Good Practice Guidance on Covert Administration of Medication

Definition -'Covert' is the term used when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. Covert medication must never be given to someone who is capable of consenting to medical treatment. If a service user's decision is thought to be unwise or eccentric it does not necessarily mean they lack capacity to consent. Administration of medication against a person's wish may be unlawful.
Before covert administration is contemplated, alternative ways of administering the medication by normal means should be used, for instance, if one carer is more successful than others with their approach could others learn from them; could you try at a quieter time or place; is there another formulation which is more acceptable e.g. soluble, dispersible, capsular, liquid (NB not all medication comes in a licensed liquid form- contact your pharmacist for information on using unlicensed "specials")

Consider reasons why the service user may not be taking the prescribed medication

- they do not understand what to do when presented with a pill or a spoonful of syrup
- they find the medication unpalatable
- they have difficulty swallowing the formulation
- they lack understanding of what the medication is for
- they do not understand in broad terms the consequences of refusal
- they suffer from unpleasant side effects
- they have too many medicines to take

Attempts should always be made to encourage the service user to take their medication by normal means, even if a decision to administer medication covertly has been made. This may be achieved by giving regular information and clear explanation. The service user must have every opportunity to understand the need for medical treatment.

People with a diagnosis such as mental illness or a learning disability do not necessarily lack capacity. A person may experience a temporary loss of capacity to make decisions about their care and treatment or be able to make some decisions but not others. If they have capacity to refuse this should be respected and discussed with the prescriber.

Covert administration should be considered only in exceptional circumstances to prevent the service user from missing out on essential treatment. Crushing medicines and mixing with food or drink to make it more palatable or easier to swallow when the service user **has consented to this**, does **not** constitute covert administration. Before altering the medication in any way always check with the pharmacist that this is appropriate. The advice given by the pharmacist and subsequent method of administration (if appropriate) should be documented.

An appropriate assessment must be performed to establish whether the service user lacks mental capacity. If it is determined that the service user does lack mental capacity to consent, the next step is that any decisions made must be in the person's best interest. NICE guidelines: Managing medicines in care homes recommends that this is done by holding a multidisciplinary discussion to establish whether covert administration is in the service user's best interest. The meeting should include care home staff, the health professional prescribing the medicine(s), pharmacist, and family member or advocate.

When determining if covert administration is appropriate consider:

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- **Capacity to consent**- does the service user have the capacity to decide about medical treatment? The medical practitioner needs to confirm that the service user lacks 'capacity to consent to treatment'. Consider whether the service user has a personal welfare attorney or a court appointed deputy who should be consulted.
- Giving medicines covertly to someone who has not been assessed as lacking capacity to consent is a form of abuse. The Mental Capacity Act 2005 sets out how capacity assessment should be carried out

  The two-stage functional test:
  In order to decide whether an individual has the capacity to make a particular decision you must answer two questions:

  Stage 1. Is there an impairment of, or disturbance in the functioning of a person's mind or brain? If so,

  Stage 2. Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

  The Mental Capacity Act says that a person is unable to make their own decision if they cannot do one or more of the following four things:

  - Understand information given to them
  - Retain that information long enough to be able to make the decision
  - Weigh up the information available to make the decision
  - Communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.

In the absence of capacity to consent consider:

- **Past and present wishes taken into consideration –** take into account why the service user is refusing medication. The refusal could be an indication that the service user no longer wishes treatment. (NB Research shows that up to 50% of people with capacity do not take their medicines as the prescriber intended and 45% of those do so intentionally.)

- **Benefit -** the best interests of the service user must be considered at all times. A medication review should be performed to ensure all prescribed medicines are necessary. The medication must be considered essential for the service user's health and well-being. Is it so essential that it needs to be given by deception?

  Alternative strategies for managing behavioural symptoms of dementia should always be considered first before any medication.
  It is important to consider how you will show that a medicine is of benefit, consider if there has been any deterioration in their condition whilst they have been refusing the medication.
  Some preventative medicines need to be given for several years to show any benefit and depending on prognosis the risk:benefit profile may not be favourable for that individual.

- **Risk** – all medicines have risks some have side effects e.g. confusion or drowsiness which may have an adverse effect on cognitive function, however some may cause more serious harm e.g. gastric bleed or increased risk of stroke.

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- **Personalise –** identify any specific care needs of the service user which may impact on treatment options e.g. food dislikes; sleeping patterns; some people may be more co-operative at particular times of the day.

- **Open discussion** – there is a multi-disciplinary approach involving, e.g. the doctor, nurse, care worker, pharmacist and friends /family of the service user to discuss and agree the decision to covertly administer medication in the current circumstances.

- **Documentation** – it is essential to document the decision and action taken to covertly administer medication including the names of all parties involved. Please refer to Appendix 1–Parts 1&2 completing a Part 2 form for each medication.
  Ensure the decision and action is effectively communicated with all relevant staff and that a clear process for review is built in.

- **Pharmacist advice** – ask the pharmacist to provide advice on the most appropriate way to administer the medication. **It is not good practice to crush tablets or open capsules unless a pharmacist informs you that it is safe to do so as this may alter the properties of the medication**. **Also some food or drinks may affect the medication and how it is absorbed.** Please refer to appendix 2. The pharmacist can also advise on side effects, adverse reactions, off-license medicines and effectiveness of medicines.

- **Responsibility** – If medication is altered in any way it will no longer be covered by the manufacturer's product licence. In this scenario, the prescriber takes on greater responsibility so should be informed about any changes in presentation prior to administration. Care staff may only give licensed medicine in an unlicensed way if there is a written direction in the service users' care plan.

- **Administering the medication** – care staff need to understand how to give the medication. There must be appropriate supervision, education and support provided to enable the safe administration of the medication as authorised by the named prescriber and pharmacist. Before administering covertly they must be satisfied that the person continues to lack capacity and that the medication remains in the person's best interests.

- **Additions of new medication –** any new medication added to the current regime is treated as a completely new situation and all the above issues should again be considered.

- **Review regularly –** a service user's mental capacity can change so it is important to review if treatment and covert administration is still necessary. Set formal review meetings – the timescale will depend on circumstances. It is recommended that initially reviews should be frequent e.g. monthly. The timescale of review should also be dependent on the service user's condition and what medication is being administered at that time e.g. if mental capacity is impaired for a short period of time due to acute infection.

- **Policy** – there should be a clear written local policy, taking into account this good practice guidance.