Trust Guideline for Covert Medicine Administration

A Clinical Guideline

For use in:	Norfolk and Norwich University Hospital
By:	Registered Nurses and Doctors
For:	Covert administration of medication to adult patients who lack mental capacity and refuse essential medication, i.e. that medication which is necessary to save life or prevent deterioration in wellbeing
Division responsible for document:	Medical
Key words:	Capacity, Consent, Covert medication, Older People's Medicine
Name and job title of document author:	Dr Martyn Patel, Consultant in Older People's Medicine Clive Beech, Deputy Chief Pharmacist
Name of document author's Line Manager:	Dr James Edwards
Job title of author's Line Manager:	OPM Service Director
Supported by:	Dr Sarah Bailey, Clinical Director, Older People's Medicine
Assessed by:	Drugs and Therapeutics Jan Perkins, Trust Legal team Older People's Medicine Department
Assessed and approved by the:	Clinical Guidelines Assessment Panel (CGAP) If approved by committee or Governance Lead Chair's Action; tick here ☑
Date of approval:	22/10/2021
Ratified by or reported as approved to (if applicable)**:**	Clinical Safety and Effectiveness Sub-board
To be reviewed before: This document remains current after this date but will be under review	22/10/2024
To be reviewed by:	Dr Martyn Patel
Trust Docs ID No:	11523
Version No:	2
Compliance links: *(is there any NICE related to guidance)*	Care Quality Commission NICE clinical guideline 76 Consent to medication and treatment policy
If Yes – does the strategy/policy deviate from the recommendations of NICE? If so, why?	No

This guideline has been approved by the Trust's Clinical Guidelines Assessment Panel as an aid to the diagnosis and management of relevant patients and clinical circumstances. Not every patient or situation fits neatly into a standard guideline scenario and the guideline must be interpreted and applied in practice in the light of prevailing clinical circumstances, the diagnostic and treatment options available and the professional judgement, knowledge and expertise of relevant clinicians. It is advised that the rationale for any departure from relevant guidance should be documented in the patient's case notes. The Trust's guidelines are made publicly available as part of the collective endeavour to continuously improve the quality of healthcare through sharing medical experience and knowledge. The Trust accepts no responsibility for any misunderstanding or misapplication of this document.

Trust Guideline for Covert Medicine Administration

Version and Document Control:

Version Number	Date of Update	Change Description	Author
2	22/10/2021	Amended the prescription chart to current method of administration.	Dr Martyn Patel

This is a Controlled Document

Printed copies of this document may not be up to date. Please check the hospital intranet for the latest version and destroy all previous versions.

Trust Guideline for Covert Medicine Administration

Quick reference guideline

Trust Guideline for Covert Medicine Administration

Key points

Covert administration of medicines

Covert medication is the administration of medicines in food or drink to a patient who lacks the capacity to consent to take the medications and is refusing to take them..

The treatment is proportionate to achieve the aim and must be in the patient's best interests.

Covert administration must be reviewed weekly to ensure it remains necessary and in the patients best interests, and that the patient continues to lack capacity for the decision to refuse medication.

The Care Quality Commission identify the importance of involving people who know and understand the patient, such as relatives and carers, when considering covert administration of medications

Administration is not covert:

Covert administration is not considered:

(1) For patients whom are willing to have their medication disguised in food as they find taking medication difficult in the usual way.

(2) For patients who are unconscious and for this reason, unable to refuse treatment.

Medicines adherence: (NICE Clinical Guideline 76):

Nurses and Doctors should always seek pharmacist advice on the appropriateness of crushing tablets, opening up capsules and any other alteration of the prescribed product.

Objective

This guideline was written to assist medical and nursing staff:

- To identify who, when, why and how medication can be administered covertly in food or fluid for patients who lack the capacity to refuse essential medications whilst in the care of the Norfolk and Norwich University Hospital.
- To provide guidance for best practice in the administration of covert medication, including documenting the procedure for implementing a covert medication order for a patient.
- To reduce risks associated with covert administration methods.
- To ensure that the guideline is used correctly, and only in necessary circumstances and in the best interests of the patient.

Rationale

This policy should allow the practice of covert medication administration to be correctly prescribed, administered, documented and audited to ensure best practice is maintained.

Trust Guideline for Covert Medicine Administration

The covert administration of medication is a complex process and is only allowable in limited circumstances for some patients who lack mental capacity and are refusing to take their medications. Whilst it is sometimes necessary and justified, it must always be in the best interests of the patient and a contingency method rather than regular practice. Disguising medication simply for convenience is unacceptable practice.

Broad recommendations

'Covert Administration' is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them,' e.g. in food or drink (Royal Pharmaceutical Society, 2007). A clear distinction must always be made between:

- Patients who have mental capacity and refuse their medication and whose refusal must be respected.

  And

- Patients who lack mental capacity and refuse essential medication, and in whom covert administration is necessary because they are otherwise aware they are receiving medication which they then refuse.

Covert administration of medicines will only be undertaken when it can be justified that it is in the best interests of the patient who is unable to give informed consent and every effort has been made to encourage the patient to take their medication voluntarily.

Registered medical, nursing and pharmaceutical staff should act in accordance with the Code of Conduct and related guidance of their professional bodies.

Registered nurses and Doctors considering the covert administration should ensure that legal requirements are met in decision-making and on-going review.

Registered staff should ensure that they are aware of the Mental Health Act and Mental Capacity Act legislation.
http://www.legislation.gov.uk/ukpga/2007/12/pdfs/ukpga_20070012_en.pdf
http://www.legislation.gov.uk/ukpga/2005/9/contents

Ward Managers/Team Leaders should ensure that registered staff complete the required safeguarding and consent training.

Mental capacity

There is a legal presumption that every adult has the mental capacity to decide whether to consent to, or refuse, proposed medical intervention.

If the patient's presentation gives reason to doubt that they possess the relevant mental capacity then this should be investigated further.

Patients', who have the mental capacity to make decisions about their treatment, including medications, should have their decisions respected, even if they refuse treatment. Mental capacity is time and decision specific, so a patient's mental capacity may fluctuate.

Trust Guideline for Covert Medicine Administration

Mental capacity should be assessed in accordance with the principles of the Mental Capacity Act 2005 (MCA) and the Mental Capacity Act Code of Practice. Every adult must be presumed to have the mental capacity to consent or refuse medication Section 3(1) of the MCA 2005 states that a person is unable to make a decision if they cannot:

1. Understand information about the decision to be made ("relevant information") or;
2. Retain that information in their mind, or;
3. Use or weigh that information as part of the decision-making process, or;
4. Communicate their decision.

Mental Capacity Act and Mental Health Act

The Mental Health Act provides the legal framework for the assessment and treatment of mental disorders. It does not provide for the assessment or treatment of physical illnesses. A person who has a mental illness as well as an unrelated physical illness for which he is refusing treatment, cannot normally be treated for his physical illness against his wishes under the Act (even if detained under the Mental Health Act). In such cases, however, it might be deemed that the person lacks the mental capacity to consent to treatment of the physical illness, in which case treatment could be given, in the person's best interests, under the Mental Capacity Act 2005.

However, if the physical illness is causing the mental disorder, or if the physical illness is a direct consequence of the mental disorder, treatment of the physical illness is permitted under the Act.

Standards of Compliance for Covert Administration of Medication

Under the Mental Capacity Act 2005: Code of Practice (2007) the assessment of capacity is primarily a matter for the treating clinician, but staff have a responsibility to participate in discussions regarding this decision (see Consent to examination and treatment policy) which should be documented in the covert medicines MDT plan and filed in their health record.

Comprehensive and accurate record keeping demonstrating the involvement of all parties is fundamental in supporting the decision to administer medication covertly. The Registered Nurse or Doctor will need to ascertain whether they have the support, of the rest of the professional team and make their own views clear. It is inadvisable to make a decision to dispense medication in this way in isolation.

The medication must be necessary in order to save life, prevent deterioration, or ensure an improvement in the patient's physical or mental health. (It must be in the best interest of the patient).The rationale must be documented in the covert medicines MDT plan and filed in their health record.

A patient may have indicated consent or refusal to treatment should they lack capacity to make such a decision in the future in the form of an Advanced Decision, and this is legally binding. If the patient has a 'Lasting Power of Attorney' for medical treatment, this needs to be added to the health record, as it is legally binding unless the patient is detained under the Mental Health Act. In these instances further advice should be sought from the Trust's Legal Services Team.
The method of administration must be discussed with and agreed by the pharmacist, and then a note adding to appear on EPMA chart detailing what has been agreed, so that the drugs to be covertly administered and the method of administration are clearly described.

The prescriber should ensure that a record of the discussion and decision is made in the covert medicines MDT plan and filed in their health record. This is particularly important as crushing and/or mixing medicines with food or drink can alter its chemical properties and thereby detrimentally affect its therapeutic effect. It will also give consistency in the administration procedure.

The proposed treatment plan must be discussed by the multidisciplinary team and with the patient's carer/relatives. The decision, rationale and those involved should **all** be documented in the covert medicines MDT plan and filed in their health record. The agreed treatment plan must be reviewed at planned intervals (not less than weekly) as determined by the capacity assessment. Where appropriate the patient and/or their carer/family should be asked to sign this.

Every effort should be made to administer the medication in its usual form (e.g. tablet/syrup) and regular attempts should be made to encourage the patient to take this voluntarily based on assessment of capacity. This may be achieved by giving information (in a suitable format) and explanation, preferably by a member of the team who has a good rapport with the patient. This should be documented in the health record.

Nurses should ensure that the correct patient receives the correct medication (as per the Trust Medicines Policy.

Hence, the Doctor or Registered Nurse remains with the patient until they have taken the medication (UKPPG, 2001). If it is essential that the person supervising the patient has to leave them, they must take the food or drink containing the medication with them and ensure its safety (i.e. that it cannot be given to any other patient).

Mixing the medication in a **small** volume of food or drink increases the likelihood that the full prescribed dose is taken. Medication should be administered immediately after mixing with food/drink so as to reduce the risk of misadministration.

Errors/incidents occurring as a result of covert administration should be reported using the Trust's Incident Reporting systems.

The Covert Administration of Medicines MDT plan

The MDT-plan should clearly state the details of People involved in formulating the Care Plan. It should include:

- Summary of problems encountered in administering medications.
- Have other medication options have been considered.
- The reasons why the medicines (to be given covertly) are essential and in the patient's best interests.
- Have the provisions of the Mental Health Act 2007 been considered.
- Which drugs are to be administered covertly and the method agreed for administering each medicine.

- If, and how often, attempts will be made to encourage the person to take their medication.

- Who has been involved in and agreed to the decision to covertly administer medication.

The dates for review.

The rationale for covert administration, the covert methods to be used and the drugs to be administered covertly should be reviewed at weekly intervals as a minimum and this review must be documented within the clinical records

Clinical Audit Standards

We propose the following audit standards, all with 100% benchmark target with an audit taking place within the first year of the policy being in use and thereafter at least every two years.

- Has the 'Assessment of Capacity' been completed and documented in the health record?

- Is there evidence of capacity being regularly reassessed at least weekly?
- Has the decision to administer medication covertly, the rationale and the treatment plan (i.e. covert methods to be used) been documented in the health care record?
- Have attempts to discuss the policy with carers or Power of Attorney been documented in the health record?
- Has the prescription record been altered to indicate the form of medication and covert method to be employed?
- Is there evidence that the pharmacist has been consulted about any change to the medication formula, e.g. crushing of tablets?

Summary of development and consultation process undertaken before registration and dissemination

The authors listed above (see front sheet) drafted this document on behalf of the Older People's Medicine Department which has agreed the final content. During its development it has been circulated for comment to Consultants, Senior Pharmacists and Senior Nurses within the Older Peoples Medicine department and the legal team at the Norfolk and Norwich University Hospitals NHS Foundation Trust. This feedback has been incorporated into this final draft document.

This version has been endorsed by the Clinical Guidelines Assessment Panel.

Distribution list / dissemination method

Trust Guideline for Covert Medicine Administration

Available via the NNUH intranet trust guidelines pages.

Trust Guideline for Covert Medicine Administration

References / source documents

Essential Standards of Quality and Safety. Care Quality Commission (2010)

Guidance for CQC Staff and Providers of Registered Care, Treatment and Support Services: Care Quality Commission (2009)

Pharmacy Tip: Disguising Medicines in Food or Drink: Care Quality Commission (2008)

Standards for Medicines Management: Nursing and Midwifery Council (2010)

The Handling of Medicines in Social Care: Royal Pharmaceutical Society (2007)

The Administration of Medication in Food or Drink to People unable to give Consent to or Refuse Treatment Administered in this way. United Kingdom Psychiatric Pharmacy Group (UKPPG) (2001, Downloaded 02.12.11)

The Mental Health Act Commission Twelfth Biennial Report (2008)

Statement on Covert Administration of Medication (Royal College of Psychiatry 2004)

Mental Capacity Act (2005)

The Mental Health Act Code of Practice (2007)

Associated Trust Policies/Documents Medicines Code NNUH TRUST
Mental Capacity Act (including Deprivation of Liberty Safeguards).

Appendix 1 - Covert medicines MDT care plan

See Trustdocs ID: 11522