

Full equalities impact assessment

Directorate: Standards and Engagement

Service: Medicines Management Team

Piece of work being assessed: Guidance on Covert Administration of Medication

Name of lead person: Medicines Management Task Group (SCHBPG)

Other partners/stakeholders involved: Sheffield Care Home Best Practice Group/ Care Homes in Sheffield, Commission for Social Care Inspection

Date of assessment: June 2008

Single Equality Scheme strand	Baseline data and research – What is available? What does it show? Are there any gaps? Use both quantitative and qualitative research and user data Include consultation with users if available	Is there likely to be a differential impact? If 'yes', is that impact direct or indirect discrimination?
Gender	The majority of care home residents are women, and the older the age band, the greater the proportion of women. In residential homes, 78% of residents are women; of the 60% of all residents who are over 85, 50% are women and 10% men. In nursing homes, 72% of residents are women ; of the 48% of all residents who are over 85, 39% are women, 9% men ¹	Unknown
Race	No data found regarding the proportion of different races in care homes. Sheffield City Council figures for 2005 show that the population in Sheffield is 86% White British. Of the remaining 14%, 3% are Pakistani, 2% are Eastern European (mainly Polish and Slovak). Other minority populations are 1% or less each.	Unknown
Disability	There are no recent statistics on this topic. Mid –90's sources suggested that 69% of residents were admitted for reasons relating to physical health, 43% because of mental health, 42% functional disablement and 38% because of stress on the carers ² 36.5% of people with dementia reside in care homes. The proportion of people	Unknown

	<p>with dementia who live in care homes rises with age: while 26.6% of people with dementia aged 65-74 live in care homes, the figure is 60.8% for those aged 90 and over³</p> <p>A recent study in Norwegian nursing homes found that 11% of patients in regular nursing home received medication administered covertly at least once during 7 days. These residents who received covert medication “more often received antiepileptics, antipsychotics and anxiolytics compared with patients who were given their drugs openly. It was found that patient characteristics such as degree of dementia, aggression and low function in activities of daily living were the strongest explanatory factors for the covert administration of medication⁴ .</p> <p>Another study found that medication was sometimes administered in 43% of 157 non-specialist nursing homes surveyed in the South East of England. However only 21 (4.7%) residents were reported as having been given medicine covertly⁵</p> <p>A study performed in 2000 found that 24 out of 34 (71%) residential, nursing and inpatient units for people with dementia in South East England sometimes administered drugs covertly in food and drinks. This study also found that covert treatment was not recorded because staff were concerned about disciplinary procedures and that few of care units had a formal policy on covert medication⁶</p> <p>Of 50 people caring for people with dementia in the community, 48 (96%) thought practice of hiding medications was sometimes justified</p>	
<p>Sexual orientation</p>	<p>No data found regarding the sexual orientation of residents in care homes. The Sheffield population will include people who are gay, lesbian, bisexual, and heterosexual</p>	<p>Unknown</p>
<p>Age</p>	<p>Most residents are over 85:60% of those in residential homes, 48% of those in nursing homes. While only 0.8% of people in the 65-74 age group are in care homes or long stay hospital settings 16.9% of over 85's are ⁷. Few residents are under 65:1% of those in residential homes and 7% of those in nursing homes²</p>	<p>Unknown</p>

Religion/belief	No data found regarding the religion /belief of residents in care homes. The 2001 Census shows that all religions and beliefs are represented in Sheffield.	
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References

1. **Care of the elderly UK Market Survey 2007 – twentieth edition, Laing and Buisson 2007**
2. **Care Homes for Older People in the UK : A Market Study, Office and Fair Trading , 2005**
3. **Dementia UK, The Alzheimers Society, 2007**
4. **Kirkevold, O. and Engedal,K. (2005) Concealment of drugs in food and beverages in nursing homes; cross sectional study. British Medical Journal, 330, pg 20**
5. **Macdonald, A.J.D., Roberts, A. and Carpenter, I.(2004) De Facto imprisonment and covert administration use in general nursing homes for older people in South East England. Aging Clinical and Experimental Research, 16, 326-330,**
6. **Treloar. A., Beats, B. and Philpot, M. (2000) A pill in the sandwich: covert medication in food and drink. Journal of the Royal Society of Medicine , 93 (8): 408-411.**
7. **Care Homes for Older People in the UK A market study, Office of Fair Trading 2005**

Equalities Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead
All	<p>Administration of medication is given covertly without any guidelines being consulted</p> <p>Is medication that is administered covertly given in an equitable way?</p>	<p>Obtain evidence of the use of the guidance produced</p> <p>Access a sample of the completed forms attached to the guidance regarding the six strands</p>	<p>Observe 10 samples of completed covert administration forms from a selection care homes regarding the use of the guidelines.</p> <p>Analyse any differential impact regarding the six strands.</p>	6months (Jan 09)	Meds Man Task Group

