



East Lancashire Health Economy
Medicine Management Board

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Covert Medication Guidance

Covert Administration for Regulated Care Providers

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Definition

Covert administration is 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.

Clinicians and carers **should not** administer medicines to a person without their knowledge **if the person has mental capacity to make decisions** about their treatment and care.

Covert administration can only be considered where the person has been deemed to lack capacity to consent to that specific treatment.

It is not an all or nothing approach where a person is taking medication for more than one condition, their capacity to consent to treatment for each condition needs to be assessed separately. This may lead to some medications being administered in the usual manner with refusals noted and other medications being considered for covert administration.

A decision to administer medication covertly is very serious and should be made within the legal framework of the Mental Capacity Act in addition to complying with organisational and professional bodies', guidance and policies. A decision to administer medication covertly should never be taken in isolation and must always include a Prescriber, a Pharmacy Adviser, the people administering the medication and other people interested in the person's welfare (see Mental Capacity Act guidance on best interests and serious medical treatment)

Altering medications e.g. crushing, mixing with food or drink is normally outside of the terms of the product licence. As such, the prescriber's authorisation must be sought to administer a medication in this way.

Advice must also be sought from the pharmacist when crushing or mixing any medication with food or drink. This is to ensure that the medications the person takes are safe to be given in this way. The pharmacist can make recommendations about the use of alternative formulations or medications as necessary and may contact the medication manufacturer for additional advice.

Note: Please take additional advice when dealing with people who are subject to Mental Health Act sections including Community Treatment Orders.

Examples of situations that would NOT be covert administration

Using food or drink to ease administration at the request of the person taking it is not covert administration. This practice however contains similar prescribing and pharmacological risks. Any such plans should be checked with a pharmacist for advice on how the method of administration will affect the medication prescribed and its purpose.

If the person's mental state is such that they do not recognise what the medication is but do take it willingly, this is not covert administration. For example they may not understand what paracetamol is, but may understand that they are being offered a tablet for pain relief.

General Principles

Where covert medication is used the following principles apply:

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| <p>Last resort:</p> | <p>The Prescriber must have considered all other equally valid alternatives for achieving the same treatment outcome, this consideration may identify other possibilities that are considered suitable for the person; all these possibilities must be attempted before covert administration is considered.</p> <p>The prescriber should have simplified the treatments as much as possible in order to use the minimum number of medicines and minimum dosages needed to achieve the desired therapeutic effect.</p> <p>Covert administration of medication should never be considered as routine. It is only appropriate for medication that is essential to control or prevent significant symptoms.</p> <p>Covert administration should only be used when all other options have been tried. Ensure alternatives have been explored and use only for those medications that are necessary.</p> |
| <p>Time limited:</p> | <p>Covert administration should be used for as short a time as possible. The person should regularly be offered the medication overtly to establish if potential for compliance has changed.</p> |
| <p>Regularly reviewed:</p> | <p>The necessity of covert medication should be regularly reviewed (at least monthly by the care provider and at least 3 monthly by the prescriber unless rationale provided to extend to no longer than 6 months).</p> |
| <p>Best interests:</p> | <p>All decisions should be made in the person's best interests using the Mental Capacity Act requirements. Due to the significantly restrictive nature of this method of medication administration the process must be formally documented</p> |
| <p>Transparent and Inclusive:</p> | <p>The best interest decision making process should be transparent and the decision should be made in consultation with all relevant people, and not taken by one person alone. Documentation of the decision should be made available to those involved.</p> |

Process to be followed when considering alternate methods for medication administration including covert administration.

1) Request medication review

Find out why the person does not wish to take their medication and offer all practical alternatives including information/advice/support where needed

Consider whether you can:

- simplify and rationalise the medication regime
- offer the medication in an alternative form e.g. orodispersible, liquid, patch, injection
- offer a different time of administration e.g. would the person be more likely to accept the medication in the afternoon rather than the morning?
- find a successful method of approaching the person for administration. Are there certain members of staff who have a successful approach with the person? Share and learn

2) Assess Mental Capacity in relation to medication

The responsibility for completing the mental capacity assessment for the decision to administer medication covertly sits with the prescriber for the medication. It may be that for one individual there is more than one prescriber involved. Each should assess separately in relation to the specific condition that they prescribe for.

The prescriber may request the assistance of staff and carers who know the person well and may delegate aspects of the approach to the capacity assessment to others, however they retain the final decision on determination of capacity.

The principles of the Mental Capacity Act (2005) should be followed. A capacity assessment should take place directly with the person. To proceed with covert administration of medication this assessment should determine that the person is unable to:

- Understand salient information relevant to their condition and the options for its treatment;
- Retain this information (if only briefly);
- Weigh up the information including the risks involved in accepting and refusing the treatment options;
- Communicate their decision

All reasonable efforts must be made to help the person understand. It should be recognised that many people's capacity fluctuates during the day and so an optimal time of day should be chosen. In some cases several attempts may be required.

If the person is found to be able to complete all four elements of the mental capacity assessment then they should be assumed to possess the mental capacity to make the decision themselves, even if their decision appears unwise. In these circumstances the decision must be respected, and covert medication cannot be given. It is important that this process is followed as presumptions about a person's mental capacity cannot be based solely on their diagnosis (MCA, 2005.)

Any adult with capacity to make the decision around medication has the right to give or refuse consent to treatment or support. To administer medication covertly to a competent adult would therefore be seen as both unethical and unlawful (an assault) and legislation allows for this to be treated as a criminal act.

If a person has mental capacity to make a decision, unless there is a legal framework in place to override this, their decision must be respected.

3) Best Interest Decision

When a person is found to lack capacity, a formal best interest process must be used and a decision must be reached. This must include the relevant people in the person's life, including families and carers as well as professionals. To whatever extent possible, the person must also be involved, with genuine value placed on their wishes and beliefs.

If the individual has made an Advance Decision to Refuse Treatment directly relevant to the medication suggested, or has donated a Health and Welfare Lasting Power of Attorney, then the decisions afforded through these legal mechanisms must be respected as the person's voice. If there are concerns the Advance Decision or the decisions of a Health and Welfare Attorney is putting an individual at significant risk then seek further advice.

When a person lacks capacity and is un-befriended (has no family or friends to support them), then consideration must be given to whether the decision meets the requirements for serious medical treatment as defined within the MCA Code of Practice. This would require a referral to an Independent Mental Capacity Advocate (IMCA) who will represent the person through the best interests process.

As part of the Best Interests process the following additional aspects must be documented:

- What specific conditions are being treated;
- What treatments are being considered for each of those conditions;
- Who is the Prescriber for each of those treatments and conditions;
- Why the specific treatments are necessary;
- What alternative forms of treatment have been attempted and why those alternatives were rejected;
- Why it is in the Best Interests of the individual to receive such treatment.

There should be a clear conclusion as to which treatments are being considered for covert administration and there should be a clear Options Appraisal which will include the options

- to provide all medication using normal overt administration methods only;
- to provide all medications covertly;
- a combination approach - this may result in a number of additional options to administer one or more medications overtly and one or more medications covertly.

Should a decision be reached to administer any or all medications covertly, the advice of a Pharmacist must be sought in relation to the practical manner in which covert administration will occur. The advice should cover the alternative forms of the medication in a licensed form; the use of a licensed medication in an unlicensed form (by adding to food or drink) considering the nature of the food or drink in terms of heat; acidity and likelihood for chemical reactions.

Where medications are added to food or drink it is best to only put one medication in to the food or drink at a time. Where this is not possible the pharmacy advice will also need to include advice on the mixing of medications following the current national and local guidelines.

In addition to an action plan for the implementation of the decision, there should be a specified agreed procedure for the covert administration that the family or support staff will be expected to follow.

There must be clear review points and dates documented as part of the decision and at regular prescribing review appointments. The entire covert administration documentation must be reviewed in full and updated at least annually with relevant parts being reviewed at each appointment.

4) Outcome recorded and review agreed

Once a best interest decision has been reached, it is important this is clearly documented and reflected in the care plan.

It is best practice for the need for covert medication to be reviewed at least monthly by the care provider and every 3 months by the prescriber. The need to review by the prescriber can be extended to a period of up to 6 months if they believe it is clinically appropriate and a clear rationale is documented. In the event that a person's circumstances, health needs or capacity in relation to this decision changes then a review must occur as soon as possible.

[Attached at Appendix One is a form for documenting the process.](#) This includes additional prompts to support with applying the process. This form is intended for use on computers so that boxes expand to contain the extent of information required and to enable additional lines to be added to tables where needed.

Where Prescribers/services choose not to use the form provided they should ensure that their clinical record entries cover each and every aspect included on the form.

The documentation of the best interests process, the decision and the procedure for administration should be held by the prescriber and the carer/support provider with the actual start and end dates for the implementation of the decision.

5) Reporting the use of Covert Administration

The use of covert administration is a highly restrictive practice and as such must be recorded in the prescriber's records and the person's care records and medication administration records.

If the individual is currently subject to a Deprivation of Liberty order, or awaiting assessment for one, the managing authority (provider) must inform the supervisory body (local authority) that covert administration is being employed.

For those in other care settings where there is a Court of Protection Welfare Order in place notification must be made to the Court.

6) Training

It is essential that anyone involved in the administration of medication covertly is sufficiently skilled to do so.

This will require the person to be assessed as competent not just in the general process of covert administration, but also in the best interests analysis and options appraisal and the person's specific plan for administering medication covertly

Appendix One

Documenting Best Interests

(double click the "pin" icon to download)



Documenting the
Best Interests Process

Sources of Information:

Legal cases:

Re AG [2016] EWCOP 37 (6 July 2016) - available at URL
<http://www.bailii.org/ew/cases/EWCOP/2016/37.htm> Last accessed 09 01 2018.

Published works including website based information:

Care Quality Commission (2016) Brief guide: covert medication in mental health services available at URL
https://www.cqc.org.uk/sites/default/files/20161122_briefguide-covert_medication.pdf last accessed 09 01 2018

College statement on covert administration of medicines. *Psychiatric Bulletin* 2004; 28: 385-386. – available at URL
<http://pb.rcpsych.org/content/28/10/385> last accessed 09 01 2018

Covert medication - ever ethically justifiable? *Psychiatric Bulletin* 2002; 26: 123-126. – available at URL
<http://pb.rcpsych.org/content/26/4/123.full> last accessed 09 01 2018

National Electronic Library of medicines (2010 updated 2016) *Academic detail aid for prescribers – choosing medicines for patients unable to take solid oral dosage forms* – available at URL
<https://www.sps.nhs.uk/articles/academic-detail-aid-for-prescribers-d-choosing-medicines-for-patients-unable-to-take-solid-oral-dosage-forms-qa-307-1/> last accessed 09 01 2018

National Institute for Health and Care Excellence (2017) *NICE Guideline 67 Managing medicines for adults receiving social care in the community: section 1.8 Giving medicines to people without their knowledge (covert administration)* – available at URL
<https://www.nice.org.uk/guidance/ng67> last accessed 09 01 2018

Prescqipp (2015) *Best practice guidance in covert administration of medication* – available at URL
<https://www.prescqipp.info/component/downloads/send/216-care-homes-covert-administration/2147-b101-covert-administration> last accessed 09 01 2018

Royal College of Psychiatrists (2004) College Statement on Covert Administration of Medicines *BJPsych Bulletin* September – available at URL
<http://pb.rcpsych.org/content/28/10/385> last accessed 09 01 2018

The Mental Welfare Commission for Scotland (2013 reviewed 2017), *Good Practice Guide: Covert Medication* Edinburgh, Mental Welfare Commission for Scotland - available at URL:
http://www.mwscot.org.uk/media/140485/covert_medication.pdf Last accessed 09 01 2018.

Information was sought from the Nursing and Midwifery Council website; and General Medical Council website. Unfortunately there is no current professional guidance available on line specifically in relation to covert administration of medication.