
Covert Medication (Administering Medicines Without the Person's Knowledge) in Domiciliary Care Policy

Background

This policy describes this care service's approach to the administration of medicines without the informed consent of the person for whom the medicine has been prescribed or agreed.

Covert medication refers to medicine which is given to a person without their consent in disguised form. It is sometimes used as a last resort if someone refuses medication that is essential for their health and wellbeing and is unable to give informed consent because they lack capacity.

Everyone has the human right to refuse to take any medicine if they wish to reject it, and it is important that this right is recognised and respected by all who provide care and treatment. However, where a medication has been prescribed for a person because it is essential for their health and wellbeing, and where they do not have the capacity to make an informed decision and refuse the medicines, then this policy may apply.

The policy should be read and used with other medication policies and procedures, specifically that on safe medication administration. It should also be considered alongside the service's policies and procedures regarding consent and the procedures for assessing mental capacity.

Legislation and Guidance

The policy and procedures which the service has developed are in line with the applicable national standards for health and social care, relevant legislation and best practice guidance relating to the management and administration of medication in adult social care, including:

- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Misuse of Drugs Regulations 2001
- The Misuse of Drugs (Safe Custody) Regulations 1973
- SC1 *Managing Medicines in Care Homes* (March 2014) National Institute for Health and Care Excellence (NICE)

- *QS85 Medicines Management in Care Homes* (March 2015) National Institute for Health and Care Excellence (NICE)
- *The Safe and Secure Handling of Medicines* (December 2018) Royal Pharmaceutical Society.

The care service will ensure that any registered nurses working for the provider who are involved in covert medicine administration follow the Nursing and Midwifery Council (NMC) professional code of practice.

Policy Statement

In this service, medication should always be administered on a consenting basis with the full agreement and understanding of the person, and their lawful representatives, including any advocates involved in their care.

However, the service does recognise that there may occasionally arise exceptional circumstances where a person, because of their mental incapacity at the time their consent is needed, cannot give that consent, despite the best efforts of everyone concerned for the person's health and wellbeing to obtain it.

In these situations, the service accepts that the administration of medication without the person's consent and knowledge may be necessary if it can be shown that the giving of the medication is in the person's best interests, as described in the procedures listed below.

The service emphasises that medication will only ever be given covertly as a last resort, when all other means to give the required medicine(s) by the usual routes, have failed. The service recognises that because a person lacks mental capacity to give their consent to take their medicine, it does not follow that they will refuse to take it in the normal way, even when a best interest's decision has been necessary.

It is always recognised that giving medicine covertly is always potentially a breach of that person's human rights, and those rights must be safeguarded by following procedures that are lawful and professionally acceptable and accountable. If the correct procedures are not followed, and the person receives improper treatment in consequence, the service accepts that it might be in breach of its duty of care, which will require investigation by the local adults safeguarding authority (in line with the service's safeguarding from abuse procedures) and the care regulator.

The service also recognises that if there are significant doubts or differences of opinion about the validity to give any medicine covertly, the matter might need to be escalated; to be addressed by the courts.

It is important to stress that in this service, the covert administration of medication will only be a last resort and performed in exceptional circumstances, if at all, and with the person's best interests always in mind. Medication will never be administered in a covert way merely for the convenience of staff or of the service. Any abuse of the procedure will be viewed by the service as professional misconduct and as a serious disciplinary matter.

Procedures

1. A decision to give any medicine without a person's knowledge will be made only after:
 - a. there is evidence that the person cannot give their consent to the taking of the medicine as prescribed or considered necessary by the medical practitioners involved
 - b. their inability to take the necessary decisions has been fully assessed in line with MCA procedures
 - c. it has been agreed with everyone involved in the person's care that it would be in the person's best interests to take the medicine(s)
 - d. it has been checked that the person has not made an advanced directive to refuse medication in the event of mental incapacity
 - e. the care provider has received clear directions from the prescribers about methods of administration, which are recorded in the person's care plan, and which are then adhered to and regularly reviewed.
2. The mental capacity assessment and best interests' decision-making will typically involve: the person as far as possible, their lawful representatives, including anyone with power of attorney for their health and welfare, independent advocate, the prescribing medical practitioners and other health professionals involved in the person's care and treatment, the dispensing pharmacist, and the relevant care service staff.
3. The best interests' process will include examination of the benefits and risks to the person receiving the prescribed or recommended medicine(s) without their knowledge, the availability of less intrusive and restrictive alternatives that might have similar outcomes, and the risks and responsibilities for the administrators of the medicine(s), particularly care service staff. Only medicines that are considered essential for the person's health and wellbeing and safety should be allowed to be given covertly.
4. If the best interests' decision is to proceed with covertly administered medicine(s), it will be important to discuss and agree the least restrictive, most palatable and safe administration route, eg by including it with food or drink.
5. Pharmaceutical advice must always be sought on the administration route to ensure that the therapeutic values are maintained and to avoid risks of adverse or side effects from altering the normal administration route.
6. The pharmaceutical advice should be recorded on the care plan and communicated to all staff involved, including any key "do's" and "do not's" about, for example, crushing of tablets, choice of appropriate food or drinks. All methods of administration should be in line with person-centred care planning values and principles so that, for example,

the person is not given the medicine in food or drink that they would not usually choose or might dislike.

7. Specific protocols will be needed for each medicine given covertly and for the different types of drugs prescribed, particularly if they entail administration of psychotropic or controlled drugs, which must adhere to all procedures for their administration by whatever route.
8. A specific protocol will be needed if the medicine is to be taken on an “as required” basis, which will include a risk assessment, precise instructions to staff administering it, clear recording of the reasons for administration, times and dosages, and close monitoring.
9. All relevant information must be recorded on the person’s care plan and administrations carefully recorded on the person’s MAR charts. The records must be checked regularly by a designated nurse or manager to ensure adherence to the care plan, and reviews carried out at least monthly or more often if needed with all the people involved in the decision-making.
10. An important feature of the review is to decide if it will be possible to discontinue the practice of giving the person medication without their consent or knowledge (which is in line with all mental incapacity best interest decisions).
11. It will also be important to discuss at review any other implications of the covert administration practices being followed, for example, the need for safeguarding.

Training

All staff involved in the giving of medicines without a person’s consent and knowledge will receive training on the care service’s policy and procedures and correct administration methods. Only staff who have been assessed as competent will give any medicine covertly.

The training will ensure that staff understand the safeguarding, mental capacity issues that are involved in the implementation of the policy, and the importance of a multi-disciplinary approach.

The training will form part of the care service’s wider training programme in the safe administration of medication and will be tailored to staff roles and responsibilities.

Signed: _____

Date: _____

Policy review date: _____
