

COVERT ADMINISTRATION OF MEDICATION POLICY

		Policy
Reference	CPG-MM/P-COVERT	
Approving Body	Joint Drug and Therapeutic and Medicine Optimisation Committee	
Date Approved	January 2024	
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:	
	YES	NO
	X	
Issue Date	19 th February 2024	
Version	4.0	
Summary of Changes from Previous Version	<ul style="list-style-type: none"> • Minor wording amendments and additions throughout. • Strengthened the information around restrictive practices. 	
Supersedes	Version 3.0, Issued 31 st May 2021 to Review Date January 2024	
Document Category	<ul style="list-style-type: none"> • Clinical 	
Consultation Undertaken	<ul style="list-style-type: none"> • MCA / DOLs Lead • Safeguarding Adults Lead • Safeguarding Children Lead • Learning Disabilities Lead • Dementia Care Nurse • Medicine Lead Pharmacist 	
Date of Completion of Equality Impact Assessment	30.11.23	
Date of Environmental Impact Assessment (if applicable)	Not applicable	
Legal and/or Accreditation Implications	None	
Target Audience	Staff employed by SFHT involved in patient care.	
Review Date	January 2026	
Sponsor (Position)	Chief Nurse	
Author (Position & Name)	Assistant Chief Pharmacist – Medication Safety and Governance, Jo Freeman	
Lead Division/ Directorate	CSTO	
Lead Specialty/ Service/ Department	Medicines Management/ Pharmacy	
Position of Person able to provide Further Guidance/Information	Assistant Chief Pharmacist	
Associated Documents/ Information		Date Associated Documents/ Information was reviewed
Not Applicable		Not Applicable
Template control		June 2020

CONTENTS

Item	Title	Page
1.0	INTRODUCTION	3
2.0	POLICY STATEMENT	3
3.0	DEFINITIONS/ ABBREVIATIONS	4
4.0	ROLES AND RESPONSIBILITIES	4
5.0	APPROVAL	4
6.0	DOCUMENT REQUIREMENTS (POLICY NARRATIVE)	5-8
	6.1 Assessing Capacity	5
	6.2 The decision to covertly administer medicines	6
	6.3 Covert administration of medicines	7
7.0	MONITORING COMPLIANCE AND EFFECTIVENESS	9
8.0	TRAINING AND IMPLEMENTATION	10
9.0	IMPACT ASSESSMENTS	10
10.0	EVIDENCE BASE (Relevant Legislation/ National Guidance) and RELATED SFHFT DOCUMENTS	11
11.0	KEYWORDS	10
12.0	APPENDICES	11-12
Appendix A	Equality Impact Assessment	

1.0 INTRODUCTION

Sherwood Forest Hospitals NHS Foundation Trust strives to ensure the safety of its patients and to promote a safe and therapeutic environment in which to deliver care. An important part of care is the prescription and administration of medicines which must be undertaken lawfully at all times.

Covert medication is the disguising of medication in food or drink, or giving medication by any other means where the patient is being led to believe that they are not receiving medication when in fact they are, the patient is being deceived in this instance. It may be that medication is given with food or drink as a means to aid administration and the patient is fully aware of this, this is not classified as 'covert' administration as the patient is in agreement. Covert administration also includes the administration of medication via feeding tubes if this is without the patient's knowledge. There may be exceptional circumstances in which covert administration of medicines may be considered to prevent the patient from missing out on essential treatment. The administration of medication in this way is a restrictive practice and must only be considered as a last resort when lesser restrictive options have been thoroughly considered. Essential treatment can be defined as that which is required in order to save life, prevent deterioration in health or ensure improvement in the physical or mental health of the patient.

The practice of offering medication in food or drink is only allowable in certain circumstances and could be open to abuse. The disguising of medication in food or drink is not to be encouraged as it is potentially dangerous but in exceptional circumstances it is recognised that it may be justified in the best interest of the patient.

If the patient has fully capacity then they have the right to refuse treatment even if this decision appears ill-judged to staff or family members

The aim of this policy is ensure that if covert administration of medication is felt necessary that it is done so with proper consultation, as laid out in the document below and that the decision is transparent and has an appropriate audit trail.

2.0 POLICY STATEMENT

To ensure covert administration is carried out safely and that the correct checks are conducted to put the patient's best interest first.

3.0 DEFINITIONS/ ABBREVIATIONS

Trust	Sherwood Forest Hospitals NSH Foundation trust
Staff	All employees of the Trust including those managed by a third party on behalf of the Trust
RPR	Relevant person’s representative is appointed when a Standard Authorisation for DoLS is granted and supports the person in relation to the DoLS.
IMCA	Independent Mental Capacity Advocate
DoLS	Deprivation of Liberty Safeguards
NICE	National Institute for Health and Care Excellence
ADRT	Advanced Decision to Refuse Treatment

4.0 ROLES AND RESPONSIBILITIES

All staff members who undertake the act of medication administration are responsible for assessment of a patient’s capacity. The decision to administer medication covertly can only be made by the prescribing clinician.

Nurses are responsible for:

- Highlighting patients who may lack capacity to consent to treatment.
- Ensuring the patient’s best interests are at the centre of all decisions.
- Allowing the patient every opportunity to take their medication voluntarily.

Ward based medical teams are responsible for:

- Making the decision as to whether or not to administer medication covertly using the principles set out in this policy.
- Highlighting patients who may lack capacity to consent.
- Ensuring the correct documentation of all decisions are in line with the Mental Capacity Act 2005 and local policy.
- Liaison with all parties to ensure all decisions are made in the patient’s best interests.
- Reviewing medication to ensure that only essential medication is given covertly to patients.

Pharmacy team are responsible for:

- To provide advice on the administration of medication as necessary.
- Highlighting patients who have missed critical medications to the ward-based teams.
- Reviewing medication to ensure that only essential medication is given covertly to patients.

5.0 APPROVAL

Joint Drug and Therapeutics and Medicines Optimisation Committee

6.0 DOCUMENT REQUIREMENTS

Patients who have the mental capacity to make choices about their treatment must be given the opportunity to do so and their wishes should be respected. Patients with cognitive impairment, both acute and chronic, may retain the capacity to make particular healthcare decisions. The patient may refuse treatment which is deemed essential and have the full capacity to do so; their wishes must always be respected and adhered to. If the patient does not have the capacity to make such decisions, then this policy will help to ensure they receive the most appropriate management.

Capacity is only assessed in those over 16 years of age. For any young person e.g. those under 16, who refuse medicine, the decision regarding action is made by the person with parental responsibility following a consultation between the consultant in charge of the patient's care, nursing staff and multidisciplinary team if necessary. See also Section 6.3 for information on administration of medication in children.

6.1 Assessing capacity:

The requirements of section 4 of the Mental Capacity Act 2005 must be met when assessing a patient's capacity to consent. There must be written evidence of the decision making process which will show that giving medication covertly is in the patient's best interest. The 'Two Stage Test for Mental Capacity' (MCA Form 2), should be followed and the 'Best Interest Checklist' (MCA Form 3), must be completed for those without capacity to make the decision to consent to taking medication. This assessment must be undertaken by the prescribing clinician. These are part of the [Sherwood Forest Hospitals Mental Capacity Act Policy](#). The assessment of a patient's capacity is specific to the decision that needs to be made. Mental capacity should be assessed in accordance with the principles and guidance of the Mental Capacity Act 2005.

If the patient refuses treatment then attempts should be made to alleviate any contributing factors. The prescribing clinician should discuss the situation with the patient and discuss the reasons for the medication being prescribed.

The following must be considered:

- Have all lesser restrictive options been thoroughly considered and trialled such as exploring the reasons for non-compliance, stopping medication, providing different formulations, different times of day etc.
- Is the medication considered essential in order to save life, prevent deterioration in health or ensure improvement in the patient's physical or mental health?
- Can it be given in liquid / soluble form to help administration?

If refusal persists then the prescribing clinician should conduct and document a formal assessment of capacity. If the refusal concerns treatment for mental illness then consideration needs to be given to the Mental Health Act 1983 and whether or not the patient meets the criteria for detention under the Act.

If the patient lacks capacity then a best interest decision must be made taking into account the following factors:

- If the patient has an acute condition which means they are unable to make a treatment decision then this decision may be delayed until such a time as the patient regains capacity, unless the treatment to be administered is life critical in which case the treatment may proceed in the patient's best interest after assessment of their capacity to consent.
- The wishes of the patient including those previously expressed by the patient when they had capacity.
- Any advanced decision to refuse treatment made when the patient had capacity, if this is in regard to a specific treatment then this treatment cannot be given unless it relates to a mental health disorder and the patient is detained under the Mental Health Act, in which case this may be overridden.
- The patient's relatives / carers may express a view which is consistent with the patient's best interest and relay the patient's previous wishes, this may be taken into account when making treatment decisions but relatives and carers may not consent on a patient's behalf.

6.2 The Decision to Covertly Administer Medications.

The decision to covertly medicate must always be subject to close scrutiny, particularly if that medication will affect the patient's behaviour, mental health or act as a sedative. It is essential that any covert medication is done in the least restrictive way possible and that safeguards are in place, for example, regular reviews of the decision to covertly medicate and whether it remains the least restrictive option in that particular patient's case.

The steps that should be followed are:

If the patient lacks capacity, is refusing to take the medication and is unable to understand the risk to their health if he/she fails to take the medication, then in exceptional circumstances, covert medication can be considered.

If medication is to be administered covertly, the decision maker must assess capacity and document in the patient's notes. A best interest discussion (face to face or telephone) should take place at the earliest opportunity with the Consultant, a senior nurse from the ward and the patient's family or friends or someone with a Lasting Power of Attorney (LPA) for Health and Welfare if appointed. If there is no one available for this consultation then an IMCA must be appointed.

All conversations with the patient, family, LPA and relevant healthcare professionals must be documented in the medical notes, preferably prior to the initiation of covert medication. If organising this discussion would delay the administration of critical medication, then covert administration may be initiated prior to this discussion taking place, if it is documented that it is in the best interest of the patient.

A pharmacist must be involved in the decision to administer covertly. If the patient usually resides in a care facility then a representative from that facility should also be included in the discussion process. The Mental Capacity Lead Practitioner can support and advise as required. If it is

agreed by everyone that covert administration of medication is in the patient's best interests, then this must be recorded in the patient's medical notes.

The existence of the covert medication care plan must be clearly identified within the best interest assessment.

An authorisation for deprivation of liberty under the Deprivation of Liberty Safeguards must be considered. This must explicitly state that a covert administration of medicines care plan has been agreed in the person's best interests. If there is already an existing authorisation for deprivation of liberty, then a Form 10 must be completed and sent to the relevant Supervisory Body (DoLS team within the local authority) to advise them that the patient is subject to a further restriction by way of having medication administered covertly.

The management plan should specify the timeframes. This may be daily for acute situations but must be no less frequent than monthly.

A change of medication or treatment regimen should trigger a review. Discuss in the meeting which changes to medications would not trigger a review i.e. the need for antibiotics during an infection.

These reviews should involve the relevant healthcare professionals, RPR (if appointed) and the patient's family members.

All decisions / changes must be clearly documented in the patient's notes including a further review date

This policy reinforces the NICE guideline; NICE Guidelines SC1: Managing Medicines in Care Homes. 2014, which refers to the administration of medication covertly. It emphasises that while covert medication may, on the face of it, appear not to be particularly restrictive option, it may still be a breach of a patient's rights if the appropriate safeguards are not adopted.

It is therefore essential that where covert medication is used in patient's treatment, it is always the least restrictive option for the patient and there are checks in place to ensure that this decision is regularly reviewed and specified in the care plan.

A DOLS authorisation does not automatically allow the administration of covert medication, this must be assessed separately.

All consultations and decision must be clearly documented in the case notes.

6.3 Covert Administration of Medicines

Once the decision to administer medication covertly has been agreed, then this may proceed for a clearly defined period of time. Each patient must have an individualised nursing care plan in place. The decision to administer medication covertly must be regularly reviewed in a time frame decided by the clinician involved in the patient's care which may be daily for acute situations or less frequently for longer term capacity issues.

Children

Covert medication administration may be appropriate for some young children who lack the ability to decision make or understand the risks of not taking medications because of their developmental and cognitive ability in relation to their age. Some children simply do not like the taste of a medication and do not have the level of understanding needed to negotiate or rationalise so disguising in a drink or food may be required. It should be a last resort and always be carried out with the full involvement and knowledge of parents/carers. To gain medicines compliance, reward systems i.e. star charts may be used, positively reinforcing behaviours when children are compliant with taking medications. Hospital play specialists can also support in this process as their role is to help children and young people during their hospital stay by providing support and activities to minimise any stress and anxiety

All patient groups

The pharmacy team must be consulted at this stage to offer advice on alternative administration processes.

The following will apply:

- The best interests of the patient must always be the first consideration.
- The administration of medication in food or drink must not compromise the nutritional needs of the patient and must not affect the properties of the medication involved.
- It is also important that the risk of the patient discovering the medication in their food or drinks is minimised as this may then lead to the individual refusing their food and drink.
- An accurate record of administration must be kept on the medication chart or on the electronic prescribing system (EPMA) as for all other medications.
- The method of administration e.g. crushing tablets and mixing with yoghurt, mixing with water etc., must be included in the care plan and documented on the medication chart if required or in the 'instructions' section of EPMA.
- If possible, the medication must be given at the end or after a meal unless the properties of the medication dictate otherwise.
- The medication must be mixed with a small amount of food or drink and not mixed in with the whole meal.
- The patient must be encouraged to take the medication voluntarily and be given regular information and encouragement.
- Patients receiving medicine in food or drink must be supervised until the medication has been taken.

All practitioners should reflect on the treatment aims of disguising medication and be confident that this is in the best interest of the patient. This should be reviewed regularly.

Nurses involved in covert administration of medication must be fully aware of the treatment aims.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Deviation from the policy	Safeguarding team	Datix review	Daily review of reports	Escalated as necessary to the Safeguarding team
Ensure that patients with Deprivation of Liberty authorisations have their medications managed appropriately	Safeguarding team, Medication Safety Officer.	Audit	Audit to be conducted within a year of policy launch. Frequency of future audits to be determined following completion.	Safeguarding Team.

8.0 TRAINING AND IMPLEMENTATION

There will be no training package alongside this Policy.
It is the expectation that all staff will familiarise themselves with the required process when needed.

Circulation to staff groups via the following methods:

Trust induction

Email distribution to all ward sisters / charge nurses

Update relayed via governance meetings.

9.0 IMPACT ASSESSMENTS

This document has been subject to an Equality Impact Assessment, see completed form at [Appendix A](#).

This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- NMC (2007) Position statement on the covert administration of medicines
- DOH (2005) Mental Capacity Act Code of Practice
- NICE Guidelines SC1: Managing Medicines in Care Homes. 2014

Related SFHFT Documents:

- Medicines Policy
- Mental Capacity Act Policy
- Deprivation of Liberty Safeguards Policy
- Policy for the Use of Restricted Practices for Adult Patients

11.0 KEYWORDS

capacity, secret, disguise, disguised, medicine, administer, DOLs,

12.0 APPENDICES

[Appendix A](#): Equality Impact Assessment

APPENDIX A - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Covert Administration of Medication Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 30.11.23			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	No	No	No
Gender	No	No	No
Age	No	No	No
Religion	People with certain religious beliefs may refuse medication based on these beliefs. This policy should allow for personal choice and only comes into play when the person is not deemed to have capacity to make these decisions about life critical treatment.	All individuals will be appropriately assessed prior to administration of medication	The process of medication choice should always take into account an individual's religious and personal beliefs
Disability	All people will be assessed on an individual basis and any disability affecting a person's ability to make decisions will be taken into account as part of the assessment process.	All individuals will be appropriately assessed prior to administration of medication	All individuals will be assessed appropriately prior to covert administration of medication
Sexuality	No	No	No

Pregnancy and Maternity	No	No	No
Gender Reassignment	No	No	No
Marriage and Civil Partnership	No	No	No
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	No	No	No

What consultation with protected characteristic groups including patient groups have you carried out?

- Nil

What data or information did you use in support of this EqIA?

- Nil

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- No

Level of impact

Low Level of Impact

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment: Joanna Freeman

Signature:

Date:
30.11.23