



 **Review Sheet**



Last Reviewed
04 Jun '20



Last Amended
04 Jun '20



Next Planned Review in 12 months, or sooner as required.

<p>Business impact</p>	 <p>MEDIUM IMPACT</p> <p>Changes are important, but urgent implementation is not required, incorporate into your existing workflow.</p>
<p>Reason for this review</p>	<p>Scheduled review</p>
<p>Were changes made?</p>	<p>Yes</p>
<p>Summary:</p>	<p>This policy sets out how the service will support service users with the taking of essential medications. Where covert medication administration becomes a necessary way of ensuring service users receive their medication, the policy defines how this takes place legally, safely and with the best interest of the service user at the centre of any decision making. The policy has been reviewed with minor changes only, an additional reference added referring to CQC guidance.</p>
<p>Relevant legislation:</p>	<ul style="list-style-type: none"> • The Care Act 2014 • Human Rights Act 1998 • Medicines Act 1968 • Mental Capacity Act 2005 • Mental Capacity Act Code of Practice • The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012
<p>Underpinning knowledge - What have we used to ensure that the policy is current:</p>	<ul style="list-style-type: none"> • Author: NICE, (2015), <i>Medicines management in care homes - Quality standard 6: Covert medicines administration</i>. [Online] Available from: https://www.nice.org.uk/guidance/qs85/chapter/quality-statement-6-covert-medicines-administration [Accessed: 4/6/2020] • Author: NICE, (2014), <i>Managing medicines in care homes - Guidelines</i>. [Online] Available from: https://www.nice.org.uk/Guidance/SC1 [Accessed: 4/6/2020] • Author: Royal Pharmaceutical society, (2018), <i>Professional guidance on the safe and secure handling of medicines</i>. [Online] Available from: https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines [Accessed: 4/6/2020] • Author: ROYAL PHARMACEUTICAL SOCIETY, (2018), <i>Professional Guidance on the Administration of Medicines in Healthcare Settings</i>. [Online] Available from: https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567 [Accessed: 4/6/2020] • Author: CQC, (2020), <i>Covert administration of medicines</i>. [Online] Available from: https://www.cqc.org.uk/guidance-providers/adult-social-care/covert-administration-medicines [Accessed: 4/6/2020]
<p>Suggested action:</p>	<ul style="list-style-type: none"> • Encourage sharing the policy through the use of the QCS App



1. Purpose

1.1 To ensure that Service Users who have been assessed as lacking capacity are only administered medicine covertly, if a management plan is agreed after a best interests meeting.

1.2 To support HWCGS Care (T/A Segal Gardens) in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
SAFE	S4: How does the provider ensure the proper and safe use of medicines?

1.3 To meet the legal requirements of the regulated activities that HWCGS Care (T/A Segal Gardens) is registered to provide:

- | The Care Act 2014
- | Human Rights Act 1998
- | Medicines Act 1968
- | Mental Capacity Act 2005
- | Mental Capacity Act Code of Practice
- | The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012



2. Scope

2.1 The following roles may be affected by this policy:

- | Registered Manager
- | Other management
- | Care staff

2.2 The following Service Users may be affected by this policy:

- | Service Users

2.3 The following stakeholders may be affected by this policy:

- | Family
- | Advocates
- | Representatives
- | Commissioners
- | External health professionals
- | Local Authority
- | NHS



3. Objectives

3.1 The practice of offering medication in food or drink is only allowable in particular circumstances and could be open to abuse. The objective of this policy is to provide guidance as to when this practice is lawful, and to ensure that if it happens within HWCGS Care (T/A Segal Gardens), it has been properly considered, thorough consultations have been made and that the practice is transparent and open to public scrutiny and audit.

3.2 To support staff to distinguish between the concealing of medication in food or drink (covert) versus taking a co-operative process where consenting Service Users, who find taking medication difficult, have the medication delivered in food or drink for ease of ingestion/swallowing.



4. Policy

4.1 Covert administration can only occur where the Service User has been assessed under the Mental Capacity Act 2005 and there has been a careful assessment of the Service User's needs. Written agreement of the decision, the action taken and the names of all parties concerned (including the Service User's GP and relatives/advocate) will be obtained and documented in the Service User's Care Plan.

4.2 HWCGRS Care (T/A Segal Gardens) acknowledges that crushing medicines and mixing medicines with food or drink, following written authorisation from the GP and Pharmacist to make it more palatable or easier to swallow, when the person **has consented** to this does NOT constitute covert administration.

4.3 Administration of medicines inappropriately, whether by design or accident, may be abuse and must be reported immediately to the Registered Manager, and the formal safeguarding process initiated.



5. Procedure

5.1 HWCGRS Care (T/A Segal Gardens) recognises that there may be certain exceptional circumstances in which covert administration may be considered to prevent a Service User from missing out on essential treatment. In such circumstances and in the absence of informed consent, the following considerations may apply:

- | The best interests of the Service User must be considered at all times
- | The medication must be considered essential for the Service User's health and wellbeing or for the safety of others
- | The decision to administer medication covertly should not be considered routine, and should be a contingency measure
- | Any decision to do so must be reached after assessing the care needs of the Service User individually

5.2 Establish the Service User's Ability to Give Informed Consent

This must be done via a discussion directly with the Service User about their medication. If the Service User consents, then covert medication must not be used. If the Service User consents, but there is doubt about their capacity, then the principles of the MCA must be followed, and medication must not be given covertly. It must be noted that no one, not even a family member, can consent on behalf of someone else when the person concerned is an adult.

5.3 Establish the Reason why the Service User does not Wish to Take the Medication

Consideration must be given as to whether this reflects a concern about medication, whether an advance directive regarding refusal of medication exists or whether there is a religious or cultural belief. All are valid reasons for declining medication and must be respected. The Service User's reasons for refusal must be recorded in their records.

The GP must be involved and aware of the Service User declining their medication and the reasons for this. That way the GP can support the Service User.

5.4 Ensure that Alternatives have Been Explored

Alternative preparations must be offered, and flexibility (where possible) given. Research shows that medication acceptance is improved when the Service User has been involved in the decision-making process and has been enabled to have some control over what is prescribed.

5.5 Establish that the Medication is Essential

If medication is being considered to be given covertly, then the medication that the Service User is declining must be deemed to be essential for their health and wellbeing, or for the safety of themselves or others, and this must be documented in the Service User's care record.

5.6 Establish that the Person Lacks the Mental Capacity to Make the Decision Themselves

The principles of the Mental Capacity Act must be followed. A capacity assessment must take place directly with the Service User where a conversation must be had about their medication. It must be determined that the Service User is unable to:

- | Understand information relevant to the decision, e.g. the risks from not taking it
- | Retain this information (if only briefly)
- | Weigh up the information/risks involved
- | Communicate their decision

As detailed in the MCA (2005), all reasonable efforts must be made to help the Service User understand. It



must be recognised that capacity may fluctuate during the day and so the best time of day should be chosen. In some cases, several attempts may be required. A record must be made of methods used to help overcome any communication issues including the use of an interpreter.

If the Service User successfully passes these four tests, then they must be assumed to possess the mental capacity to make the decision themselves, even if their decision appears unwise. In these circumstances, the decision must be respected, and covert medication cannot be given.

5.7 Discussion About Best Interests

Having established that the Service User lacks capacity, a decision about whether covert medication is in their best interests must, therefore, be had in an open and inclusive way, ensuring that all factors are considered.

The views of people involved in the Service User's care must be sought, as it is important that the decision to administer covert medication is not an isolated one. Members of the multidisciplinary team, the Service User's family (unless it is clear that the person would not wish for them to be involved), people closest to them, and (if applicable) their GP, Registered Manager, advocate, or IMCA should all be invited to express a view.

It is crucial that a decision is reached which is based on what the Service User would have wanted, not necessarily what is best for their physical or mental health. If an advance directive exists, the Service User's wishes stated within it must be respected as they are legally binding.

Where a consensus cannot be reached, or there is concern about the restriction of liberty, a DoLS (Deprivation of Liberty Safeguard) application and/or a second opinion may be useful.

5.8 Involvement of the Pharmacist

The Mental Capacity Act sets out the need for a multidisciplinary approach in decision making. The pharmacist's role is to advise on the appropriate methods of covert administration where this is necessary. This is likely to be undertaken by the community pharmacist who dispenses for HWCGS Care (T/A Segal Gardens).

Advice must be sought from the pharmacist when mixing any medication with food or drink. This is to ensure that the medications the Service User takes are safe to be given in this way and recommendations can be made about the use of alternative formulations or medications as necessary.

Any changes to the Service User's medication after a plan for covert medication is put in place should also be discussed with the dispensing pharmacy.

5.9 Documentation

In order to be transparent and to provide a clear audit trail, all people receiving covert medication must have a Care Plan which contains information about why it has been decided that the Service User needs to receive their medication covertly.

5.10 Review

Ongoing attempts to encourage compliance are essential. As far as possible, a reason for refusal must be sought and documented within an appropriate Care Plan. Once taken, the decision to administer covert medication must be reviewed in respect of each Service User on a regular basis, ideally weekly. HWCGS Care (T/A Segal Gardens) understands that covert medication is not a long-term solution.

5.11 General Principles of Covert Medication

Where covert medication is used the following principles must be seen as good practice:

- 1 **Last resort** - Covert medication will only be used when all other options have been tried
- 1 **Time limited** - It will be used for as short a time as possible
- 1 **Regularly reviewed** - The necessity of a covert medication plan will be regularly reviewed
- 1 **Transparent** - The decision making will be easy to follow and clearly documented
- 1 **Inclusive** - The decision will be a team one, and will not be taken by one person in isolation. People closest to the Service User will be involved in the decision
- 1 **Best interests** - All decisions will be made in the Service User's best interests, having undertaken a holistic assessment of the impact of covert medication on the Service User

5.12 Covert Medication and Restraint

Covert medication is different to medication given under restraint. Covert medication is medication given without the Service User's consent or knowledge, whereas covert medication given when a Service User is being restrained is given with their full knowledge but not consent. Covert medication given when being restrained will need to be formally authorised under DoLS or the Mental Health Act. Similar authorisation must be sought if any medication given covertly is likely to sedate the Service User or



otherwise cause them to be deprived of their liberty.



6. Definitions

6.1 Best Interests Decision Meeting

- | When covert administration of medicines is being considered, there must be a 'best interests' meeting. The purpose of this meeting is to agree whether administering medicines without the Service User knowing (covertly) is in the Service User's best interests
- | A best interests meeting should be attended by staff, relevant health professionals (including the prescriber and pharmacist) and a person who can communicate the views and interests of the Service User (this could be a family member, friend or independent mental capacity advocate depending on the Service User's previously stated wishes and individual circumstances)
- | If the Service User has an attorney appointed under the Mental Capacity Act for health and welfare decisions, then this person should be present at the meeting

6.2 Covert Administration

- | 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

6.3 Chemical Restraint

- | This involves the administration of medication designed purely to control or moderate a person's movement or behaviour

6.4 Covert Medication

- | Covert medication can refer to medication given to treat either mental or physical health problems. Covert medication, giving medication without the person's knowledge (and perhaps their consent), should not be confused with forcible medication, where it is given with their full knowledge, but not their consent



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | If covert administration of medicines is being considered for a Service User who lacks capacity, there must be a 'best interests' meeting
- | Covert administration can only occur where the Service User has been assessed under the Mental Capacity Act 2005 and there has been a careful assessment of the Service User's needs
- | The refusal of medicine by a Service User who has capacity must be respected
- | If a person wishes their medication to be disguised to make it easier for them to take, this is not covert administration, as it is with the consent and agreement of the person



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- | You have the right, if you have the capacity, to refuse medication. This right to refuse must be respected
- | If you have trouble swallowing medication or if you dislike the taste and ask for the staff to administer your medication in food or drink, and you have the capacity to make a decision, this is not covert administration. If the medication is not altered by administering it with food or drink and your pharmacist and GP agree, staff can support you with medication this way



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

CQC guidance notes for Mental Health services:

https://www.cqc.org.uk/sites/default/files/20180406_9001398_briefguide-covert_medication_mental_health_v2.pdf



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- | There is evidence that best interest decisions have been taken and that staff understand the Mental Capacity Act in relation to medication management
- | Where a Service User refuses medication, it is documented correctly and any actions taken are in line with agreed policy
- | There is evidence that Service User's wishes are recorded and respected
- | Where medication is administered covertly, it is regularly reviewed and there is evidence that fluctuating capacity is recognised, and practice is altered accordingly
- | The wide understanding of the policy is enabled by proactive use of the QCS App



Forms

Currently there is no form attached to this policy.