East London
NHS Foundation Trust

Primary Care Services

Covert Medicines Administration Policy
Version 1.0

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Version Control Summary

Version	Date	Author	Comment
1.0	February 2021	Belinda Ekuban	Based on: Leighton Road Surgery Protocol Nigel's surgery 96: Covert administration of mediciness (accessed Feb 2021), BLMK Covert Administration of Medications (Adults) – Best Practice Guidance (April 2020)

Appendices

Appendix A – Best Practice Checklist

Appendix B – Arden's Template for Covert Medication Administration accessed via the Patient's record on SystmOne

Executive Summary

Medication is said to be administered covertly when it is given in a disguised format without the knowledge or consent of the person receiving it, usually in food or in a drink. This practice is only allowable in particular circumstances and could be open to abuse. The aim of this policy is to provide guidance as to when this practice is lawful and safe, and to ensure that due process is followed.

The policy outlines that:

- Due process is followed in determining if medication should be administered covertly on an individual patient basis.
- Appropriate records are kept and patient assessment is reviewed regularly
- Relevant stakeholders are involved in the process, ensuring a multidisciplinary approach
- The correct templates on the clinical system are used to record information regarding this process.

The policy sets out the expectations for primary care services, the provision of information and training for staff, the role of staff, the care-giver, family members, legal representative within the process.

1. What is Covert Administration of Medication?

Medication is said to be administered covertly when it is given in a disguised format without the knowledge or consent of the person receiving it, usually in food or in a drink.

The practice of offering medication in food or drink is only allowable in particular circumstances and could be open to abuse. The aim of this policy is to provide guidance as to when this practice is lawful, and to ensure that due process is followed.

Medicines could be hidden in food, drink or given through a feeding tube without the knowledge or consent of the person receiving them. The person is unknowingly taking a medicine. Every person with capacity has the right to refuse their medicine. This is even if that refusal appears ill-judged to staff or family members who are caring for them. Covert administration should not be confused with the practice of putting medication into food or drink to make it more palatable at the request or to the knowledge of the patient.

GPs may be requested to prescribe medicines for covert administration either by Care Home staff or by the families and carers of people living in their own homes.

Covert administration is only likely to be necessary or appropriate where:

- a person actively refuses their medicine and
- that person is assessed not to have the capacity to understand the consequences of their refusal. Such capacity is determined by the Mental Capacity Act 2005 and
- the medicine is deemed essential to the person's health and wellbeing.

Covert administration must be the least restrictive option and should only be used in exceptional circumstances when such a means of administration is judged necessary, in accordance with the Mental Capacity Act 2005.

Before resorting to covert administration, functional assessment should be carried out to try to understand why the person is refusing to take their medicines. Alternative methods of administration should also be considered.

Once a decision has been made to covertly administer a particular medicine, it is also important to consider and plan how the medicine can be covertly administered, whether it is safe to do so and to ensure that need for continued covert administration is regularly reviewed (as capacity can fluctuate over time). Medicines should not be administered covertly until after a best interests meeting has been held. If the situation is urgent, it is acceptable for a less formal discussion to occur between the carer, prescriber and family or advocate to make an urgent decision. However, a formal meeting should be arranged as soon as possible.

2. Principles of Covert Adminstration

All healthcare professionals within the practice involved in the decision to administer medication covertly should be aware of the treatment aims and the legal and ethical implications. Where covert administration is considered to be the most appropriate option the following principles should be seen as good practice:

- Last resort- covert administration is the least restrictive when all other options have been tried.
- Medication specific- the need must be identified for each medication prescribed by conducting a clinical medication review.
- Time limited- it should be used for as short a time as possible
- Regularly reviewed- the continued need for covert administration must be regularly reviewed within specified time scales as should the person's capacity to consent.
- Transparent- the decision making process must be easy to follow and clearly documented.
- Inclusive- the decision making process must involve discussion and consultation with appropriate advocates for the patient. It must not be a decision taken alone.
- Best interest decision- all decisions must be in the person's best interest with due consideration to the holistic impact on the person's health and well-being.

Mental Capacity Act 2005

You should test decisions and actions against the five key principles under the Mental Capacity Act 2005. You should do this before considering covert administration.

1. Every adult has the right to make his or her own decisions. You must assume they have capacity to do so unless it is proved otherwise. You must not assume someone lacks capacity because they have a particular medical condition or disability.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success. You should make every effort to encourage and support people to make the decision for themselves. If you establish lack of capacity, it is important to involve the person as far as possible in making decisions.
3. A person must not be treated as unable to make a decision merely because he or she makes an unwise decision. People have the right to make decisions that others might regard as unwise. You cannot treat someone as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.
4. Anything you do or decide for or on behalf of a person who lacks mental capacity must be in their best interests.
5. When making a decision or acting on behalf of a person who lacks capacity, you must consider:

- whether there is a way that would cause less restriction to the person's rights and freedoms of action
- whether there is a need to decide or act at all

3. Staff Responsibilities and Training

Implementing a covert administration direction for a patient requires a multidisciplinary team approach.

The process involves a Mental Capacity accessment in the first instance followed by a best interest decision. A management plan should then be agreed for the patient and should include:

- medication review by the GP &/ pharmacist, highlighting essential medication which should be considered for covert administration. Consider deprescribing non-essential medication which the patient refuses take.

- medication review by the pharmacist to advise the care provider how the medication can be covertly administered safely. Consider alternative preprations and formulations for safe administration and most suitable for the patient.

- clear documentation of the decision of the best interests meeting – a copy of this should be kept on the patient's clinical notes.

- a plan to review the need for continued covert administration of medicines on a regular basis. The interval for review should be determined on an individual patient basis and done within the shortest possible time.

Clinical staff must be familiar with NICE Guidance on Managing Medicines in Care Homes[1] and BLMK guidance on Covert Administration of Medication in Care Homes[2].

4. Assessment process

- Use Arden's template within SystmOne for Covert Administration – see Appendix B
- Complete the Mental Capacity Assessment (MCA) either face to face or via video consultation. The MCA should be reviewed regularly, usually every 3-6 months or sooner if appropriate.

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[1] https://www.nice.org.uk/guidance/sc1 Managing medicines in care homes Social care guideline [SC1]Published date: 14 March 2014

[2] https://medicines.blmkccg.nhs.uk/categories/care-homes/ Bedfordshire, Luton and Milton Keynes CCG; Medicines Optimisitation Guidance documents on covert ad ministration in Care Homes

- A best interest decision must be made regarding the patient's medication. The prescriber should involve relevant healthcare professionals (e.g. pharmacist), care provider and a person acting in the best interest of the patient (this could be a family member, friend or an Independent Mental Capacity Advocate as appropriate)
- A record of the best interest assessment should be kept on the patient's clinical record and a copy given to the care provider.
- Instruction from the GP to administer medication covertly should be given in writing. A template letter is available via the Arden's Covert Aministration template.
- The best interest review should be repeated each time a new medication is prescribed for the patient.

5. Review

This policy will be subject to review every three years, or, in light of any changes to the relevant local and national guidance.

6. Bibliography

- Adult social care medicines: Administering medicines covertly https://www.cqc.org.uk/guidance-providers/adult-social-care/covert-administration-medicines
- Bedfordshire, Luton and Milton Keynes CCG; Medicines Optimisitation Guidance documents on covert ad ministration in Care Homes https://medicines.blmkccg.nhs.uk/categories/care-homes/
- Decision making and consent (GMC) https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent
- English Deprescribing Network Resource Paper (Specialist Pharmacy Service) https://www.sps.nhs.uk/articles/english-deprescribing-network-resource-paper/
- Managing medicines in care homes Social care guideline [SC1] https://www.nice.org.uk/guidance/sc1
- Nigel's surgery 10: GPs and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-10-gps-mental-capacity-act-2005-deprivation-liberty-safeguards
- Quality statement 6: Covert medicines administration (NICE) https://www.nice.org.uk/guidance/qs85/chapter/Quality-statement-6-Covert-medicines-administration

Appendix A – Best Practice Checklist [i]

Checklist of practical steps when considering covert administration[ii]

- ✓ Is the patient consistently refusing medication?
- ✓ Establish reasons why the patient is refusing medication – e.g. medication unpalatable, adverse effects, swallowing difficulties, administration timing etc
- ✓ Consider alternative methods of administration, for example a change in formulation such as a liquid or dispersible tablet
- ✓ Review medication and decide what is essential
- ✓ If patient is refusing medication for a mental health disorder, the relevant mental health team needs to consulted
- ✓ If there is no reason to doubt a patient's mental capacity, then medication cannot be administered covertly
- ✓ If there is a reason to doubt the patient's mental capacity, then firstly support the patient into making his/her own decision
- ✓ Assess the patient's mental capacity if such support has not helped
- ✓ If patient lacks capacity to decide about his/her treatment, establish whether there is an Advance Decision, Lasting Power of Attorney for health & welfare, Court appointed deputy or Independent Mental Capacity Advocate (IMCA)
- ✓ A Best Interests meeting with the relevant people should be organised
- ✓ If a decision is made to administer medication in a covert manner, such essential medication needs to be specified and a care plan agreed with a review date
- ✓ A pharmacist should be involved to advise on the forms of administration and what food or drink the medication can be disguised in.
- ✓ Once a covert administration plan is implemented, the care provider should coordinate the review with the relevant people and inform the DoLS or LPS team

Covert administration is only likely to be necessary or appropriate where[iii]:

- ✓ A person actively refuses their medication AND
- ✓ That person does not have the capacity to understand the consequences of their refusal (as determined by the Mental Capacity Act 2005) AND
- ✓ The medicine is deemed essential to the persons health and wellbeing

[i] Adopted from BLMK Guidance: Covert administration of medications for Adults in Care Homes
[ii] Guidelines in Practice, February 2019, Volume 22, Issue 2: 19-24
[iii] Care Quality Commission: Covert administration of medicines, 27 January 2020

Appendix B: Arden's Template for Covert Medication Administration accessed via the Patient's record on SystmOne