Covert Medication Guidance

Covert Administration for Regulated Care Providers, Domiciliary and Homecare Services.

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Reviewed by: MCA Task and Finish Group of the Lancashire SAB **(with pan-Lancs input)**

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. This policy applies only to adults over the age of 18.

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) A pharmacy adviser may need to be consulted if reconstitution of the medication is being considered

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 e.g., Mental Health Team.

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 the prescriber / 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:

Last resort:	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. 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. 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. 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.
Time limited:	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.
Regularly reviewed:	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).
Best interests:	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
***Transparent and Inclusive*:**	The best interests 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.

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. oro-dispersible, 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. The person should be supported to make the decision for themselves (Principle 2) before considering that a capacity assessment is required. 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; or
- Retain this information (if only briefly); or
- Weigh up the information including the risks involved in accepting and refusing the treatment options; or
- Communicate their decision,

  And that the person's inability to do any of the above is because of an identified impairment or disturbance in the functioning of mind or brain. It is not sufficient simply to state the person's condition; the causal link must be evidenced.

All reasonable efforts must be made to help the person understand. Fluctuating capacity refers to instances where a person's ability to make a specific decision or understand information varies over time. 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 a person has fluctuating capacity, a covert plan should be put in place. The plan should be signed off by the prescriber and should only be used when the person lacks capacity.

If the person is found to be able to complete all four elements of the mental capacity assessment, then they should be assumed to have 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 Interests Decision

When a person is found to lack capacity, a formal best interests 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 interests 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. If, 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. The decision should be recorded on the clinical system using the appropriate read code (the best interests decision allows covert administration medicines) to maintain a register of patients for whom covert administration has been agreed.

Appendix One includes a template 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 template.

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

Appropriate covert administration of medication - A checklist for care staff

This checklist will help to ensure that steps have been completed for appropriate covert administration of medication. It can be used to train care staff on the steps that need to be taken and to help them understand the importance of each step.

Step 1	
Has a Mental Capacity Assessment for understanding medication been completed and determined a LACK of capacity?	
Is a Deprivation of Liberty Safeguards (DoLS) application necessary in the context of the holistic care?	
Is all documentation included in the care plan?	
Step 2	
Has the person appointed a Lasting Power of Attorney (LPA)?	
Does the person have family or friends who could represent their wishes? If not, has an advocate or relevant persons representative (RPR) been appointed?	
Has a multidisciplinary team developed the Best Interest Decision actions considering the 10 checklist points?	
Has a doctor and pharmacist completed the documentation required and included this in the care plan?	
Is a review time scale clearly indicated on the documents?	
Step 3	
Are there clear instructions for carers to be able to administer each medication appropriately in a covert way?	
Are carers aware if they are administering a licensed or unlicensed product or “off label” use?	
Step 4	
Is there indication on the profile of the person that covert administration may be necessary? – this may be kept with the MAR sheet to assist medication rounds.	
Are kitchen staff aware of any dietary changes?	
Is the carer documenting on the back of the MAR sheet when medication is administered covertly?	
Step 5	
Are carers familiar with the personal preferences and directions to administer for covert administration?	
Are carers aware of actions needed when covertly administered medication is refused or only partially taken?	
Are carers aware of the potential detrimental effects to the person if covert administration is resulting in refusal of food or drink?	
Step 6	
Are reviews being carried out in agreed timescales?	
Have there been changes to medication which would trigger a review or a DoLS application?	

Appendix 2

Documenting Best Interests Discussion on Covert Medication in General Practice and Nursing and Residential Homes

When a person undergoes a mental capacity assessment, their capacity to consent to taking medication should always be assessed. This form must be used by all professionals when recording best interests discussions on covert medication.

Part 1: Demographics

Name of Patient:	
DOB:	
Address:	
Gender identity	☐Male (including Trans Male), ☐Female (including Trans Female), ☐Prefer not to say, ☐Prefer to Self-Identify….
Date form completed:	
Name of prescriber/decision maker completing the template:	
Has the prescriber/decision maker completed a mental capacity assessment specific to the decision that needs to be made with regard to the covert medication?	☐Yes ☐No (if no, a mental capacity assessment must be completed first). If yes include the mental capacity assessment with this template and store this in the patient case / medical notes.
Is this the first time mental capacity has been assessed?	☐Yes ☐No (if no, please complete part 2)
Does the patient lack mental capacity to consent to taking medication?	☐Yes ☐No (If "Yes" attach the mental capacity assessment with this template and store in patient's notes. (If your answer is "No" do not proceed with this form).

Part 2: Review of Covert Meds

Reason for completing this form (You may not need to complete a new mental capacity assessment if one has been done recently specific to the decision that needs to be made).	☐Change in medication ☐A new medication has been added to the existing prescription ☐A 6 month review is due ☐There has been a significant change in the persons mental capacity ☐Emergency/Acute medication (must be reviewed as soon as possible) ☐PRN (as and when needed)
When was the last review date:	

Where a person is in medical emergency to act in their best interests

Part 2: Best Interests Process

<table>
<tr><td colspan="2">Describe what least restrictive options you have considered prior to considering the covert medication?
• Exploring why the patient does not want to take the medication,
• Review of whether the medication is essential and whether it can be stopped
• Review of whether the medication be given in another form that the patient is willing to take?
• Review of timing. Is the patient willing to take the medication at another time of day?</td><td></td></tr>
<tr><td>Does the patient (donor) have a Lasting Power of Attorney in place for Health and Welfare (LPA)? If yes, what are the views of the person appointed to act in the person's best interests (known as the Donee) on covert administration?</td><td colspan="2">☐Yes ☐No ☐Not Sure (if not sure you need to ask the question or check if the person has an LPA in place).

Website: https://www.gov.uk/find-someones-attorney-or-deputy</td></tr>
<tr><td>Name the people who were involved in the best interests decision making process?</td><td>Name</td><td>Relationship to the person</td></tr>
<tr><td rowspan="2">List all medication(s) being considered for covert administration?

Note: You may want to attach a copy of the Mar Chart but you must provide a reason why the person is taking the medication.</td><td>Medication</td><td>Reason</td></tr>
<tr><td colspan="2">What were the person's views, wishes and beliefs on taking medication (if known) prior to the person lacking mental capacity?</td></tr>
<tr><td rowspan="3">Describe what are the benefits and burdens of covert medication and any risks?

(Demonstrate what are the advantages and disadvantages of the covert medication).

List any medical, cultural or religious dietary requirements which should be complied with (e.g. gluten-free for patients with coeliac disease, avoidance of animal gelatine for vegetarian, Jewish or Muslim patients).</td><td>Benefit 1</td><td>Burden 1</td></tr>
<tr><td>Benefit 2</td><td>Burden 2</td></tr>
<tr><td>Describe in detail how the covert medication will be</td><td colspan="2"></td></tr>
</table>

administrated?-i.e. mixed in food, water, jam, yogurt etc Describe how the medicines will be crushed e.g. tablet crushers, NG tube and restraint.	
Have you informed the supplying pharmacy and GP?	☐Yes ☐No (if no, the supplying pharmacy and the GP must be informed).
Has an authorisation letter signed by both a prescriber/Decision Maker and Pharmacist, been received detailing how the covert medication will be administrated? I.e. mixed in food, water, jam, yogurt etc.	☐Yes ☐No, (if no then provide/arrange the required authorisation letter)
Have you made arrangements for the specific administration directions e.g. "disperse in 15 to 30mls of water" to be added to the medication directions and MAR chart?	☐Yes ☐No (if no, ensure full directions are added to the MAR chart and that the prescription directions are amended)
Is the covert medication part of the DoLS conditions?	☐Yes ☐No ☐Don't know (If don't know speak to the local authority DoLS team)
Outcomes What was the final decision made following the best interests discussion? You can select more than one option:	☐It is in the person's best interests to have their medication administrated by a carer covertly ☐Has this resulted in reduction of patient's medication? ☐Has this resulted an increase of patient's medication? ☐Has this resulted in covert medication being stopped altogether? ☐It is NOT in the person's best interests to have their medication administrated by a carer covertly. ☐An emergency administration of covert medication is needed i.e. anti-biotics, analgesia, etc. (this must be reviewed as soon as possible) ☐ Appropriate escalation process is required due to a best interest decision being unable to be reached/agreed. ☐Disagreement between the professionals and family / friends and a mediator is required to resolve the issue between professionals and family / friends ☐An application is needed to the Court of Protection where a decision cannot be reached by the commissioner funding the persons care package.

Part 3: Authorised Signature

Practitioner's signature			
Job title			
Contact Number/s		Date of next review:	

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/jdownloads/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.mwcscot.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.

MCA Guidance

General Medical Council Webpage (Oct 2022) Mental capacity - ethical topic - GMC (gmc-uk.org)

General Medial Council (2020). *Guidance on professional standards and ethics for doctors: Decision making and consent* Decision making and consent (gmc-uk.org)

The British Medical Association (2022) *Mental Capacity Act toolkit*. Mental Capacity Act toolkit (bma.org.uk)

Mental Capacity Act Code of Practice (2007) (due to be updated) Mental Capacity Act Code of Practice - GOV.UK (www.gov.uk)