

MEDICINES MATTER

MOCH TEAM NEWSLETTER – HAPPY NEW YEAR! (JANUARY 2023)

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Mental Capacity Assessments

The Mental Capacity Act has 5 key principles:

1. People have capacity unless otherwise proven.
2. A person shouldn't be treated as unable to decide until all steps have been taken to help them do so without success.
3. A person has the right to make 'unwise' decisions.
4. Anything decided on a person's behalf must be in their best interests.
5. Before a decision is made check all other less restrictive options of the persons rights and freedom been exhausted.

A person is deemed unable to make a decision for themselves if:

- They cannot understand the information relevant to the decision or,
- They cannot retain/remember that information or,
- They cannot use or weigh up that information as part of the decision-making process.

Best Interests Meetings

Any decisions made in a best interests meeting must be made in that person's best interests. Always consider the impact any decision may have on the person's health and wellbeing. Best interest meetings must always take place with a multidisciplinary approach.

Best interest decisions can be held remotely, but documentation should be kept on who was present and the actions agreed. Some key people that should be involved include (but not limited to):

- Person's family members or advocates
- The prescriber (GP) and other appropriate healthcare professionals (e.g. Nurse, Pharmacist)
- Appropriate care home staff members

The key thing to remember is that the decisions to administer medicines covertly should not be done alone and should always be specific to the person in question, their needs and their medicines. If a new medicine is later prescribed or changes are made, this should be treated as a new situation.

Remember...

Medication policies should include a clear explanation of your covert medicines process. The policy should be specific and up to date. Your staff must sign to say that they have read and understand the policy and will follow it accordingly.

A Quick Question

Q: Mrs Brown has refused to take her morning medicines every day for the last week, she tells you that she struggles to swallow them all. After talking to the GP you are advised to crush two of the tablets and give in food and the third has been switched to liquid formulation. Is this covert administration?

A: No. Mrs Brown had the capacity to tell you why she would not take her medicines. She is aware that they are being crushed and added to food and now takes happily. She is now also able to take the third liquid medicine with no problems.

NB. Consider a SALT referral if swallow issues continue/worsen.

Covert administration Vs Overt administration

NICE define **covert** administration as:

'When medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink.'

To administer a medicine in this way a person needs to be assessed as lacking capacity to make decisions around medicines and a best interests meeting should have been had. Each individual medicine that a person is prescribed should be assessed separately and if any changes are made you must:

- Identify need again
- Make and record further best interest decisions

Covert administration should be used as a last resort even when in place and the person should always be offered their medication overtly first. It should be used for as short a time period as possible and regular reviews should be scheduled.

Overt Administration

To give something **overtly** means to be easily observable and clinically obvious. For example, to make medications more palatable or easier to take it may be added to food or drink and this is done so with the person's consent. Consent should be sought first; you can then tell the person that you have prepared the medicine so that it is easier for them to take. This should be done prior to administration.

Clear documentation of this is required as it must be open to scrutiny. The person must fully consent to the change in manner/method of administration. The person must always be at the centre of all decisions made. If the person cannot swallow tablets or capsules but can consent to treatment this must be discussed with either the prescriber or Pharmacist to establish if there is a suitable alternative or if there are any safety issues with crushing tablets/opening capsules and adding to food or drinks.

Click [here](#) for a really useful quick guide for managers on covert from NICE.

Flu Recap...

PHE, now replaced by UKHSA, [Definition](#) of an outbreak and confirmed influenza:

'At least one laboratory confirmed case of influenza AND one or more cases which meet the clinical case definition of ILI (Influenza Like Illness), among individuals (residents or staff) with an epidemiological link to the care home, arising within the same 48-hour period.'

Remember to report outbreaks to your local health protection agency 7 days a week-they will provide you further guidance.

Call 0344 225 3861 (Mon-Fri 9am-5pm) and select the extension of your local team: **2** Hampshire, **3** Surrey, **4** Thames Valley. When calling outside of office hours, please telephone 08449670083

Medicines Safety Corner

Learning Scenario...

The care home clinical lead needed clarification about the treatment of a named resident from the diabetes team. The staff member emailed the diabetes team at their nhs.net email address from their care home organisation email account.

Is this a breach of security?

The answer is YES! **This is a security breach**, unless the care home organisation meets the secure email standard that can be found [here](#).

[NHS mail](#) is a secure email service approved by the Department of Health and Social Care for sharing patient identifiable and sensitive information.

Action: if you and/or your care home does not have an accredited secure or nhs.net email account and you would like some help and support getting this set up, contact frimleyicb.moch@nhs.net and you will be put in contact with a member of the team to support you.

All of the MOCH Good Practice Guidance (GPGs) can be found [here](#) including our most recent additions '[Topical Medicines Application Record Chart, TMAR](#)' and '[PRN Protocol – WORD doc](#)'

Coming soon...'Covert Administration'