



Hertfordshire and
West Essex Integrated
Care System

Good Practice Guidance Covert Administration of Medicines

Date September 2023

Presenter Risha Kohli

Working together
for a healthier future



Learning Outcomes



Understand what covert medication is



Understand what the principles of consent are



Understand the legal and good practice requirements for administering covert medications



Understand the risks associated with covert administration



Understand how to administer medication when an individual requires covert medication



Hertfordshire and
West Essex Integrated
Care System



What is classed as covert medication?



Consider this scenario:

Patient has been refusing medications for the last week, carers decide that she really needs paracetamol



There is liquid prescribed to the patient, so they mix the liquid in with her pudding



They speak to the GP who says the tablets can be crushed and mixed in with food, so they do this and tell the patient it's in her pudding



The patient says she doesn't like the taste of paracetamol liquid and asks carers to mix it with orange squash to help disguise the taste



Definition

NICE Definition:

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.

HWEICB Guidelines:

If a resident is having medication administered covertly, they will not know that they are taking a medicine, but the intention of administering medications this way is to ensure that they continue to have access to essential medical treatment that may help save their life, prevent deterioration in health or ensure improvement in the physical or mental health. Any decision to covertly administer medication must be done in accordance with the Mental Capacity Act 2005.



Consider this situation:



Resident X has Parkinson's and recently had a stroke, leaving them unable to speak and affected their ability to swallow

Morning medications are handed to Resident X but they do not take it

Carer is aware the resident should take the Parkinson's medication on time

Carer concerned decides to crush the tablets in front of the resident and put it in resident X's food

The food mixed with the crushed medication is spooned into resident X's mouth and the resident swallows it

Carer then marks the MAR chart and in the notes writes 'Resident X refused medications at 9am so covertly administer at 9.30am'



Hertfordshire and
West Essex Integrated
Care System



Consideration?

Was it legal?

Was it overt administration or covert?

What is wrong in this scenario?

What should have happened?



Covert vs Overt

Covert	Overt
Hidden or concealed	Visible or apparent
Lacks capacity	Consents to actions
Refusing to take medication	Unable to take medication
Best interest decision made on their behalf	Involved in decision making

Remember, overt administration is the process where, to make it more palatable, easier to take, the medication is added to food or drink and is done with the patient's **consent**.



Legal Capacity to Consent



Capacity means the ability to use and understand information to make a decision, and communicate any decision made.



A person lacks capacity if their mind is impaired or disturbed in some way, which means they're unable to make a decision at that time.



Legal Capacity to Consent

1. Every adult has the right to make his or her own decisions. You must assume they have capacity to do so unless it is proved otherwise. You must not assume someone lacks capacity because they have a medical condition or disability.
2. A person is not to be treated as unable to decide unless all practicable steps to help them do so have been taken without success. You should make every effort to encourage and support people to make the decision for themselves. If you establish lack of capacity, it is important to involve the person as far as possible in making decisions.
3. A person must not be treated as unable to decide merely because he or she makes an unwise decision. People have the right to make decisions that others might regard as unwise. You cannot treat someone as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.
4. Anything you do or decide for or on behalf of a person who lacks mental capacity must be in their best interests.
5. When deciding or acting on behalf of a person who lacks capacity you must consider whether there is a way that would cause less restriction to the person's rights and freedoms of action and whether there is a need to decide or act at all.



Considerations for capacity to consent

Is there another reason the resident is not able or willing to consent?

Consider reducing the number of medications altogether

Language barrier

Ability to see the tablets

Ability to swallow

Dislike taste of medication

Does not like taking medicines at that time of day

Only likes a specific member of staff

May not have the capacity to consent to treatment short term (e.g. too drowsy in the morning, or currently has a UTI)



Hertfordshire and
West Essex Integrated
Care System



General principles of using covert administration of medication

✓ Last resort

👤 Medication specific - it should only be used for medication deemed essential.

🕒 Time limited – used for the shortest time possible

👁️ Transparent

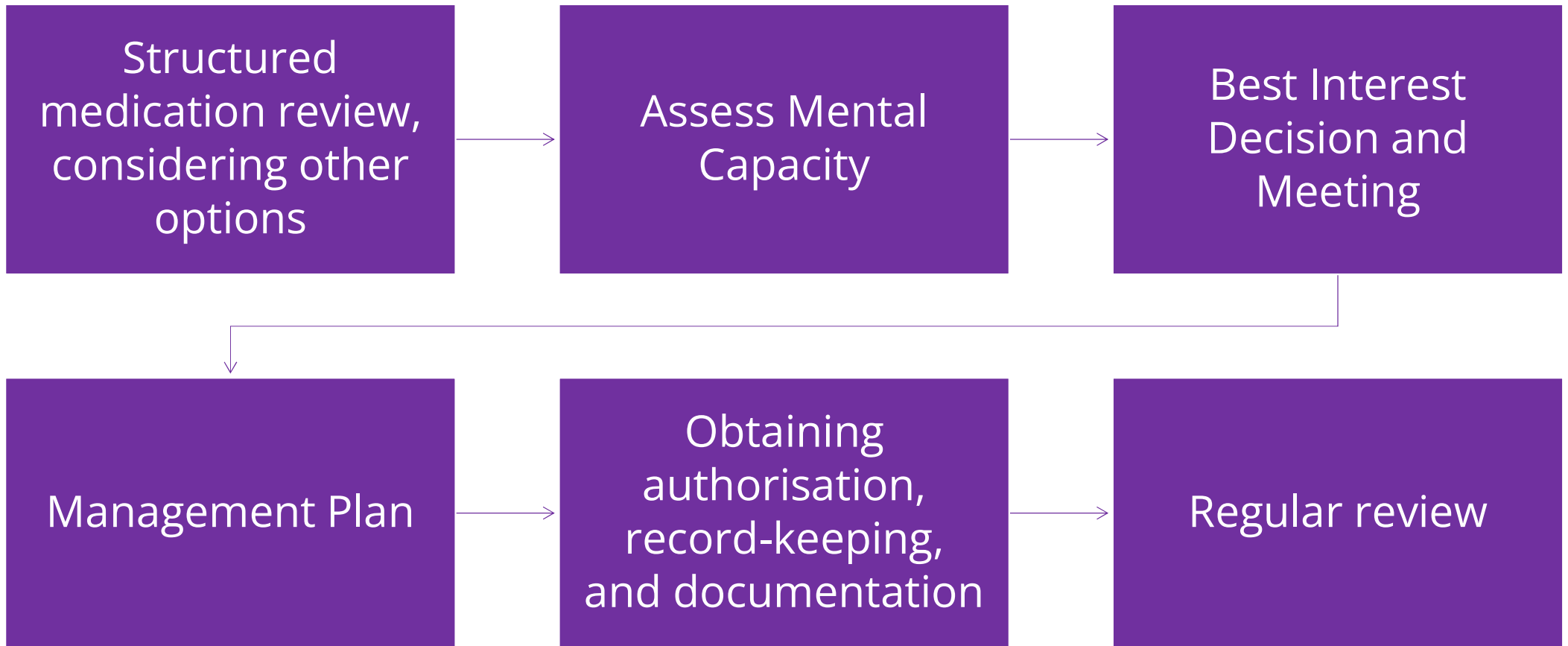
👥 Inclusive – discussions must take place with appropriate advocates prior to initiating covert administration. This includes Lasting Power of Attorney (LPA).

👤 Best interest – decisions must be in the individual's best interest.

🕒 Regularly reviewed – regularly reassess the need for continued covert administration and even more frequently if capacity fluctuates. An earlier date of review could be prompted if conditions have changed.



The Process



Assessing mental capacity

Before considering covert administration of medication, lack of capacity should be formally established. This is when an individual does not have capacity to make a decision, or consent to treatment in line with the Mental Capacity Act 2005 with all 5 MCA principles considered

The process of assessment is a 'two-stage test of capacity': - Is there an impairment of, or disturbance in, the functioning of the person's mind or brain? If so: - Is that impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?



Best interest meeting

- Any decision to covertly administer medicine needs to be formally agreed as being in the residents' best interest and the decision needs to be made objectively not based on personal views or opinions.
- A 'best interests' meeting is recommended by the National Institute for Health and Care Excellence (NICE).
- Meeting should be attended by care home staff, a prescriber, any relevant health professionals (which may include a pharmacist) and a person who can communicate the views and interests of the resident
- If pharmacist doesn't attend the advice must be sought around medications and how safely to administer them covertly.



Management Plan

- A covert administration medication management plan should be put in place during the best interest meeting or following this
- Plan should include a pharmacist's review to advise whether the medicine is suitable to be given covertly, and if so how to do so safely. This review will need to consider pharmaceutical issues
- Plan should also include medications that may be required in acute situations or for emergencies such as antibiotics to treat infections or medications on a when required basis for agitation
- The covert administration of medication management plan should include clear documentation of the decision of the best interests meeting
- The plan should also have an agreed date for review and include details of what to do if the patient regains capacity
- This plan should be made easily available for all staff who administer medications to the resident, either in the MAR charts or with reference being made to the plan in the MAR chart



Obtaining authorisation, record-keeping, and documentation

- Covert administration of medication involves altering medicines which makes their use unlicensed (off-label). It is important to get authorisation in writing, from the relevant prescriber to do this. Prescribing medicines for off-label use affects, and probably increases, the prescriber's professional and legal responsibility and liability.
- **Only an independent prescriber** can authorise off-label use of medicines. Although other healthcare staff or professionals may be able to offer advice, they cannot authorise the action.
- The authorisation from an independent prescriber should be documented in the covert administration of medication management plan.
- Records of the MCA form, best interests form and covert administration of medication management plan



Review regularly

- The need for continued covert administration of medication should be reviewed within time scales which reflect the physical state of each resident. This should be agreed at the very beginning.
- Should be reviewed if patient becomes end of life
- Reviews are very individual, but...



Practical points



Practical points

- ✓ Before administering medication covertly, the patient should be encouraged to take it in the normal way.
- ✓ Care home staff should be aware of personal preferences for administration through the care plan.
- ✓ In general, the medication(s) which are to be administered covertly should be mixed with the smallest volume of food or drink possible.
- ✓ Try and add the medicine to the first mouthful of food so that the full dose is received.
- ✓ The medication must be administered immediately after mixing it with food or drink.
- ✓ Consider the taste and other possible effects of the medicine, particularly if tablets are crushed or contents removed from capsules
- ✓ Different medicines should not be mixed together in food or drink as this cannot be quantified and also could be unsuitable to be mixed together.
- ✓ Covert administration must be recorded on the MAR chart (e.g. sign and use a specific code if necessary)



Recording information on care plans and MAR chart

- Instructions for administration must specify clearly how each medicine is to be administered.
- If possible, the prescriber should include additional instructions on directions on the prescription for community pharmacists to add to dispensing label.
- Include any cautions such as temperature/types of food to avoid.



Name of Patient			
Date of Birth		Location	

Medication	Form	Advice (How to administer medication)

Pharmacist signature:

Date:

Senior Carer/Nurse Signature:

Date:

Prescriber signature:

Date:

Report to GP at next contact if:

- Covert administration results in a refusal to eat or [drink](#)
- It appears that the full dose of medication has not been taken (make a note on MAR chart)
- There appears to be a deterioration in the patient's health and well-being.



Hertfordshire and
West Essex Integrated
Care System



Useful links

- [Covert Administration in Care Homes_____Care_Homes_Good_Practice_Guidance_v1.0.pdf](#)
- [NICE Giving medicines covertly | Quick guides to social care topics | Social care | NICE Communities | About | NICE](#)

