

Kent and Medway CCG

A GP Summary - Covert Administration of Medications in Care Homes

Background

Section 44 of the Mental Capacity Act 2005 made it a criminal offence to wilfully neglect care. So, for patients/residents lacking capacity to accept or refuse medication, covert medication must be considered.

Covert administration can only occur in exceptional circumstances where the resident has been assessed under the Mental Capacity Act 2005 and there has been careful assessment of patient's needs through a best interests meeting.

The refusal of medicine by a resident who has capacity must be respected. 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.

Covert administration of medicines is a complex issue and involves the administration of a medicine disguised in food or drink to a resident who resists it when given it openly. Where a best interest meeting has been held with the appropriate people and agreed it is in the best interest of the resident to do so.

This practice applies exclusively to those people who lack the capacity to consent to treatment under the Mental Capacity Act 2005.

The Process for Covert Administration of Medicines to Adult Residents in Care Homes

Health and social care practitioners should ensure that the process for covert administration of medicines to adult residents in care homes includes:

- Assessing mental capacity. The Mental Capacity Act 2005 defines mental incapacity and how it should be assessed. The Act states that there must be a presumption of capacity even when a person makes an unwise decision, unless it has been established that the person lacks capacity to make a particular decision, and the treatment options must be the least restrictive possible on the person's rights and freedom.
- Holding a best interest meeting involving care home staff, the health professional prescribing the medicine(s), the involved pharmacist, and a family member or advocate to agree whether administering medicines without the resident knowing (covertly) is in the resident's best interests.
- Recording the reasons for presuming mental incapacity and the proposed management plan.
- Planning how medicines will be administered without the resident knowing.
- Regularly reviewing whether covert administration is still needed and reviewing when each subsequent medicine is prescribed.

Practical Steps for Clinicians Considering Covert Medications

- Is the patient refusing medications?
- The reasons why the patient is refusing particular medication(s) need to be established.
- Is it because the patient does not like the taste, colour, or consistency of the medication? A pharmacist should be consulted for advice on various alternative preparations that can be tried, for example effervescent, syrup, capsules, tablets, melts, various doses. It is also possible that the patient's mental capacity fluctuates during the day and the timing of medication administration may need to be altered.
- The prescribing clinician needs to review medications and decide what medications are essential, discussing the pros and cons of particular medications with the patient.
- If a patient is refusing medications for a mental disorder, the relevant mental health team needs to be consulted.
- If there is no reason to doubt the patient's mental capacity, then covert medications cannot be administered.
- If there is reason to doubt the patient's mental capacity, firstly support the patient into making his/her own decision.
- Assess the patient's mental capacity if such support has not helped.
- If the patient lacks capacity to decide about his/her treatment, establish whether there is an Advance Decision, Lasting power of attorney, or court-appointed deputy.
- A best interests meeting with relevant people should be organised.
- If a decision to prescribe covert medication is made at the meeting, such essential medication needs to be specified, and a care plan and review plan agreed.
- A pharmacist should be involved to advise on the forms of administration and what food or drink the medication can be disguised in.
- Once a covert medication is prescribed, the care provider should coordinate the review with the relevant people and inform the Deprivation of liberty Safeguards team.

This guidance is to be used in conjunction with Kent and Medway CCG Covert



Covert

Administration of Medication in Care Homes Best Practice Guidance.

Administration KMC