

Kent and Medway ICB

A GP Summary - Covert Administration of Medications in Care Homes

Best Practice Guidance

Version History

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NHS Kent and Medway Integrated Care Board				
1.0	Approved	March 2022	KMMOC, Clinical Cabinet	
2.0	Approved	Dec 2024	IMOC	Added website links to guidance and regulations on covert administration of medications across the document. Engagement with Dawn Bisset (Sr Public Health Manager, Medway Council), Min Ven Teo (Primary Care Clinical lead, Medway), Catarina Scott-Beaulieu (PCN Clinical Pharmacist Medway Foundation Trust)

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Background

This practice applies exclusively to those people who lack the capacity to consent to treatment under the Mental Capacity Act 2005.

Section 44 of the Mental Capacity Act 2005 made it a criminal offence to wilfully neglect care. So, for patients/residents lacking the capacity to accept or refuse medication, covert medication must be considered.

Covert administration of medicines is a complex issue that involves the administration of a medicine disguised in food or drink to a resident who lacks capacity and resists it when given it openly. Covert administration can only occur in exceptional circumstances where the resident has been assessed under the Mental Capacity Act 2005 and there has been careful assessment of the patient's needs through a best interest meeting and the medication has been deemed essential to the person's health and wellbeing.

The refusal of medicine by a resident who has capacity must be respected. If a resident is refusing their medicines, they should be asked why they have decided to do this to establish if there are issues that can be addressed.

If an individual has the capacity to consent to treatment under NO circumstance can medication be administered covertly.

The Process for Covert Administration of Medicines to Adult Residents in Care Homes

Health and social care practitioners should ensure that the process for covert administration of medicines to adult residents in care homes includes:

- Assessing mental capacity. The Mental Capacity Act 2005 defines mental incapacity and how it should be assessed.
- The Mental Capacity Act 2005 states that there must be a presumption of capacity even when a person makes an unwise decision, unless it has been established that the person lacks the capacity to make a particular decision, and the treatment options must be the least restrictive possible on the person's rights and freedom.
- Holding a best interest meeting involving care home staff, the health professional prescribing the medicine(s), the involved pharmacist (PCN, GP, or Community pharmacist)
- Next of kin or advocate or person with power of attorney to agree whether administering medicines without the resident knowing (covertly) is in the resident's best interests.
- The best interest meeting should also address what factors might be leading to declining the medication, plus alternative options (e.g. changing times, rationalising medication) before going down the route of covert administration.
- Recording the reasons for determining mental incapacity and the proposed management plan.
- Planning how medicines will be administered safely and effectively, without the resident knowing. Should also address any risks around giving medication covertly,

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e.g., if the resident becomes aware, will they stop accepting food and drink altogether.

- Regularly reviewing when each subsequent medicine is prescribed, or the dose of a current medication is changed and recording in MAR/eMAR, care plans, and prescriptions.

Practical Steps for Clinicians to Consider Before Prescribing Covert Medications

Why Is the patient refusing medications? (The reasons why the patient is refusing medication(s) need to be established.)

- Is it because the patient does not like the taste of the medication? Could an alternative be considered?
- A pharmacist should be consulted for advice on various alternative preparations that can be tried, for example effervescent, syrup, capsules, tablets, melts, and various doses.

Does the patient have capacity?

- If there is no reason to doubt the patient’s mental capacity, then covert medications cannot be administered.
- If there is reason to doubt the patient’s mental capacity, firstly support the patient in making their own decision.
- If the patient lacks the capacity to decide about his/her treatment, establish whether there is an Advance Decision, Lasting power of attorney, or court-appointed deputy.
- It is also possible that the patient’s mental capacity fluctuates sometimes over short or long periods. This should influence the frequency of reviews done and should be determined in the best interest meeting considering individual circumstances.
- The covert administration plan, care plans, and medicines administration records should all clearly record which medicines are to be administered covertly and when.

After all possible alternatives have been considered and exhausted only then should covert administration be considered. If a resident requires medication to be given covertly the following steps must be followed:

- 1) Assess capacity for the administration of medication:
 - Assess the patient’s mental capacity if such support has not helped (see Appendix 1)
- 2) Undertake a best interest meeting:
 - A best interest meeting involving care home staff, the health professional prescribing the medicine(s), the involved pharmacist, and a family member or advocate or person with power of attorney should be organised.
- 3) Review the medication.
 - If a decision to administer medication covertly is made at the meeting, such essential medication needs to be specified, and a care plan and review plan agreed.
 - The prescribing clinician needs to review medications and decide what medications are essential, discussing the pros and cons of medications with the multi-disciplinary team.
 - If a patient is refusing medications for a mental disorder, the relevant mental health team needs to be consulted.

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- A pharmacist should be involved to advise on the formulations of the medicines and any necessary administration instructions (for example, what food or drink the medication can be disguised, or the formulations may need to be manipulated such as crushing tablets or opening capsules).

Note: Administering a medication in any way that is not stated within the product’s marketing authorisation would be classed as an ‘off-label’ use of the medication. This includes administering medication in food or drink or manipulating the formulation of the medicine (e.g. crushing tablets). There is a greater responsibility when prescribing a medication off-label, and prescribers should pay particular attention to the risks associated with off-label use of medicines, for example, side effects, interactions, and how fast the medicine is absorbed and eliminated from the body.

- 4) Once a decision to administer medication covertly is made, the care provider should coordinate the review with the relevant people and inform the Deprivation of Liberty Safeguards team (DoLS).

Appendix 1: Mental Capacity Act forms and guidance can be accessed at

- [The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards 2009 \(DOLS\) | Medway Council](#)
- [Deprivation of Liberty Safeguards \(DoLS\) at a glance - SCIE](#)

This guidance is to be used in conjunction with Kent and Medway ICB Covert Administration of Medicines Best Practice Guidance

Further Information

- Further information on managing medicines in care homes is available in Outcome 9 of the CQC Essential Standards of Quality and Safety. https://services.cqc.org.uk/sites/default/files/gac_-_dec_2011_update.pdf
- Further information on the handling of medicines in Social Care’ can also be found on the Royal Pharmaceutical Society website: <https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines>
- Mental Capacity Act 2005 [Mental Capacity Act 2005 \(legislation.gov.uk\)](http://www.legislation.gov.uk)
- Royal College of Psychiatrists. <http://www.rcpsych.ac.uk>
- NICE QS85 (derived from the NICE SC110 guidance) <https://www.nice.org.uk/guidance/qs85/chapter/Quality-statement-6-Covert-medicines-administration>
- NICE Guideline 108 on Decision-making and mental capacity <https://www.nice.org.uk/guidance/ng108>
- The Royal College of Nursing provides professional guidance on the Administration of Medicines in healthcare settings which is available on their website www.rcn.org.uk.
- [Covert administration of medicines - Care Quality Commission \(cqc.org.uk\)](#)

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- CQC: [20171020-adult-social-care-kloes-prompts-and-characteristics-showing-changes-final.pdf](https://www.cqc.org.uk)
([cqc.org.uk](https://www.cqc.org.uk))

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