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Background

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 under the Mental Capacity Act (MCA). A person's wishes, feelings and beliefs must be considered.

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Why it matters

A decision to administer medication covertly is very serious and should be made within the legal framework of the MCA, 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. Further guidance can be found here [Mental Capacity Act and Deprivation of Liberty Safeguards \(MCA\)](#)

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Information

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.

The Prescriber must consider all other valid alternatives for achieving the same treatment outcome.

Consideration must identify all suitable alternatives and they must be attempted before covert administration is considered.

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Covert administration must be used for as short a time as possible. The person should regularly be offered the medication overtly to establish if the potential for compliance has changed.

The necessity of covert medication should be regularly reviewed.

All decisions should be made in the person's best interests using the MCA. Due to the significantly restrictive nature of this method of medication administration the process must be documented.

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Best interests' decision-making process should be transparent with the decision 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. Find out why the person does not wish to take their medication and offer all practical alternatives including information, advice and support. In consultation with the Prescriber consider whether the medication can be rationalised or provided in an alternative format e.g., liquid or administered at an alternative time of the day.

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What to do

1. Request a medication review via the Prescriber.
2. Assess and document the person's mental capacity in relation to administration of covert medication.
3. Undertake formal best interest (BI) decision making process, including consultation of relevant people. Consider if there is an [ADRT](#) or [LPA](#) for health and welfare.
4. Document BI decision and record clearly with rational in care plan.

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Questions to consider

1. Have you followed the principles of the MCA and consulted the [MCA Code of Practice](#)?
2. Covert medication is considered a restrictive practice and must be recorded in the Prescribers records and person's care records.
3. If the individual is subject to a DOL order or COPDOL the supervisory body must be notified.
4. Staff must be skilled and competent in administration of covert medication.
5. Consider use of MCA and Best interest decision making templates. [220928-covert-medication-guidance-](#)

