Caring for Care Homes

Covert Administration

Care home staff should not administer medicines (including supplements such as oral nutrition supplements) to a resident without their knowledge (covert administration) if the resident has capacity to make decisions about their treatment and care. Covert administration of medicines should only be necessary and take place if the person lacks capacity to decide whether to take their medication. 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 home's medicines policy. The process to administer covertly should include recording a best interest decision either made via a

Either may involve care home staff, the prescriber of the medicine(s), pharmacist, family member, or friends, or advocate and a Deprivation of Liberty Safeguards (DoLs) representative if one has been appointed.

The issue of covert administration and any discussions/agreements about it should be recorded in the resident's care plan including the names of all parties involved and each medication the decision applies to.

N.B. Oral Nutritional Supplements (ONS) should be considered in the same way as medicines. Residents receiving them should have suitable care plans for nutrition and hydration that include the requirements to give ONS and they should have consented to that. Where they are unable to consent, then a best interest decision should be made for each individual supplement. Please consider food fortification in the first place.

A resident's capacity to make decisions about their care and treatment may vary and it is essential that a regular review of their capacity is carried out.

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** of the person receiving them. Every person with capacity has the right to refuse their medication, even if that refusal appears ill-judged to staff who are caring for them.

Covert administration is only appropriate where a resident actively refuses their medication but is judged not to have the capacity to understand the consequences of their refusal and where the medication is deemed essential to the resident's health and wellbeing. Administering medicines in a disguised format can significantly alter their therapeutic properties and effects; pharmacist advice is always necessary for each individual medicine.

N.B. If the resident has capacity to know you are disguising their medication in food (e.g. to mask the taste), then this is **not** covert administration. Pharmacist advice should still be obtained on how best to do this.

Actions to consider before covert administration

Every reasonable effort must be made to give the medicines to the resident in the normal manner. Alternative ways of giving medication by normal means should be considered. In the event of regular refusal, the resident's medication regimen should be reviewed by their GP 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 so as not to be perceived as coercion.

The medication is given solely for the health and wellbeing of the resident. An assessment of the resident's mental capacity to consent must take place before undertaking covert administration.

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

- Assessing mental capacity.
- Holding a best interest meeting or making a best interest decision to agree whether administering each medicine without the resident knowing (covertly) is in the resident's best interest.
- Record the decisions of the best interest meeting or decision and the proposed management plan.
- Planning how each medicine will be administered without the resident knowing (Pharmacist input important, see below).
- Regularly reviewing whether covert administration is still needed. The resident should be reviewed, and a best interest meeting held, on a regular basis as well as every time a change is made to the resident's treatment including when a new medication is started.
- Application for a DoLs authorisation or notification to DoLs office if an authorisation is already in place

Assessment of mental capacity before covert administration

Mental capacity act 2005 The following principles apply for the purposes of this Act.

1) A resident must be assumed to have capacity unless it is established that they lack capacity.
2) A resident is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success.
3) A resident is not to be treated as unable to make a decision merely because they make an unwise decision.
4) An act done, or decision made, under this Act for or on behalf of a resident who lacks capacity must be done, or made, in their best interest.
5) Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the resident's rights and freedom of action.

Best interest decision

Best interest decisions 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, Deprivation of Liberty Safeguards (DoLs) representative if one is appointed as well as the person themselves (as much as possible).

When determining what is in a person's best interest the person's current wishes, the person's wishes prior to incapacity and the views of those involved in caring for the person must be considered. If the person has made statements about their wishes relating to their treatment as

part of an ‘Advance statement of wishes’ , these must be considered as part of the best interest decision. If the person has made a valid and applicable advance decision as part of a ‘Advance statement of wishes’ refusing the specific treatment, a best interest decision cannot overrule this.

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 resident’s best interest to continue with the medication, the crushing of medication should only be considered as a last resort.
  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 record of the reasons for concluding the resident lacks capacity to consent should be made.
- If there is a change in circumstances then resident should be reviewed to determine capacity for making decisions about medication and document this clearly in the care plan.
- The management plan should specify the timeframes and circumstances (such as change of medication or treatment regime) which would trigger a review.
- Medication being given covertly may improve the resident’s capacity to make decisions. 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 resident’s best interest should be made. This should include the resident’s views, the views of those involved in the care of the resident, the reasons this medication is seen as essential to the resident’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 efficacy of providing the medication in this way should be made in the resident’s care plan.

For more information:

Social Care Institute for Excellence has produced a leaflet which you can download called **Giving medicines covertly:** A quick guide for care home managers and home care managers providing medicines support. www.scie.org.uk/files/home-care/medicine/giving-medicines-covertly/giving- medicines-covertly-support.pdf

National Institute for Health and Care Excellence (NICE) website has a ‘Giving medicines covertly’ webpage: www.nice.org.uk/about/nice-communities/social-care/quick-guides/giving-medicines-covertly?utm_medium=webpage&utm_source=toolsr&utm_campaign=quickguides&utm_content=qg20