

# Medicines Awareness

## for care homes

### Covert Administration

Covert administration is the term used to refer to medication that is administered in a disguised form and given to the person without their knowledge. Everyone has a right to refuse medication and it should only be given covertly if the person is judged not to have capacity.

Medicines cannot be given covertly to an adult who has capacity. Consent for administration needs to be sought and an adult cannot give or with-hold consent for another adult, even if they are a spouse or other next of kin.

The National Institute for Health and Care Excellence (NICE) says that;

'The covert administration of medicines should only be used in exceptional circumstances when such a means of administration is judged necessary, in accordance with the Mental Capacity Act 2005. However, once a decision has been made to covertly administer a particular medicine (following an assessment of the capacity of the resident to make a decision regarding their medicines and a best interests meeting), 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 care home staff, prescriber and family or advocate to make an urgent decision. However, a formal meeting should be arranged as soon as possible.'

Before administering covertly every reasonable effort should be made to administer the medication by normal methods.

Covert administration of medicines should only take place in exceptional circumstances and after following written protocols which should include;

- A mental capacity assessment

**The five key statutory principles in assessing capacity are:**

1. A person must be assumed to have capacity to make a decision unless it is established that he or she lacks capacity.

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2. A person is not to be treated as unable to make a decision unless all practicable steps to help him or her to do so have been taken without success. For example, advocates or communication support may be necessary.
  3. A person is not to be treated as unable to make a decision merely because he or she makes an unwise decision. Everyone has the right to make what would appear to be an unwise decision. This does not mean that the person does not have capacity.
  4. An act done or decision made, under this Act, for or on behalf of a person who lacks capacity must be done, or made, in his or her best interests.
  5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action
- Holding a best interest meeting involving care home staff, the health professional prescribing the medicine(s), pharmacist and family member or advocate to agree whether administering medicines without the resident knowing (covertly) is in the resident's best interests
  - Recording the reasons for presuming mental incapacity and the proposed management plan
  - Planning how medicines will be administered without the resident knowing
  - Regular reviews by a suitably trained medical practitioner under the guidance of The Mental Capacity Act 2005 to determine whether covert administration is still needed.

The decision to give medicines covertly is a multi- disciplinary one and should involve the doctor, nurse, care worker, pharmacist and friends/family of the person or IMCA (Independent Mental Capacity Advocate). The process is clearly defined within the guidance in the Mental Capacity Act 2005.

### General principles of covert administration

Where covert administration is being considered as 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.
- **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.

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- **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** - 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.

### Practical points in administering covertly

In the context of care it is important to remember that dignity and respect must be maintained in a potentially abusive situation.

Carers who are trained to administer medication should consider the following points when covert administration has been deemed necessary.

- A person should be offered their medication overtly each time, especially where fluctuating capacity is evident.
- The carer should be aware of personal preferences for administration through the care plan. Refusal after appropriate steps have been taken can then proceed to covert.
- In general the medication(s) which are to be administered covertly should be mixed with smallest volume of food or drink possible (rather than the whole portion). This increases the likelihood that the prescribed dose is actually taken. Not all drinks are suitable, e.g. tea or milk interacts with some medication and this should be documented clearly.
- The medication must be administered immediately after mixing it with the food or drink. Do not leave it for the person to manage themselves. If the person is able to feed themselves, observe to ensure that it is consumed.
- Each time medication is administered covertly in accordance with the care plan it should be clearly documented on the MAR sheet.
- Refusal of the food or drink containing medication must be recorded on MAR sheet as refusal. It should also be noted if it is partially consumed as the dose is then uncertain.
- Good record keeping is evidence to enable the prescriber to review the continued need for covert administration.

### References:

PrescQipp Best practice guidance in covert administration of medication September 2015 <https://www.prescqipp.info/component/downloads/send/216-care-homes-covert-administration/2147-b101-covert-administration> (accessed 23 July 2018)

NICE guidance SC1. Managing medicines in Care homes. March 2014. <http://www.nice.org.uk/guidance/sc/SC1.jsp> (accessed 23.07.18)

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