk may interact with meds
- Administer immediately after mixing with food/drink
- Consider the taste and other effects e.g. Sertraline crushed can have bitter taste and anaesthetic effect on tongue. Consider best ways to hide taste, such as use of strong flavours e.g. blackcurrant or foods such as jams and yoghurt.
- Check likes and dislikes with family, kitchen staff to be made aware
- Different medicines shouldn’t be mixed together for admin, unless agreed in that persons best interests.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Case Studies

Case Study 1

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Resident: 82yrs, h/o CVA (2015), essential HTN, limited mobility. Is refusing medication. Member of staff asking about Covert admin

- Amlodipine 5mg OM
- Clopidogrel 75mg OM
- Cosmocol 1 sachet OM
- Lansoprazole 15mg OM
- Paracetamol 1g QDS PRN
- Simvastatin 20mg ON

What next…any thoughts? Use chat or raise hand

Step	Process	Outcome
1 - SMR	Initial information gathering about adherence as part of SMR: • Is the resident consistently refusing medication? • Why is the resident refusing? • Has anything been tried to improve adherence? • Is there reason to doubt capacity?/Has a mental capacity assessment been done? Complete SMR & reduce any inappropriate polypharmacy.	

Step	Process	Outcome
1 - SMR	Initial information gathering about adherence as part of SMR: • Is the resident consistently refusing medication? • Why is the resident refusing? • Has anything been tried to improve adherence? • Is there reason to doubt capacity?/Has a mental capacity assessment been done? Complete SMR & reduce any inappropriate polypharmacy.	The resident is only consistently refusing simvastatin 20mg ON. This is the resident's only night-time medication. Resident has stated she feels she does not need the statin. Home state resident is generally in a better mood in the morning. Nothing to improve adherence has been tried. No reason to doubt capacity & MCA has not been done.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

What would you do next?

Use the chat or raise your hand.

Next steps

Bedfordshire, Luton and Milton Keynes Integrated Care Board

- No reason to doubt capacity, therefore capacity assumed.
- **Covert administration is NOT appropriate as resident has capacity.**
- Have a discussion with resident to explore views and empower to make an informed decision re the statin.
- Explore options such as switching to atorvastatin, which can be given in the morning.
- Educate staff on covert administration & process.

Case Study 2

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Resident: 89yrs, has Alzheimer's dementia, Hypothyroidism, Severe frailty – Nov19. Refusing to take their medication.

- Candesartan 4mg tablets – 1od
- Lorazepam 1mg tablets – 0.5mg tds and 0.5mg PRN
- Melatonin 2mg M/R tabs – 1on
- TheiCal D3 chewable tablets – 1od
- Trazodone 50mg/5ml - 2.5mls om and 5mls on
- Lactulose oral solution – 15mls twice daily
- Furosemide 20mg tablets – 1om
- Levothyroxine sodium 50mcg tablets – 1od

What next…any thoughts? Use chat or raise hand

Step	Process	Outcome
1 - SMR	Initial information gathering about adherence as part of SMR: • Is the resident consistently refusing medication? • Why is the resident refusing? • Has anything been tried to improve adherence? • Is there reason to doubt capacity?/Has a mental capacity assessment been done? Complete SMR & reduce any inappropriate polypharmacy.	• Consistently refusing meds, tends to push away, if manage to give will often spit out • Staff feel this is due to advancing dementia • Staff have tried distraction techniques and liquids - no better • No formal MCA re: meds but staff feel there is reason to doubt mental capacity • Minimised to essential meds – Candesartan, Furosemide, TheiCal D3 & Melatonin stopped. Lorazepam amended to PRN BD, Lactulose switched to CosmoCol. Trazodone & levothyroxine continued.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

What would you do next?

Use the chat or raise your hand.

Step	Process	Documentation
1 - SMR	Initial info gathering & reduce polypharmacy – keep to essential medication.	SystmOne SMR / Clinical Pharmacist template.

Step	Process	Documentation
1 - SMR	Initial info gathering & reduce polypharmacy – keep to essential medication.	SystmOne SMR / Clinical Pharmacist template.
2 – Assess capacity	MCA assessment to be conducted. If lacks capacity, establish if advanced decision, LPOA, NOK, IMCA in place.	Appendix 3 – MCA Form

Step	Process	Documentation
1 - SMR	Initial info gathering & reduce polypharmacy – keep to essential medication.	SystmOne SMR / Clinical Pharmacist template.
2 – Assess capacity	MCA assessment to be conducted. If lacks capacity, establish if advanced decision, LPOA, NOK, IMCA in place.	Appendix 3 – MCA Form
3 – Best interests decision	Best interests meeting or discussion.	Appendix 4 – Best Interests Decision Form

Step	Process	Documentation
1 - SMR	Initial info gathering & reduce polypharmacy – keep to essential medication.	SystmOne SMR / Clinical Pharmacist template.
2 – Assess capacity	MCA assessment to be conducted. If lacks capacity, establish if advanced decision, LPOA, NOK, IMCA in place.	Appendix 3 – MCA Form
3 – Best interests decision	Best interests meeting or discussion.	Appendix 4 – Best Interests Decision Form
4 – Management plan	Instructions for carers from pharmacist.	Appendix 5 – Administration Instructions

Step	Process	Documentation
1 - SMR	Initial info gathering & reduce polypharmacy – keep to essential medication.	SystmOne SMR / Clinical Pharmacist template.
2 – Assess capacity	MCA assessment to be conducted. If lacks capacity, establish if advanced decision, LPOA, NOK, IMCA in place.	Appendix 3 – MCA Form
3 – Best interests decision	Best interests meeting or discussion.	Appendix 4 – Best Interests Decision Form
4 – Management plan	Instructions for carers from pharmacist.	Appendix 5 – Administration Instructions
5 – Obtain prescriber authorisation	Crushing tablets / opening capsules etc. often is outside of the product license – this 'off-label' use needs to be authorised by a prescriber.	**Included on Best Interests Decision Form above**

Step	Process	Documentation
1 - SMR	Initial info gathering & reduce polypharmacy – keep to essential medication.	SystmOne SMR / Clinical Pharmacist template.
2 – Assess capacity	MCA assessment to be conducted. If lacks capacity, establish if advanced decision, LPOA, NOK, IMCA in place.	Appendix 3 – MCA Form
3 – Best interests decision	Best interests meeting or discussion.	Appendix 4 – Best Interests Decision Form
4 – Management plan	Instructions for carers from pharmacist.	Appendix 5 – Administration Instructions
5 – Obtain prescriber authorisation	Crushing tablets / opening capsules etc. often is outside of the product license – this 'off-label' use needs to be authorised by a prescriber.	**Included on Best Interests Decision Form above**
6 – Record keeping and documentation	Ensure all documentation has been completed and uploaded to SystmOne. Care home should also keep a copy of all documents.	n/a

Step	Process	Documentation
1 - SMR	Initial info gathering & reduce polypharmacy – keep to essential medication.	SystmOne SMR / Clinical Pharmacist template.
2 – Assess capacity	MCA assessment to be conducted. If lacks capacity, establish if advanced decision, LPOA, NOK, IMCA in place.	Appendix 3 – MCA Form
3 – Best interests decision	Best interests meeting or discussion.	Appendix 4 – Best Interests Decision Form
4 – Management plan	Instructions for carers from pharmacist.	Appendix 5 – Administration Instructions
5 – Obtain prescriber authorisation	Crushing tablets / opening capsules etc. often is outside of the product license – this 'off-label' use needs to be authorised by a prescriber.	**Included on Best Interests Decision Form above**
6 – Record keeping and documentation	Ensure all documentation has been completed and uploaded to SystmOne. Care home should also keep a copy of all documents.	n/a
7 – Regular reviews	• Monthly review of plan by care home • Full review by HCP of plan at least 6 monthly	Appendix 6 – Review Form

Step	Process	Outcome
1 - SMR	Initial info gathering & reduce polypharmacy – keep to essential medication.	As previous.
2 – Assess capacity	MCA assessment to be conducted. If lacks capacity, establish if advanced decision, LPOA, NOK, IMCA in place.	Assessed as not having capacity by GP.
3 – Best interests decision	Best interests meeting or discussion.	Best interests discussion – GP, home manager, deputy, sister and pharmacist.
4 – Management plan	Instructions for carers from pharmacist.	Advice given on safe admin of covert meds.
5 – Obtain prescriber authorisation	Crushing tablets / opening capsules etc. often is outside of the product license – this 'off-label' use needs to be authorised by a prescriber.	Authorisation obtained – recorded on S1.
6 – Record keeping and documentation	Ensure all documentation has been completed and uploaded to SystmOne. Care home should also keep a copy of all documents.	Documents uploaded & copies sent to home.
7 – Regular reviews	• Monthly review of plan by care home • Full review by HCP of plan at least 6 monthly	Review date set for 6 months.

Legislation and Guidance – links

- Mental Capacity Act 2005 Code of Practice.
- Mental Capacity (Amendment) Act 2019
- NICE Guidance - Management of medicines in Care Homes good practice guidance March 2014
- NICE Quality standard (QS85) Medicines management in care homes, March 2015, Quality statement 6: Covert medicines administration
- Care Quality Commission – Covert administration of medicines, 3 November 2022
- BMA Mental Capacity Toolkit
- Bournemouth University – Mental Capacity Toolkit
- NICE and SCIE – Giving medicines covertly: A quick guide for care home managers and home care managers providing medicines support

Quiz

1. A resident has asked if she could have her aspirin dispersible tablet dispersed in a blackcurrant drink as she doesn't like the taste when mixed in plain water. This would be considered covert administration.

- True
- False

2. Covert administration only applies to oral medicines such as tablets and capsules.

- True
- False

3. What should be the first step of the process when considering covert administration?

Bedfordshire, Luton and Milton Keynes Integrated Care Board

a. Best Interests decision

b. MCA assessment

c. Structured Medication Review (SMR)

d. Implementing Management plan

4. A prescriber must take overall responsibility for determining whether medication should be administered covertly

- True
- False

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

5. Covert administration does not need to be recorded on a MAR chart or care plan?

- True
- False

Resources

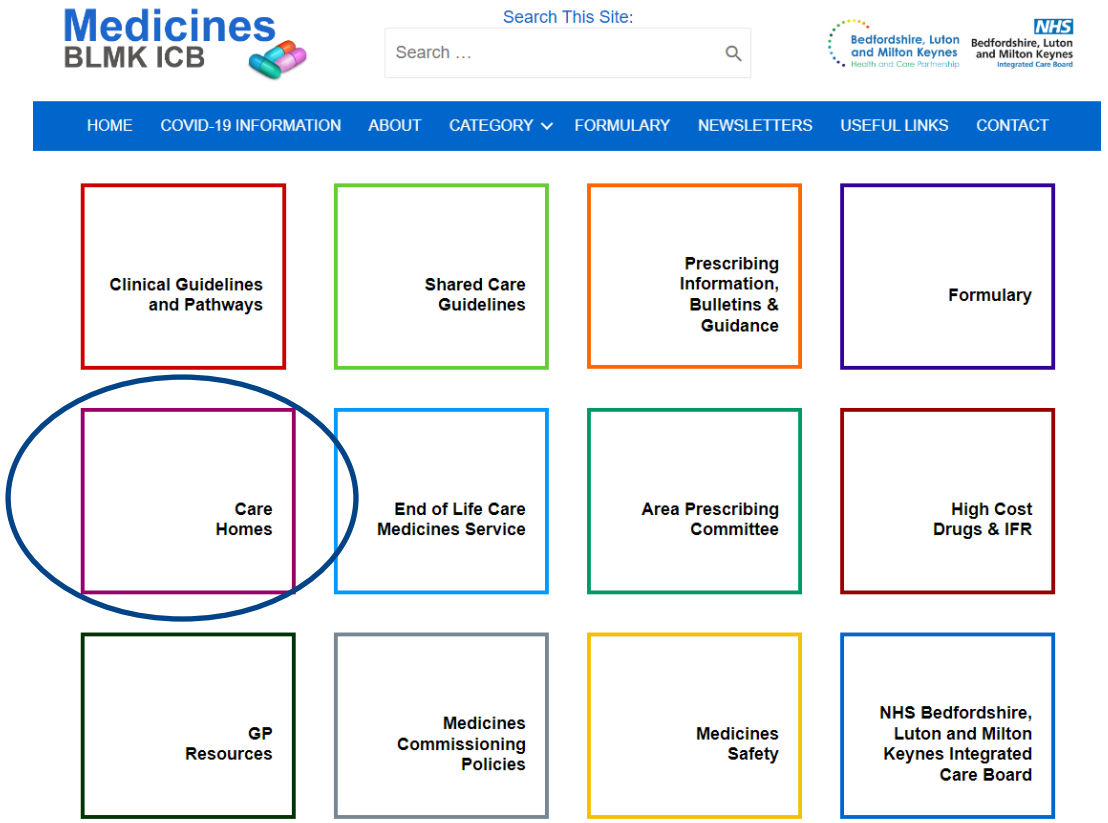
Bedfordshire, Luton and Milton Keynes Integrated Care Board

BLMK ICB Medicines website - [BLMKICB Medicines Management]

Care Homes page (purple box):
[Care Homes – BLMKICB Medicines Management]

Key Documents:

- Care Home team Service Referral Pathway
- Homely remedies toolkit and First Dressing scheme
- Self Care Tool Kit for Care homes
- Covert Administration Guidance (Adults)
- 'When required' PRN Guidance for Care homes
- Expiry dates for medication - Guidance for Care homes
- Meds room and refrigerator temperature guide
- Falls Documents – leaflet and poster
- Care home newsletters



Other resources

Bedfordshire, Luton and Milton Keynes Integrated Care Board

British National Formulary (BNF)	Paper copy - ensure using an up-to-date copy. Online: https://www.medicinescomplete.com
Electronic Medicines Compendium (EMC)	https://www.medicines.org.uk/emc
National Institute for Health & Care Excellence	https://www.nice.org.uk
CQC Website	https://www.cqc.org.uk

BLMK Care Home Medicines Optimisation Team Contact Details

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Bedfordshire team:

Email: blmkicb.bedsmocarehometeam@nhs.net

Luton team:

Email: blmkicb.lutoncarehometeam@nhs.net

Milton Keynes Team:

Email: blmkicb.mkcarehomespharmacy@nhs.net

Questions

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board