MEDICINES MATTER

MOCH TEAM NEWSLETTER – FEBRUARY 2024

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Good Practice Guidance

The Covert administration GPG is available here and a template administration assessment form and a template instruction for administration form is also available to use in your care home. The Covert GPG contains an easy-to-follow Covert administration flow chart which will help guide you through the process.

An updated PRN protocol template is available to adopt and adapt for use in your care home and can be accessed here.

Please look out for an upcoming GPG on Medication Errors and Discharge Queries on our Good Practice Guidance page which can be accessed here.

Covert Administration of Medication

Covert administration is when medicines are administered in a way so hidden in food or drink **without the knowledge or consent of the resident receiving them.**
Sometimes medication is refused and it is important to explore why and how often medication is refused before considering Covert administration. Residents should be supported to take their medication in a person-centred way. Covert administration should be considered as a last resort after a Mental Capacity Assessment (MCA) and best interests meeting. See page 2 for more information on refusal of medication.

The suitability, safety and efficacy of each medication must be considered for covert administration and care homes should keep records of this. A best interest decision to administer a medication covertly applies each time a new medication is added or a change is made to current medications.

Covert Administration Case Study

During a visit, care home staff stated a resident had her medication administered Covertly. Tablets were crushed and administered on a spoonful of yogurt. A best interests record was in place and it was recorded that the resident was refusing the medication because she stated she could not swallow the tablets, however she did not have general swallowing difficulties. Questions raised include:

- The resident expressed she could not swallow the tablets and indicates she may have capacity? Crushing and mixing tablets for swallowing difficulties is not the same as Covert administration.
- Does this resident have capacity? Is there an MCA? Does the resident have fluctuating capacity?
- Is the resident aware the medication is being crushed and administered in yogurt and does she consent to this?
- Which tablets did the resident state she could not swallow?
- Are care home staff aware of the difference between Covert administration and swallowing difficulties?
- Has a structured medication review (SMR) been carried out to support the resident's swallowing difficulty e.g. considering stopping a medication or changing its form as it is the least restrictive option?
- Who gave advice to crush and administer the medicines on a spoonful of yogurt and is this advice documented on the MAR chart, care plan and dispensing label?

Refusal of medication

- Residents have the right to refuse medication. Reasons for refusal should be explored. Medication may be refused due to reasons such as the taste of the medication, swallowing difficulties or because the resident may not understand what the medication is prescribed for due to a language barrier, cognitive impairment or communication issues.
- When a resident gives a valid and informed reason for refusal care home staff should record this on the resident's care plan and medicines administration record.
- The medicines policy should detail steps to take if a resident refuses medication.
- The prescriber should be notified (with the resident's consent) for medication refusal as per care home medicines policy. Details of this discussion should be recorded in the resident's care plan.
- Does the medication policy detail what actions the care home should take place if a resident refuses a critical medication such as anticoagulants, insulins or Parkinson's medication?
- If a resident spits out medication following administration, this should also be recorded.
- The resident may be refusing because of a particular time of day. Try offering the medication again after a short while. Involve the GP or Pharmacist to support with the timings of the medication.

Remember… if a medication is refused this does not mean care home staff should administer the medication Covertly in the first instance.

Medication Waste in Care Homes

Following on from a medicines waste audit, a care home has significantly reduced their monthly avoidable waste because of the advice and support of the MOCH team.

Audit 1 carried out in May 2023
Percentage avoidable waste for the month = 50%
Audit 2 carried out in Nov 2023
Percentage avoidable waste for the month= 5.5%

Actions the care home took to reduce avoidable medicines waste:

- When ordering monthly medication the care home staff checked current stocks of medication before placing the monthly medication order, especially for 'PRN' medication. The care home used a balance sheet to keep a continuous record of medication in stock.
- The care home checked the dispensing tokens received from the Pharmacy against a copy of their order. Any missing items were chased up with the GP as soon as possible.
- The care home informed their GP and PCN Pharmacy Team if they had a large amount of stock currently in the home so that GP staff were aware of the reason it was not ordered.
- For mid-cycle requests, the care home staff synchronised medication quantities into the monthly cycle instead of discarding it just to order 28 days e.g. an additional 12 days were requested alongside the 28 days.

WELL DONE to all the staff who worked hard to reduce the avoidable medicines waste! ☺
Remember… if medication is fit for use but destroyed or returned to the Pharmacy for inappropriate reasons, this can lead to wasted NHS funds and add to medicines supply problems.

Over-ordering can lead to medication becoming expired as it may be difficult to check expiry dates for a large amount of stock. Shelves can also become overloaded.
These thickener tins belonged to one resident and had to be returned to the Pharmacy for disposal when the resident passed away, resulting in hundreds of pounds of avoidable waste.

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Link to Good Practice Guidelines for Care Homes HERE
Frimley Health and Care

Thinking about eMAR?

Are you considering changing from paper-based MAR charts to eMAR?

Please don't hesitate to contact us for advice and support. There are many benefits with eMAR, but eMAR is still relatively new and some challenges are being identified. We can support you to work through issues with your potential eMAR supplier. CQC guidance is available here.

Medication Error Support

If there has been a medication error in your home and you would like some support, please contact the MOCH team for support. The MOCH team can support with managing the error and embed any learning from the error to ensure your care home improve medicines safety.

For CD errors, please report these to the MOCH Team so that we can support you to report to the regional CD Accountable officer if required.
If you need to report an incident about a Controlled Drug then please report it online at Home (cdreporting.co.uk)

Marvellous Medicines and Nutritional Nuggets

Our popular MMNN sessions are back for 2024!
The dates for the next session are **Tuesday 20th February & Wednesday 28th February 2-3pm** on Microsoft Teams. Invites are being emailed separately so look out for them in your inbox!

The February MMNN session will focus on the Thickeners Record Chart which is available here. Care home staff can use this to record the resident's thickener information such as date of SLT assessment, IDDSI Level and number of scoops.

Prefilled insulin pen shortages

There have been shortages with Tresiba (Insulin Degludec) FlexTouch pre-filled pens which are unavailable until January 2024 or longer. The Tresiba 100units/ml solution for injection 3ml cartridges are available for use with a refillable reusable pen.

- If the Tresiba is switched to a cartridge and a reusable pen is provided, ensure it is documented that staff are trained and competent to administer this.
- Do not dispose of reusable pens to order a new supply every month. This is not necessary; only the cartridges and sundries need to be re-ordered.
- Be aware that Tresiba insulin is available in two strengths, 100units/ml and 200units/ml. Disposable pre-filled pens and reusable pens both dial 'international units' so there is no need to adjust the units (dose) of the insulin prescribed if there is a change in strength. E.g. if a resident is currently administered 20 units of Tresiba 100units/ml and this is swapped to Tresiba 200units/ml then 20 units still need to be dialled on the pen.
- Ensure you follow manufacturer's storage requirements with the insulin cartridges and record the date of opening.
- Ensure you have provided support to residents who are self-administering their Tresiba insulin.

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