

**Good Practice Guidance**  
**Covert Administration of Medication**

This guidance is appropriate to be used for all adults from 18 years of age, wherever their place of residence and whoever administers their medicines.

**1. Background**

‘Covert administration’ is the term used 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 <sup>(1,2)</sup>.

- It is important to respect the autonomy of competent adult service users who refuse treatment. An important part of treatment is the prescribing and administration of medication, which must be undertaken lawfully at all times <sup>(3,4)</sup>.
- In social care the covert administration of medication is sometimes necessary and justified, but should never be used for competent adult service users who are capable of deciding about their own medical treatment. The lawful exception to this is treatment for a patient’s mental disorder under the terms of the Mental Health Act 1983 (MHA) <sup>(5)</sup>, which provides safeguards to patients treated for a mental disorder. The Royal Pharmaceutical Society (RPS) of Great Britain site reference documents in their guidance “Handling of Medicines in Social Care (2007).” <sup>(1)</sup>

**2. Consent and Capacity**

This guidance does not apply to the co-operative process where consenting patients find taking medication difficult and have their medication delivered in food or drink to ease ingestion.

- If a patient has the capacity to refuse the administration of medicines then this decision must be respected and covert administration of medication would be unlawful. The only exception is for a person detained under the MHA <sup>(5)</sup>.
- The MHA provides for the administration of psychiatric treatment to patients who refuse such treatment and in some situations it may be clinically appropriate to administer oral medication by covert means <sup>(5)</sup>
- If a person does not have the capacity to give informed consent to the administration or to the refusal of the administration, a best interest decision needs to be made and documented for the administration process. Administering medication in the absence of informed consent may be regarded as deception.

Good Practice Guidance Covert medicines v3 V1	Status: Approved	Next Review Date: March 2019
©NHS Commissioning Board. Developed by North of England Commissioning Support Unit 2017	Approved date: 22/06/2017	Page 1 of 10

- Where a person lacks capacity, the use of covert administration is governed by the principles and procedures of the Mental Capacity Act (MCA) <sup>(6)</sup>, including consideration of whether the covert administration of medication also represents a Deprivation of Liberty Safeguards (DoLS) <sup>(7)</sup> issue. A DoLS referral is most likely to be needed when the medication is intended to control or modify behaviour.
- The use of covert administration must not be considered routine and should only be used if it is in the best interests of the person <sup>(8)</sup>.

### 3. Issues to consider during review

When covert administration is being considered, the prescriber must take into account the following in collaboration with the patient (if possible), the patient's carers (formal or informal), the patient's family, other health and social care professionals caring for the patient.

#### 3.1. Necessity

- Is the treatment so essential it needs to be given by deception?
- Practitioners should base their clinical decisions on clinical guidelines where available, e.g. National Institute for Health and Care Excellence (NICE) Clinical Guidance 42 <sup>(9)</sup> Dementia: Supporting People with dementia and their carers in health and social care.

#### 3.2. Capacity

- Does the person have the capacity to decide about medical treatment?
- The person must have been assessed in accordance with the MCA 2005 <sup>(6)</sup>. This process should be timely and documented.

#### 3.3. Benefit

- Is the treatment of benefit to the person?
- Treatment must be for the benefit of the individual and not to benefit others.
- Is there an evidence based indication for the medication?
- Are any potential risks of any possible adverse effects that might be caused by administering the medicine covertly, outweighed by the benefit obtained, e.g. change in absorption or risk of person tasting medicine and then refusing all food and drink.

#### 3.4. Least Restriction of Freedom

- Is the covert method the best way to achieve administration of medication?
- Any covert administration must not compromise the individual's freedom.
- Is the chosen method for covert administration the best way of providing the medicine to the person and also causes the person the least distress?
- Is the person already subject to a DoLS <sup>(7)</sup>?
- Is a referral to DoLS <sup>(7)</sup> necessary?

Good Practice Guidance Covert medicines v3 V1	Status: Approved	Next Review Date: March 2019
©NHS Commissioning Board. Developed by North of England Commissioning Support Unit 2017	Approved date: 22/06/17	Page 2 of 10

### 3.5. Take the person's past and present wishes into account

- Has an advance statement been made?
- It is important to take into account anything the person may have said to family and friends or involve independent advocacy.

### 3.6. Consult others

- Has there been full discussion within a multidisciplinary team with expert pharmacy guidance?

This is essential and in addition there must be some consultation out with the clinical team. Consideration must also be made of ethical, cultural or religious beliefs. Consider if covert administration of medicine could be a DoLS <sup>(7)</sup> e.g. psychotropic medication.

### 3.7. Encourage the person to use existing skills

- Have all means of expression been explored?
- The person should have every opportunity to understand the need for medical treatment and communicate decisions.

## 4. Prescribers Responsibilities

### 4.1. Mental Capacity Assessment

In respect of covert administration it is the prescriber's responsibility to assess for themselves if the person lacks capacity to determine if they will take their medication or not. Concerns of representatives, formal carers and other health and social care professionals should be considered, but prescribers must be aware that final responsibility rests with them. Prescribers should keep the person's capacity under review.

### 4.2. Best Interest Decision

If the patient lacks capacity there should be a best interest decision made by the prescriber, which should include consultation with care home staff, relevant health professionals (including the prescriber and pharmacist) and a person who can communicate the views and interests of the resident (this could be a family member, friend, or independent mental capacity advocate (IMCA) depending on the resident's previous stated wishes and individual circumstances) <sup>(8)</sup>. A meeting may be appropriate to facilitate consultation but it is not essential.

### 4.3. Deprivation of Liberty Safeguard (DoLS)

Prescribers should consider if the administration of the medicine could be a deprivation of liberty <sup>(7)</sup> (e.g. sedatives, psychotropic medicines). If this is the case it is important that care home or domiciliary care staff are informed. Care Home staff are responsible for informing the relevant local authority of the situation to ensure a

Good Practice Guidance Covert medicines v3 V1	Status: Approved	Next Review Date: March 2019
©NHS Commissioning Board. Developed by North of England Commissioning Support Unit 2017	Approved date: 22/06/17	Page 3 of 10

DoLS <sup>(7)</sup> assessment is carried out or reviewed. The care home / domiciliary care staff must follow any conditions of the DoLS assessment.

#### 4.4. Records

Prescribers should document in the person's medical record any assessment of capacity, including who was involved and the outcome. A written record of the decision must be held by the care home or home care provider. The prescriber should ensure that their support of covert administration and the method used is provided to the social care organisation in writing. Prescribers should ensure the route of administration is included in the directions for each medication on the prescription e.g. "One tablet daily crushed and added to food".

#### 4.5. Off Licence Prescribing

Prescribers should be aware that manipulating dosage forms to facilitate covert administration or putting medicines in food or drink often means that the medication is being used outside of the product licence. This has medico-legal consequences for the prescriber who takes a greater degree of responsibility for the medication. Prescribers should seek the advice of a pharmacist to assist in assessing the appropriate means of administering the medication where the method will be off licence.

#### 4.6. Review and Management Plan

Only medicines which are essential for the person to prevent serious consequences or deterioration of their condition should be administered covertly. Prescribers should take the opportunity to review the person's medication and consider discontinuing any medication which does not fit into these criteria.

**Prescribers should review the administration of covert medication at any point in the change in therapy (e.g. new medicine).**

NICE guidance <sup>(10)</sup> states that if the decision of the best interests is for medicines to be administered covertly, a management plan should be agreed. This would usually include:

- Medication review by the GP
- Medication review by the pharmacist (to advise how the medication can be administered safely)
- Clear documentation of the best interest decision
- A plan to review the need for continued covert administration of medicines on a regular basis

Good Practice Guidance Covert medicines v3 V1	Status: Approved	Next Review Date: March 2019
©NHS Commissioning Board. Developed by North of England Commissioning Support Unit 2017	Approved date: 22/06/17	Page 4 of 10

## 5. Practical Considerations

### 5.1. Can the medicine be safely disguised?

- Advice from a pharmacist should be sought to identify the most appropriate method of covert administration for the particular medicine involved.

This is because some medicines can be safely crushed etc. before administration; however, for others such processing could render the medicine dangerous to the patient. Alternative methods of administration may be more appropriate than disguising in food for some patients.

Advice may be sought from the dispensing pharmacist or practice pharmacist.

- Advice regarding the principles of alternative methods of administration may be helpful and are included in:
  - “The management of patients with swallowing difficulties
  - Principles to apply when considering alternative formulations of medication”<sup>(11)</sup>.

### 5.2. Who is administering the treatment?

- Care and nursing staff need to understand how to give the medication safely and have documented pharmacy advice on administering covertly. Informal carers giving treatment at home should be given support and education.
- Care and nursing staff require written records of covert administration decisions. A template record form is available in Appendix 2

### 5.3. Procedure for covert administration?

- Offer medicine in the normal way. Only if medication is refused should the covert pathway be followed.
- According to care plan, prepare the first medication that is required to be administered covertly.
- Watch the service user to ensure full dose is taken.
- Continue process until all medicines have been administered. Medication must be administered one medicine at a time

### 5.4. How is covert medication recorded?

- Care plans and the MAR chart should clearly record when and how a medicine is to be administered covertly.
- Medicines should be offered openly in the first instance, if refused the MAR should be annotated with the correct code for refusal. When the medication is given covertly, the MAR should be annotated with the right code. Record on the back of the MAR, the time, reason and how the medicine was administered covertly.

Good Practice Guidance Covert medicines v3 V1	Status: Approved	Next Review Date: March 2019
©NHS Commissioning Board. Developed by North of England Commissioning Support Unit 2017	Approved date: 22/06/17	Page 5 of 10

### 5.5. When should the need for covert medication be reviewed?

It is important to review whether the treatment continues to be necessary and if so, if the covert administration is still necessary. An early review once the initial decision has been made is recommended, then further reviews to be agreed depending on individual circumstances.

### 5.6. What happens if additional treatment is needed?

This should be considered as a completely new situation and all the above issues should be reconsidered.

## 6. References

1. The Handling Of Medicines in social care (2007), Royal Pharmaceutical Society of Great Britain.
2. Covert Administration of Medicines (Jan 2003), The Pharmaceutical Journal, volume 270, No7230.
3. Statement on Covert Administration of Medicines 2004, Royal College of Psychiatrists
4. Position Statement: Covert Administration of Medicines – disguising medicines in food and drink (2006), Nursing and Midwifery Council
5. Mental Health Act 1983 Code of Practice, DOH(1999)
6. Mental Capacity Act (2005)
7. Deprivation of Liberty Safeguards (DoLS) amendment to Mental Capacity Act 2005
8. Mental Health Briefing: The Covert Administration of Medicine, Number 101 Covert Medications (November 2006), Mental Welfare Commission for Scotland.
9. Clinical Guideline 42 Dementia: Supporting People with Dementia and their carers in Health and Social care (2016 update), National Institute for Health and Care Excellence
10. SC1 Managing medicines in care homes – full guideline (March 2014), National Institute for Health and Care Excellence

Good Practice Guidance Covert medicines v3 V1	Status: Approved	Next Review Date: March 2019
©NHS Commissioning Board. Developed by North of England Commissioning Support Unit 2017	Approved date: 22/06/17	Page 6 of 10



11. The management of patients with swallowing difficulties – Principles to apply when considering alternative formulations of medication (September 2016)

North of Tyne and Gateshead Area Prescribing Committee

<http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2017/01/Swallowing-difficulties-January-17.pdf>

Good Practice Guidance Covert medicines v3 V1	<b>Status:</b> Approved	<b>Next Review Date:</b> March 2019
©NHS Commissioning Board. Developed by North of England Commissioning Support Unit 2017	<b>Approved date:</b> 22/06/17	Page 7 of 10

## Appendix 1: Covert administration of medication aide memoire

Establish whether covert administration is required – discuss with GP and care staff.

Consider whether medications can be given without the need for covert administration.

Review all medication to assess clinical need and benefit to the patient.

- Have all reasonable steps been taken to support the patient to take their medicine?
- Can alternative forms be tried e.g. liquid instead of tablets?
- Does the patient need more time and encouragement at medication times?
- Are all medications being refused or just one?

A mental capacity assessment must be carried out to establish if the patient lacks capacity to make this decision. NB capacity is assumed unless proven otherwise

Any adult who has mental capacity has the right to give or refuse consent to treatment or nursing intervention and this decision must be respected.

Disguising medication in the absence of informed consent is unlawful. The exception to this is where the person is detained under the Mental Health Act.

Ensure all appropriate people take part in the discussion, including the patient if they are able and wish to do so. Take into account any advance statement made by the patient

The local authority **must** be contacted if the patient is subject to a DoLS.

Where there is no DoLS, consideration must be given to initiating the process.

This will take into account the risks of any adverse effects that might be caused by administering the medication covertly, versus benefit obtained.

For example, change in absorption, or risk of person tasting medicine and subsequently refusing all food and drink.

The decision process must be fully documented.

In all cases, care or nursing staff can only administer medication covertly if authorised by the prescribing practitioner. Add instructions for administration to the prescription e.g. “crush and add to food”

Patient is persistently refusing medication in any form

Is the medication essential and of benefit to the patient?

Does the patient have capacity to refuse medication?

Yes - The patient's decision must be respected. Covert administration would be unlawful

No  
A "best interests" discussion must be held

Covert administration is appropriate

Covert administration is not appropriate  
Ensure review date +/- circumstances agreed

Is the patient subject to a Deprivation of Liberty process?

Obtain expert pharmacy advice regarding best method of covert administration

DOCUMENTATION & REVIEW

With kind thanks to Sunderland Clinical Commissioning Group who developed the original version of this document.

Good Practice Guidance Covert medicines v3 V1	Status: Approved	Next Review Date: March 2019
©NHS Commissioning Board. Developed by North of England Commissioning Support Unit 2017	Approved date: 22/06/17	Page 8 of 10

## Appendix 2

### Covert Medication Care Documentation Form

<b>Name of Client:</b>		<b>Date of Birth:</b>	
<b>Address:</b>		<b>Date:</b>	
<b>Completed by:</b>		<b>Position:</b>	
<b>Assessing Capacity:</b> Does the person have impairment, or a disturbance in the functioning of their mind or brain? Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to?	Yes/No (if yes a best interests decision must be documented) Yes/No (if yes a best interests decision must be documented)		
<b>Functional tests of capacity</b> To be able to make a decision a person must be able to: <ul style="list-style-type: none"> <li>understand the information relevant to the decision,</li> <li>retain that information,</li> <li>use or weigh that information as part of the process of making the decision, or</li> <li>Communicate the decision.</li> </ul>	Describe how assessed		
What medication is being considered for covert administration?			
Why is this medication necessary or what benefit is there for the patient? Where appropriate refer to clinical guidelines, e.g. NICE. Is it the least restrictive option?			
What alternatives have been considered? (e.g. alternative methods of administration or other ways to manage the person/behaviour)			
What is the person's past or present views of the proposed treatment, if known?			
Is there a person nominated with the power to consent (e.g. welfare attorney/welfare guardian)? If yes have they been consulted with regard to covert administration?	Yes/No (if yes a best interests decision must be documented) Yes/No (if yes a best interests decision must be documented)		
Is the person subject to a DoLS? If yes, does the safeguard needs updating? Could the medication prescription / administration be considered a DoL?			
Who was involved in the decision to administer medicine covertly? Please name prescriber e.g. GP, Acute Trust or Mental Health Doctor Please name relatives or other carers involved:	<b>Names of people involved:</b>		

**Covert Medication Care Documentation form continued**

Has anyone apposed the decision to administer covertly?	<b>Yes/No. If Yes give details of who and why?</b>
A Pharmacist must be involved to give advice if administration involves crushing tablets, opening capsules or combining medicines in any way with food or drink.	<b>Name of Pharmacist:</b> <b>Name of Pharmacy/organisation:</b> <b>Date:</b>
Describe the method for administrating in food agreed with pharmacist e.g. If tablet administration is refused, the tablet can be administered covertly by crushing tablets and mixing with one teaspoon of yogurt.	
When will a review of the covert administration arrangements be made? (specify timeframe and circumstances e.g. monthly or when a new medicine is started)	<b>Date of planned review:</b>

Good Practice Guidance Covert medicines v3 V1	<b>Status:</b> Approved	<b>Next Review Date:</b> March 2019
©NHS Commissioning Board. Developed by North of England Commissioning Support Unit 2017	<b>Approved date:</b> 22/06/17	Page 10 of 10