

Supporting Care Homes

COVERT ADMINISTRATION

GUIDANCE SHEET

Valid consent is of fundamental importance with healthcare

Valid consent may be given in writing, verbally and non-verbally (implied consent)

Care home staff should not administer medicines (including supplements such as oral nutrition supplements) to a resident without their consent unless an appropriate legal framework is in place

If the resident is deemed to not have capacity to make decisions about their treatment and care, The Mental Capacity Act (2005) should be followed.

The Mental Capacity Act (2005) provides a legal framework for decision making and empowers individuals to make decisions for themselves where possible. The Act applies to individuals aged 16 years and over.

Covert administration of medicines should only take place if it has been deemed necessary by the clinicians involved in the individual's care, following the principles of the Mental Capacity Act (2005) framework. An appropriate written process must be followed to protect both the resident who is receiving the medicine(s) and the care home staff involved in administering the medicines.

This process should be included as part of the care homes medicines policy. The process to administer covertly should include holding a best interest meeting involving care home staff, the prescriber of the medicine(s), pharmacist and family member or advocate.

A resident's capacity to make decisions is decision and time specific and may therefore change. As such, it is essential that an individual's capacity is reassessed if it is felt there is a change in their ability to consent to their care and treatment.

What is covert administration?

Covert administration is the term used when medicines are administered in a disguised format, e.g. in food or drink **without the knowledge or consent** of the person receiving them. Every person who has the ability to provide valid consent has the right to refuse their medication, even if that refusal appears ill-judged to staff who are caring for them.

Covert administration however is only likely to be deemed necessary or appropriate where a resident actively refuses their medication but is deemed to lack capacity to make decisions in relation to their medication (care and treatment) therefore the individual would be unable to understand the impact and consequences of their refusal. If the medication is deemed essential to the individual's health and wellbeing covert medication may be prescribed.

Administering medicines in a disguised format can significantly alter their therapeutic properties and effects; therefore pharmacist advice and involvement

should always be sought.

N.B. If the resident **is** aware that you are disguising their medication in food (e.g. to mask the taste), then this is **not** covert administration.

Actions to consider before covert administration

Every reasonable effort must be made to administer the medicines to the resident in the normal manner. Alternative ways of giving medication should also be considered.

If an individual is refusing their medication and it is deemed that this will have an adverse effect on their health and wellbeing, the individual's GP should be informed.

In the event of regular refusal, the individual's medication regimen should be reviewed by their GP or practice pharmacist to consider reasons why they are refusing, this may include:

- The medication is unpalatable
- They are experiencing adverse effects (actual or perceived)
- They have swallowing difficulties with the current formulation of the medication
- They do not understand what to do when presented with a tablet or a spoonful of liquid
- They do not understand what the medication is for
- They do not understand in broad terms the consequences of refusing to take a medication
- They have ethical, personal, religious or other beliefs concerning treatment

Attempts should be made to encourage the resident to take their medication. This may be achieved by giving regular information and clear explanations. The resident must have every opportunity to understand the need and consent to medical treatment. Consent should be given without undue pressure to ensure that consent has not been given under duress.

The Care Home should ensure that the process for covert administration includes:

- Assessing mental capacity in relation to the decision to be made in line with The Mental Capacity Act (2005).
- Holding a best interest meeting to agree whether administering each medicine without the individual knowing (covertly) is in the individual's best interest.
- Care planning how medicines will be administered without the individual's knowledge (Pharmacist input important, see below).
- Regularly reviewing whether covert administration is still deemed necessary. The decision to give covert medication should be reviewed when necessary, as well as every time a change is made to the resident's treatment including when a new medication is started.
- Due consideration must be given to Article 5 of the Human Rights Act (1998) in terms of a possible deprivation of liberty when medicines such as sedatives are given covertly. Advice should always be sought from the organisations safeguarding lead.

Assessment of mental capacity before covert administration

The first principle of the Mental Capacity Act (2005) is that everybody is assumed to have capacity), unless proven otherwise.

A person is deemed to lack capacity however if at the time they are unable to make a decision because of an impairment or disturbance in the functioning of the mind or brain.

The decision maker would review whether the individual could:

- Understand key information relevant to the decision. For example, in simple language, what the medicine is its purpose and why it is necessary.
- Weigh up the risks and benefits of taking the medicine and whether there are any alternatives. In broad terms the consequences of not taking the medication.

- Retain the information long enough to make a decision.
- Communicate the decision (do not confuse communication difficulties with an inability to consent).

If it has been assessed that an individual lacks capacity to consent or refuse treatment, a decision must be made of whether receiving the treatment covertly is necessary and in their best interest.

Best interest decision

Best interest decisions should follow the Mental Capacity Act (2005) Framework. This should involve the prescribing practitioner, a multi-disciplinary team of relevant healthcare professionals (including a pharmacist who can give advice on the suitability of the medication to be administered covertly), the family, friends, carers, advocates as well as the person themselves (where possible).

When determining what is in an individual's best interest the person's current wishes, the individual's wishes prior to incapacity and the views of those involved in caring for the person must be considered. Lasting Powers of Attorney for health and welfare should also be duly consulted. If the person has made statements about their wishes relating to their treatment these must be considered as part of the best interest decision. Due consideration should also be given as to whether the individual has made a valid and applicable advance decision to refuse the specific treatment, as a best interest decision cannot overrule this. (There are occasions when advanced decisions regarding treatment for a mental disorder can be overruled and expert advice must always be sought). In addition, if clarity is needed as to whether the LPA or advanced decision takes precedence, expert advice must be sought.

Information to check with a pharmacist before considering covert administration

- Administering a medicine covertly should be discussed with a pharmacist to ensure that it is safe to mix the medicine with food or drink and that the medicine will continue to be effective.
- A change in the presentation of a medicine may be required to ensure safe administration, e.g. soluble tablets or liquid.
- If no alternative is available, and it is in the individual's best interest to continue with the medication, the crushing of medication should only be considered as a last resort and after consultation with the pharmacist involved in the individual's care.

N.B Not all medication is suitable for crushing, for example, long-acting medicines could release a 12 or 24-hour dose in a short period if crushed.

- **Crushing a tablet before administration to a patient may make its use 'unlicensed', and those prescribing and administering the medicine must be aware of this. Altering its characteristics may change a resident's response to the medication, e.g. side effects, length of action.**

Documentation and review for the continued need for covert administration

- A formal Mental Capacity assessment should be stored with the individual's care plan.
- The management plan should specify the timeframes and circumstances (such as change of medication or treatment regimen) which would trigger a review.
- Medication being given covertly may improve the resident's capacity to make decisions for themselves in the future i.e. the condition affecting their capacity may have resolved, e.g. urinary tract infection.
- A record of the reasons for deciding that covert medication is in the individual's best interest should be made in the individual's care plan. This should include the individual's

views, the views of those involved in the care of the individual, the reasons this medication is seen as essential to the individual's health and well-being, a summary of what efforts were made to give the medicines to the resident in the normal manner and what alternative ways of giving medication were considered. It should be explained why, on balance, this intervention is proportionate given the circumstances.

- Formal review meetings should be set with a timescale depending on circumstances.
- A record of advice from the prescriber and pharmacist regarding the safety and efficiency of providing the medication in this way should be made in the resident's care plan.

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Please visit our website for more information: <https://www.westhampshireccg.nhs.uk/medicines-in-care-homes>

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