Good Practice Guidance for Care Homes: Covert administration of medicines

The purpose of this document is to give guidance and inform care home staff on best practice in relation to the covert administration of medicines.

Introduction

Covert administration of medicines is a complex issue and involves the administration of a medicine disguised in food or drink to a resident who lacks capacity and resists it when given it openly. If an individual has capacity to consent to treatment under NO circumstances can medication be administered covertly.

The refusal of medicine by a resident who has capacity should be respected; failure to do so may amount to a breach of their human rights. If a resident is refusing their medicines they should be asked why they have decided to do this to establish if there are issues that can be addressed e.g. tablets are too big, they don't like the taste etc. Advice on options to support a resident in taking their medicines should be discussed with their GP or pharmacist.

In exceptional circumstances, it may be appropriate to administer medication covertly to an individual patient who lacks capacity to consent to treatment. The medication must be considered essential for their health and well-being. Any decision to do so must be reached after assessing the care needs of the individual patient

What issues does covert administration of medication raise?

- Safety and licensing issues: a drug has been proven to be safe in the patient group if given at the recommended dose and via the recommended route in the form in which it was tested. Covert administration of medication raises an issue when tablets are crushed to mix with the food or drinks, if you crush a tablet, not only it could affect the stability of the drug but also it could release all of the active ingredients at once. In some cases, this could be very dangerous. Administering medicines covertly may be outside the product license which has professional implications for prescribers.

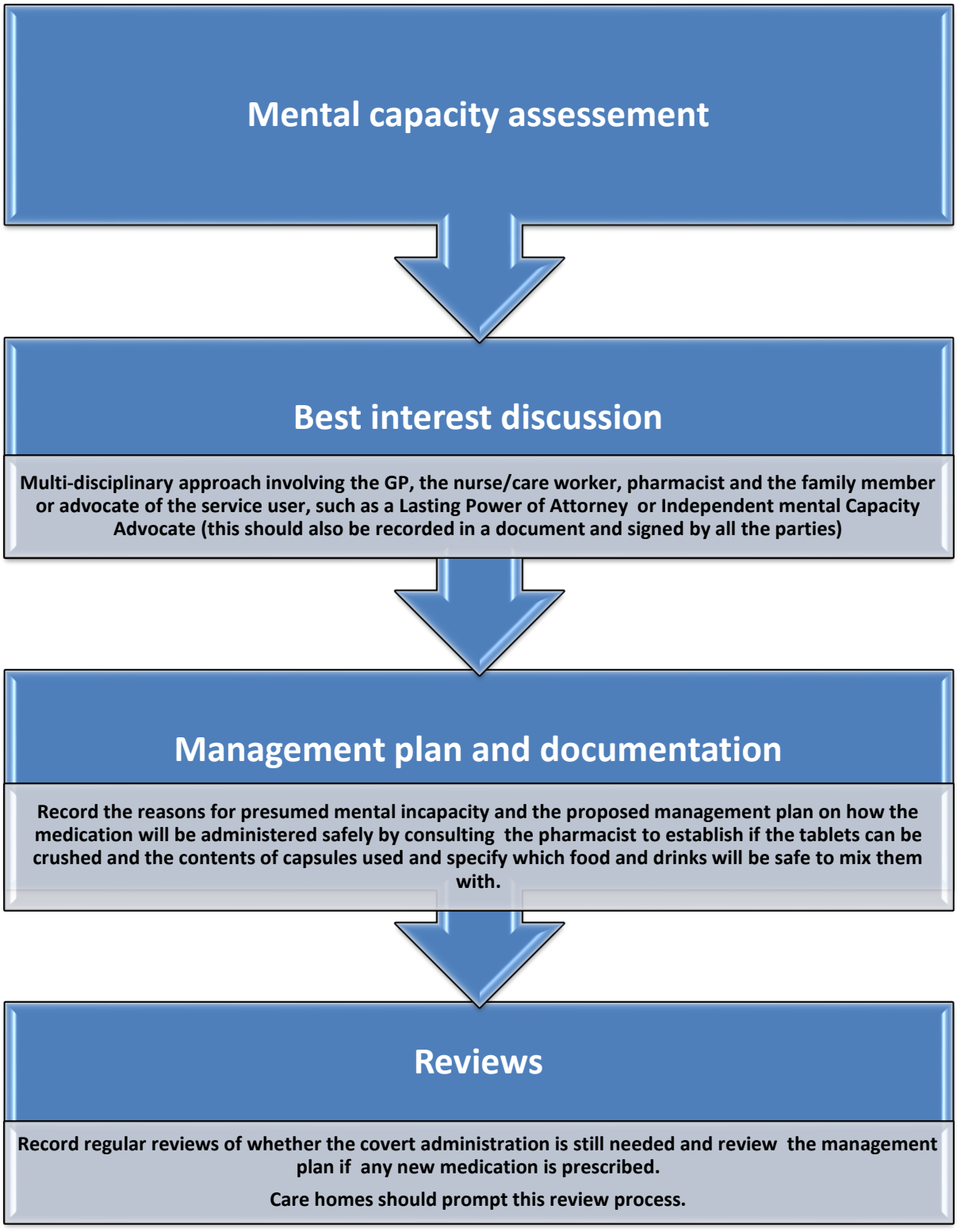
- Legal issues: interventions must be the least restrictive of the individual's freedom and comply with the Mental Capacity Act 2005 and achieve the desired benefit.

To covertly administer medication to a person may also amount to a deprivation of liberty, dependent on the medication being covertly administered for example: the administration of sedatives covertly may be considered to amount to a deprivation of liberty.

Things to consider:

- Has a medicines review been conducted with a prescriber to identify whether medicines are essential (including at end of life)? It may be possible to stop some non-essential medicines rather than need to convert them to covert administration
- What instructions are written on MAR charts such as: crush tablet, open capsule etc
- What training have staff had regarding the administration of medicines in food and drink, including covert administration of medicines?
- Does the care plan carry an assessment of the resident's capacity and identifies who carried out the assessment and when?
- Does the care plan reflects the person's assessed needs and are any agreements to administer medicines in food or drink clearly documented?
- Are there agreed review dates for these agreements and are reviews taking place?

Covert Administration of medication pathway:



In the absence of mental capacity to consent and after the mental capacity assessment the following stages must be followed:

Best interest discussion:
This is a multi-disciplinary approach involving the **doctor, nurse, care worker, pharmacist and family member or advocate of the service user such as a Lasting Power of attorney (LPA) or Independent Mental Capacity Advocate** to discuss and agree the decision to covertly administer medication in the current circumstances. Failure to consult with the General Practitioner and Pharmacist before commencing the administration of covert medication regimens is likely to result in a referral to CQC and an adult safeguarding investigation.

Management plan and Documentation:
All information pertaining to the covert administration of medication including: Mental Capacity Assessments, Best Interest decisions and **suitability of administering the medicine with food and drink** must be documented in the service users care plan and contemporaneous care record. It is also essential to document the decision and action taken to covertly administer medication including the names of all parties involved. Please refer to appendix 1 (see appendix 1A for example).

It is important that care staff have sought professional guidance from a pharmacist who is in the best position to advise on crushing tablets and whether a particular medicine can be mixed with food or drink.The advice should be documented in the care plan. Please refer to appendix 1

Crushing medicines and mixing medicines with food or drink to make it more palatable or easier to swallow when the person has consented to this, does not constitute covert administration. It is important that other forms of medication if suitable for the patient are considered first such as liquids, dispersible or soluble tablets. Always check with the GP or pharmacist that the alternative formulation is suitable for the patient, for example, soluble tablets contain a high level of sodium.

Reviews:
The service user's mental capacity can change over time so it is important to review regularly whether treatment and covert administration is still necessary. The timescale will depend on circumstances. It is recommended that initially reviews should be frequent e.g. monthly. The care home should prompt this review process. 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 or if any new medication are prescribed.(see Appendix 2A for example)

Care home policy:
There should be a clear written in-house policy, taking into account this good practice guidance therefore **care homes must have a clear policy and procedure embedded in their medication policy on covert administration. Care homes may wish to refer to NICE & SCIE advice on giving medicines covertly:**
https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/giving-medicines-covertly

In the absence of in-house covert administration forms, these forms can be used

Appendix 1: Covert Administration Medication Record Form

Name of service user: **Date:**

Date of birth:

What medications are being considered for covert administration?	
Why is this treatment(s) necessary?	
What alternatives have the multidisciplinary team considered? (e.g. other ways to manage the condition or administer treatment) Why were these alternatives rejected?	
An assessment by Healthcare Professional has been performed to • confirm service user lacks capacity to consent. • confirm the continued need for the above treatment following a medication review • confirm that covert administration is essential	Assessment completed and appropriate document stored in service users notes Signature …… Name …….. Designation …… Date ……
Has the person expressed views in the past that are relevant to the present treatment? Yes/No If yes, what were those views?	

Name all involved in the decision to administer medication covertly (e.g. health care professionals, carers etc.)

Name	Designation	Date
……	…….	……..
…….	……	……..
…….	……	Continued overleaf

Name the pharmacist consulted and record advice: Pharmacist name…… Date…….. **Advice:**	
Is there a person with power to consent on behalf of the service user e.g welfare guardian? **Treatment may only be administered covertly with that person's consent unless this is impractical** Has this person given consent? If No please state reason	Yes/No If Yes, name…… (relationship to service user) ……. Yes/No ……
Do any of those involved disagree with the proposed use of covert medication? If yes, they must be informed of their right to challenge treatment	Yes/ No Date informed……
Which members of staff will be administering the medication? **These members of staff must receive appropriate guidance on administration of this medication** How will they be administering the medication, eg mixed in yoghurt? How will this be recorded on the MAR chart?	Names……. …….. ……. …… ……
When will the need for covert administration be reviewed? Please refer to Administration of Covert medication Review Form (appendix 2) when review is performed	Date for first planned review

Care Home Manager/ Clinical Lead signature:

Name: **Date**

In the absence of in-house covert administration forms, these forms can be used

Appendix 2: Administration of Covert Medication Review Form

Name of service user:

Date of birth:

Date review performed:

Is medication still necessary? If so, explain why	
Is covert administration still necessary? If so explain why.	
Who was consulted as part of the review?	
Is legal documentation still in place and valid?	
Date of next review	

Signature:

Name: **Date:**

Example

Appendix 1A: Covert Administration Medication Record Form

Name of service user: Jim Nastic **Date:** 01/01/2019

Date of birth: 25/12/1943

What medication is being considered for covert administration?
sodium valproate 100mg crushable tablets

Why is this treatment necessary?

To control seizures

What alternatives have the multidisciplinary team considered? (e.g. other ways to manage the service user or other ways to administer treatment)
Normal tablets and liquid sodium valproate.

Why were these alternatives rejected?

Jim has rejected (spat out) these formulations routinely for more than a week

An assessment by Healthcare professional has been performed to

- confirm service user lacks capacity to consent
- confirm the continued need for the above treatment following a medication review
- confirm that covert administration is essential

Assessment completed by

Signature: S Smith

Name : Sheila Smith

Designation: Registered Nurse

Date 01/01/2014

Has the person expressed views in the past that are relevant to the present treatment? Yes/No
Yes
If yes, what were those views?

Jim was aware of importance of medication for seizure control and in the past had good compliance

Name all involved in the decision to administer medication covertly (e.g. healthcare professionals, carers etc.)

Name	Designation	Date
Dr Smith	GP	01/01/2019
Mrs White	senior carer	01/01/2019
Mrs Black	care home manager	01/01/2019
J. Smith	daughter	01/01/2019
A. McConnor	pharmacist	01/01/2019

Name the pharmacist consulted and record advice Pharmacist name Angus McConnor Date 01/01/2019 Advice: All tablets can be crushed except levetiracetam, liquid form will be used.	
Is there a person with power to consent on behalf of the service user e.g welfare guardian? Treatment may only be administered covertly with that person's consent unless this is impractical Has this person given consent? If No please state reason	Yes/No yes If Yes, name J Smith (relationship to service user) daughter Yes/No yes ……
Do any of those involved disagree with the proposed use of covert medication? If yes, they must be informed of their right to challenge treatment	Yes/ No no Date informed……
Which members of staff will be administering the medication? These members of staff must receive appropriate guidance on administration of this medication How will they be administering the medication, e.g. mixed in yoghurt? How will this be recorded on the MAR chart?	Names Mrs. White –senior carer Mrs. Black – care home manager Tablets will be crushed and taken in flavoured yoghurt *Note covert administration* endorsed on MAR chart by sodium valproate also stating details of administration on reverse
When will the need for covert administration be reviewed? Please refer to Administration of Covert medication Review Form (appendix 2) when review is performed	Date for first planned review 1/2/2019

Care Home Manager Name: Mrs Smith **Care Home Manager signature:** Mrs Black

Date 1/1/2019

Example

Appendix 2A: Administration of Covert Medication Review Form

Name of service user: Jim Nastic

Date of birth: 25/12/1943

Date review performed: 1/2/2014

Is medication still necessary? If so, explain why	Yes To control seizures
Is covert administration still necessary? If so explain why.	Yes Non convert administration of sodium valproate tried Service user continues not to take ordinary tabs and liquid
Who was consulted as part of the review?	Mrs. Black – care home manager Dr Spock Angus McConner , pharmacist
Is legal documentation still in place and valid?	Yes
Date of next review	March 2022

Signed Dr Smith Name of prescriber Dr Smith

Mrs Smith Name of care home manager Mrs Smith

Date: 1/2/2014

Please note:

This guidance does not remove the professional or accountability of healthcare staff. It is the responsibility of each professional to practice only within the bounds of their competence and ensure they continue to keep their professional development up to date. Health care professional working to this guidance should follow their own company procedures and protocols as well as nationally recommended guidance such as the NMC guidance and their competence should be confirmed by an appropriate authorising manager who is taking responsibility for authorising healthcare professionals to operate under this guidance.

References and further information

- Further information "The handling of medicines in Social Care" and "Improving Pharmaceutical Care in Care Homes" can also be found on the Royal Pharmaceutical Society website: www.rpharms.com
- NICE Guidelines: Managing Medicines in Care Homes: https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-61677133765
- The Nursing and Midwifery Council (NMC) provides guidance and advice on a number of topics which is available on their website; www.nmc-uk.org including; http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revised-new-nmc-code.pdf
- CQC Standards for "Residential adult social care services" (S4 How are people's medicines managed so that they receive them safely)

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