Think Medicines!

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Issue 5
August 2016

# Care Homes

## Covert Medication Administration



Cambridgeshire and Peterborough Joint Prescribing Group have endorsed a guidance document to support the appropriate use of Covert administration of medicines in care homes. This includes a sample policy as an appendix which care homes can adopt for local use.

### WHO IS THE GUIDANCE FOR?

The guidance is intended for use by **registered practitioners** or **carers** working within the boundaries Cambridgeshire and Peterborough CCG, who may be planning the use of covert medication or who may be administering medications covertly as part of a treatment plan, within the care home setting. It is recommended that the guidance within this document is followed every time covert medication is used or whenever it is being considered.

**All care home providers must have procedures for arranging for covert administration of medicines.** The document will provide guidance around the decision making process and the documentation required to administer medicines covertly.

### WHAT IS COVERT ADMINISTRATION?

Covert administration of medication occurs when medications are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink.

**Covert administration of medication MUST only be considered necessary and justified in exceptional circumstances when certain legal requirements have been satisfied. Medicines should never be administered covertly to patients who have capacity to make their own decisions.**

### WHAT FACTORS SHOULD BE CONSIDER BEFORE DECIDING TO ADMINISTER MEDICINES COVERTLY?

- **Has a best interest decision been made including a risk benefit assessment by the prescribing clinician, in discussion with relatives/advocates?**
- **Has the option of stopping medication been considered as the least restrictive option, particularly where there are risks of food or drink being refused?**
- If decisions have been made, have these been documented in the patient's clinical notes and care plan with reasons for the decision?
- Has the prescriber considered an alternative route of administration of that medication (e.g. topical, parenteral) or an alternative medication (e.g. available in different forms which are more palatable)?
- Can the timing of administration be altered? Is there a formulation which can be given less frequently?
- Dementia commonly presents challenges to carers administering medication. Has the carer had Dementia training which is essential to develop persuasive techniques and document personalised preferences, such as particular carers, environment, ways of giving, etc.?

### WHERE CAN I FIND?

The guidance can be found here: http://www.cambsphn.nhs.uk/Libraries/Prescribing_Guidelines_and_Policies/Covert_Administration_of_Medicines_in_Care_Homes_-_Guidance_June_2016.sflb.ashx.

### WHAT ABOUT SWALLOWING DIFFICULTIES?

For patients with swallowing difficulties, medication can sometimes be administered with soft food. **Administering medication in this way would not be considered as covert if the patient is fully aware and has consented to having their medication administered in this way.**

**Advice on mixing medication with food/liquids should always be sought from a pharmacist. Where medication is mixed with food, care staff must ensure that the entire dose is administered. (It should be noted that crushing medication renders each medication unlicensed).**

Contact Medicines Management Team (capccg.prescribingpartnership@nhs.net) or local community pharmacist if advice is required.

Think Medicines!

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Issue 5
August 2016

# Care Homes

## Covert Medication Administration



### WHEN CAN MEDICINES BE ADMINISTERED COVERTLY?

Human rights law is the first principle that determines the decision to proceed. **Individuals capable of making the decision have the right to accept or refuse medical treatment**, even where a refusal might lead to a detrimental outcome.

**Medication can not be administered covertly to someone who is capable of deciding about their own medical treatment.**

Where covert administration is being considered as the most appropriate option the following principles should be seen as good practice:

- **Last resort** - covert administration is the least restrictive when all other options have been tried
- **Medication specific** - the need must be identified for each medication prescribed
- **Time limited** - it should be used for as short a time as possible
- **Regularly reviewed** - the continued need for covert administration must be regularly reviewed within specified time scales as should the person's capacity to consent
- **Transparent** - the decision making process must be easy to follow and clearly documented.
- **Inclusive** - the decision making process must involve discussion and consultation with appropriate advocates for the patient - It **must not** be a decision taken alone
- **Best interest** - all decisions must be in the person's best interest with due consideration to the holistic impact on the person's health and well-being.

**It is essential to always remember the potentially abusive nature of this process and for this reason assurance is needed that there is really no other option.**

### WHAT ABOUT RECORD KEEPING/ DOCUMENTATION?

**Covert administration of medication will be challenged by inspecting bodies, appropriate records need to be in place to support the process.** Accountability for the decisions made lies with everyone involved in the persons care and clear documentation is essential. It is **not** appropriate to act on an "ad hoc" verbal direction or a written instruction to covertly administer and this could be liable to legal challenge.

**The prescriber must have documentation of both mental capacity assessment for the understanding of medication issues and the best interest decision pathway to support covert administration. Copies of this documentation should be in the person's clinical records in their GP surgery and a copy needs to be shared with the relevant person/care team.**

**Carers should produce a personalised instruction for each medicine to be given covertly, in line with the advice of the pharmacist.** If further advice is required on the suitability of medications to be administered covertly contact Prescribing Partnership: capccg.prescribingpartnership@nhs.net.

**This should be added to the care plan to ensure that all carers are aware of the correct process.** It is also useful for kitchen staff to be aware of a person who is being given medication covertly as dietary changes may be needed.

**Each time medication is administered covertly, in accordance with the care plan, it should be clearly documented on the MAR sheet. Where administration is unsuccessful this must be documented, and any consequences reported to the prescriber and the GP/specialist in time scales as agreed at the commencement of the treatment and within the best interest decision.**

### WHAT ABOUT EMERGENCY SITUATIONS?

When an emergency arises in a clinical setting, and it is not possible to determine a patient's wishes, **they can be treated without their consent provided the treatment is immediately necessary to save their life or to prevent a serious deterioration of their condition.** The treatment provided must be the least restrictive option available.

**Any medical intervention must be considered in the patients best interests and should be clearly recorded noting, who took the decision, why the decision was taken, and what treatment was given.**

Think Medicines!

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

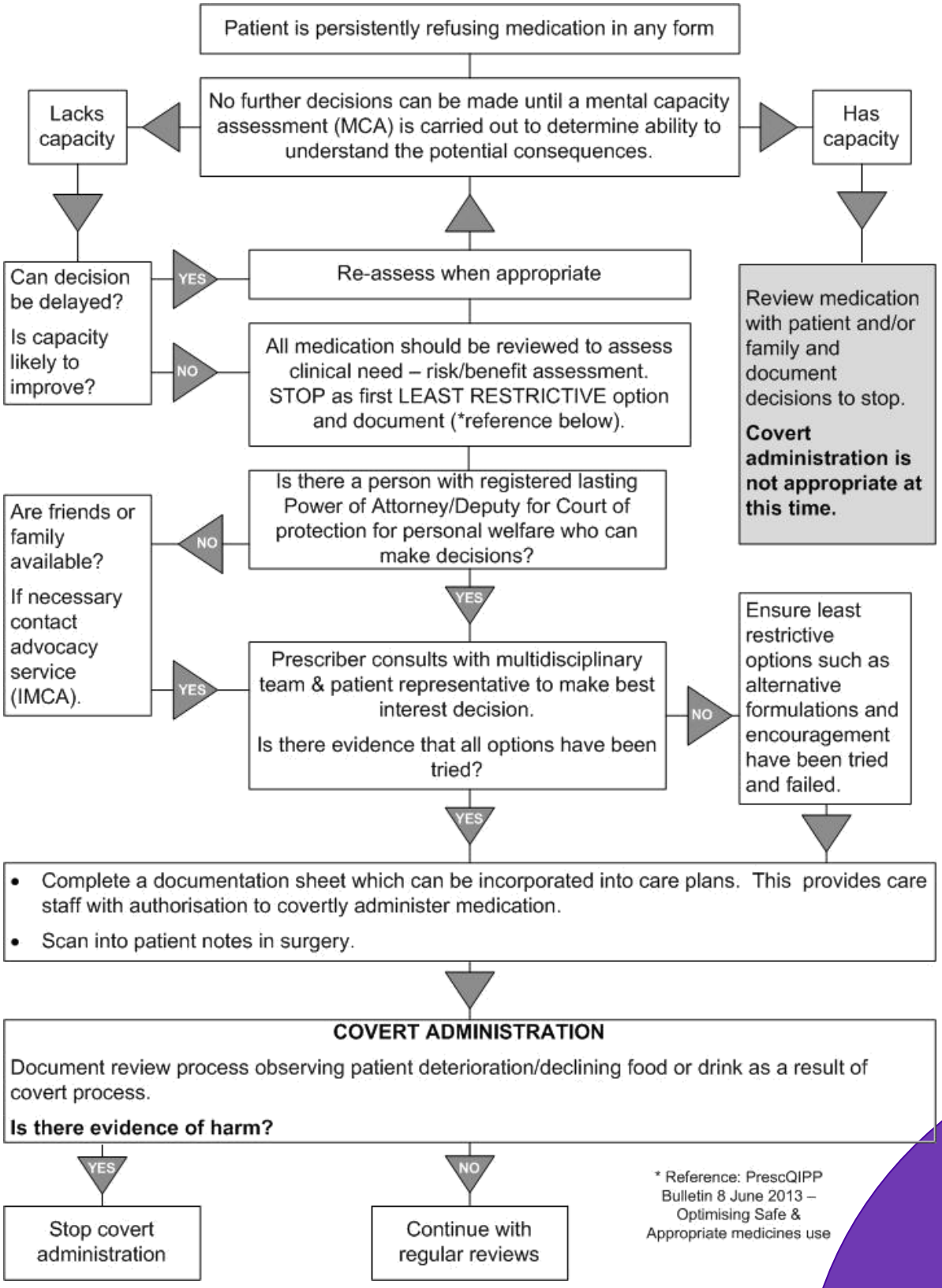
Issue 5
August 2016

# Care Homes

## Covert Medication Administration



### Flow Chart for the Use of Covert Medication




* Reference: PrescQIPP Bulletin 8 June 2013 – Optimising Safe & Appropriate medicines use