Leicestershire Partnership NHS Trust

Covert Administration of Medicines Policy

This policy describes situations in which covert of medicines may be appropriate and sets down the arrangements to ensure that any such practice is safe and legal

Key Words:	Hidden, concealed, disguised, covert, drug medication	
Version:	5	
Adopted by:	Trust Policy Committee	
Date this version was adopted:	2 November 2022	
Name of Author:	Anthony Oxley	
Name of responsible Committee:	Medicines Management Group	
Please state if there is a reason for not publishing on website	N/A	
Date issued for publication:	November 2022	
Review date:	April 2024	
Expiry date:	31 January 2025	
Target audience:	All qualified nursing, medical and pharmacy staff	
Type of Policy	Clinical √	
Which Relevant CQC Fundamental Standards?	Regulation 9 : Person-Centred care	

Contents

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.3	24th January 2012	Modified in line with Trust procedural document on policy production
2	February 2016	Policy reviewed; minor admin changes done
3	December 2018	Policy reviewed; minor admin changes done
4	April 2022	Availability in other formats added. Minor admin changes. Example of how prescription appears on e-prescribing system added
5	September 2022	Policy reviewed

For further information contact:

Head of Pharmacy 0116 295 3709

All LPT policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

Due Regard

Leicestershire Partnership NHS Trust aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all.

This policy deals with a situation that is more likely to occur in patients with learning disabilities or cognitive problems but is specifically designed to ensure that such patient's interests are protected if they are not consenting to treatment.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex (gender) or sexual orientation.

Principles that apply to this Policy

- As a general principle, by disguising medication in food or drink, the patient or client is being led to believe that they are not receiving medication, when in fact they are. The registered nurse or health visitor will need to be sure that what they are doing, meets the requirements of the Mental Capacity Act, is in the best interests of the patient or client, and has been discussed with the multidisciplinary team and subsequent care plans are communicated effectively.
- For patients or clients detained under the relevant mental health legislation, the principles of consent continue to apply to any medication for conditions not related to the mental disorder for which they have been detained. The assessment of their capacity to consent to or refuse such medication therefore remains important. This assessment of capacity to make a decision applies equally to those people with a learning disability who may not have a mental illness. However, in relation to medication for the mental disorder for which the patient or client has been detained, medication can be given against a patient's wishes during the first three months of a treatment order or afterwards if sanctioned by a Second Opinion Appointed Doctor (SOAD).
- The principle of second opinion should be maintained for informal patients as this would be a sound endorsement of good practice and make it easier to defend. This second opinion is provided within the legislation by medical practitioners appointed by the appropriate statutory mental health commission to provide second opinions on treatment under part VI of the Act. They are known as Second Opinion Appointed Doctors (SOADs).

  The NMC also requires nurses to practice within the boundaries of the Code of Conduct (NMC 2008).

In addition to the above guidance from the NMC, it must be acknowledged that the Multi-Disciplinary Team is vital in reaching the decision to covertly administer medication and in issues of consent. However, the practitioner administering medication remains accountable for their actions – the Trust however accepts legal liability for the administration of covert medicines if this is being done in full concordance with this policy.

- It should also be noted that opening capsules or crushing tablets renders the product unlicensed and the prescriber accepts liability for the use of the product in this way. The prescription should make explicit reference to crushing tablets or opening capsules to demonstrate that the prescriber is aware that this is taking place.

1.0. Purpose of the Policy

This policy describes situations in which covert administration of medicines may be appropriate and sets down the arrangements to ensure that any such practice is safe and legal.

2.0. Summary and Key Points

The policy is primarily for staff working within older persons mental health, non-acute adult mental health and learning disabilities services. However, it is acknowledged at times it may be required within other services of the Trust.

The covert administration of medication should only be used as a last resort and not be routine practice.

3.0. Introduction

This policy has been produced to enable nursing staff to administer medicines within the guidance published by the NMC.

The Trust acknowledges that the covert administration of medicines is a complex and concerning issue that encompasses aspects of patients' rights, consent to treatment and their autonomy.

It is vital that the requirements of the Mental Capacity Act are fully considered in any situation where this policy is being used.

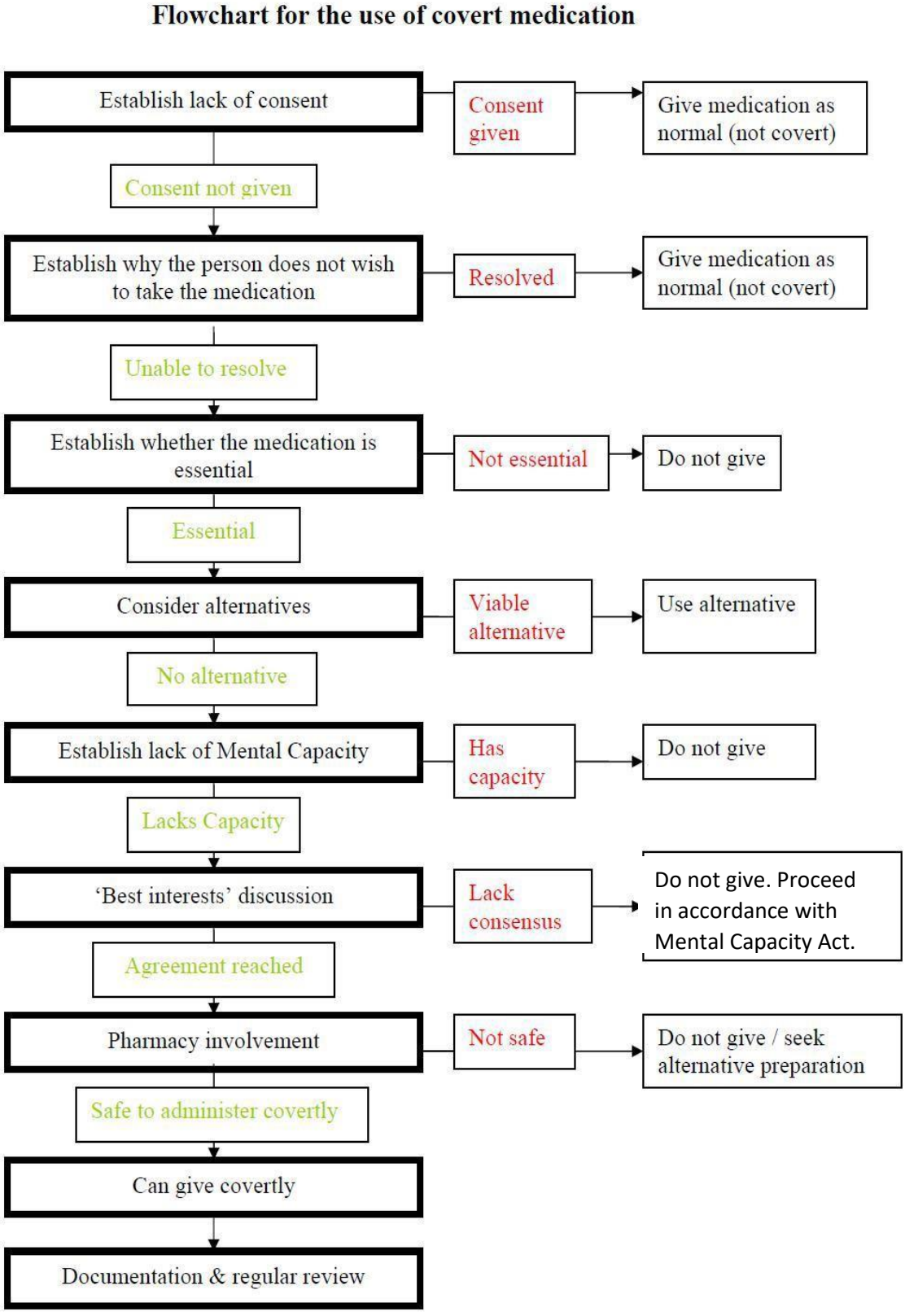
The Trust Mental Capacity Act Policy 2022 revision can be found at:

https://www.leicspart.nhs.uk/wp-content/uploads/2022/03/Mental-Capacity-Act-Policy.pdf

This document is concerned with the administration of medicines in a number of ways:

- To patients who do not have the capacity to consent
- Those patients with swallowing problems who require medicines to be mixed with food or drinks
- Those patients requesting medication to be given in food
- Those detained under sections of the Mental Health Act

4. Flowchart/process chart



5. Duties within the Organisation

The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

Service Directors and Heads of Service are responsible for ensuring that all relevant staff are aware of the requirements of this policy

Managers and Team leaders are responsible for *including this policy in professional briefings such as clinical supervision and checking that the requirements of the policy have been followed when covert administration is being used in their setting.*

Stakeholders and Consultation

This policy has been discussed extensively in the Trust Medicines Risk Reduction Group where all services and disciplines involved are represented. Representatives at that group have further discussed the policy within their respective services. The policy is in line with NMC guidance.

Procedure

The policy is based on risk assessment, multidisciplinary discussion, discussion with appropriate carers, care plans and documentation.

Risk Assessment

All the potential and actual risks should be considered by the Multi-Disciplinary Team. Consideration should be given to any changes to the properties and actions of the medication if crushed or placed within food. Staff MUST discuss this with a pharmacist.

Multi-Disciplinary Team

Responsibility of Staff

- *Nursing staff – assessing capacity of a patient to consent to medication and if capacity not present, taking part in best interest discussions*
- *Medical Staff - assessing capacity of a patient to consent to medication and if capacity not present, taking part in best interest discussions. Prescribing medication in formulations suitable for covert administration after discussion with pharmacist*
- *Pharmacist – considering the pharmaceutical implications of the proposed route for covert administration*

This includes all professions working with the patient at the time of the need to covertly administer medication.

The discussions should concentrate on capacity and the patient's best interest. Where appropriate the patient may wish to be there e.g., where they are requesting medication to be put in food.

Documentation should be kept of this discussion.

Discussion with Appropriate Carers

Appropriate carers would include the designated next of kin and other closely involved carers.

In the case of children and young people, this is the parents or those with legal responsibility, see the consent policy for more information.

The discussions should concentrate on capacity and the patient's best interest.

Documentation should be kept of this discussion, but it should be borne in mind that carers cannot consent on a patient's behalf and their views are being sought to aid clarification of the patient's capacity and best interests.

The Mental Capacity Act introduced a new Independent Mental Capacity Advocate (MCA) Service. This new service was set up to provide extra support to people who lack capacity and are particularly vulnerable because they don't have an attorney, deputy, close friends, family or carers who can support them. It is the duty of the NHS employee who is making the decision to involve an IMCA when appropriate. The NHS has a duty to take into account the information given by the IMCA.

Treatment Plans (formally known as care plans) and Record Keeping

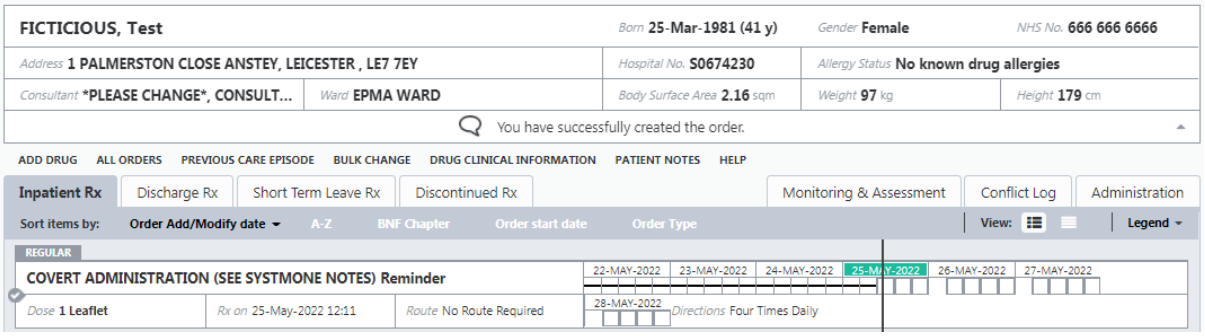
A treatment plan must be produced which outlines reasons for, and how to covertly administer medication. There is an appropriate template within the medicines management forms on SystmOne to support this. Other patient care/support plans may need to be updated to reflect the approval of covert administration.

The treatment plan and the decision should be reviewed on a regular basis which should be at least 6 monthly. Other circumstances which should trigger a review e.g., a change in medication regime should also be stipulated. Reviews should involve relevant health care professionals, IMCAs and carers as in the original decision to approve covert administration.

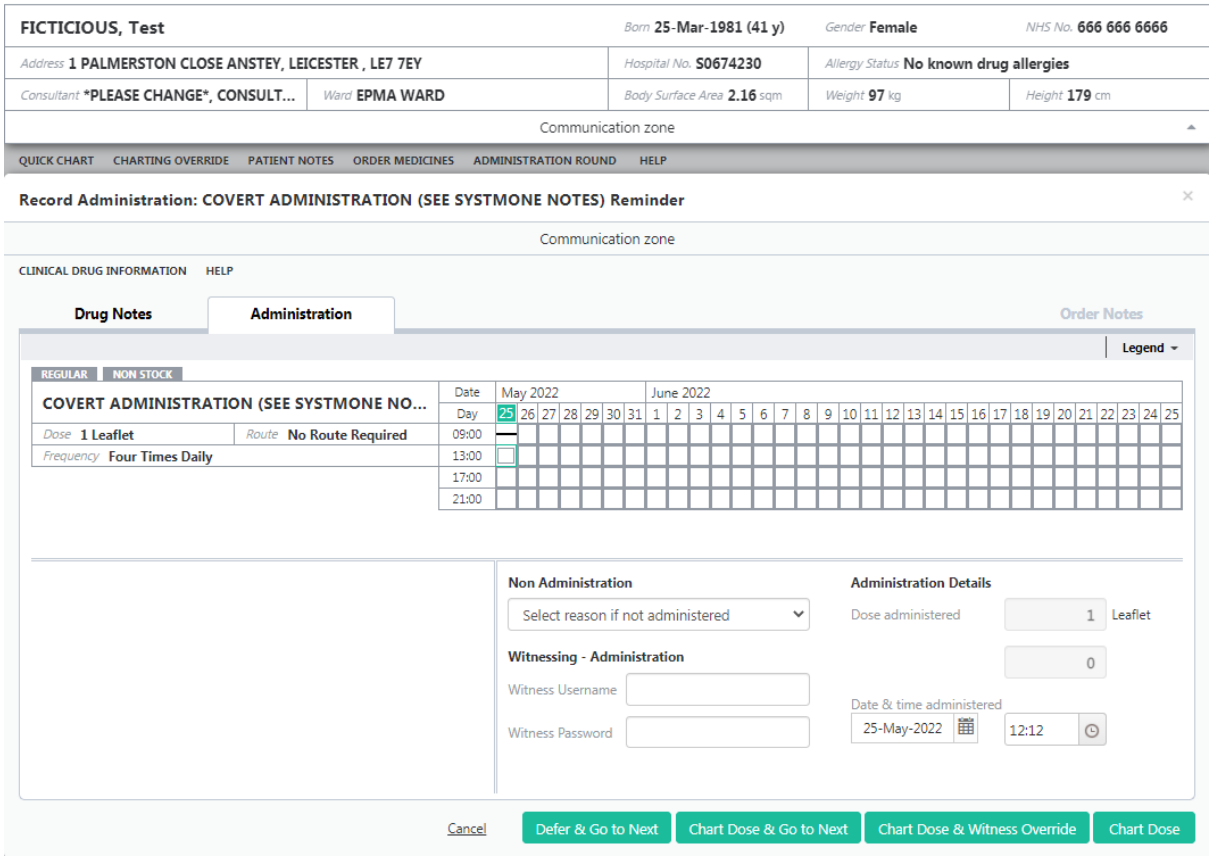
The existence of an approved covert medication plan must be clearly recorded within the Deprivation of Liberty Safeguards (DoLS) authorization.

The approval of covert administration should be “prescribed” on the e-prescribing system. This will appear as shown for prescribers and nurses administering medication.

<u>Prescriber</u>



<u>Nurse administering medication</u>



6. Training needs

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as mandatory training and it will form part of the Trust's medicines management training package.

The course directory e-source link below will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

A record of the event will be recorded on uLearn.

The governance group responsible for monitoring the training is the Medication Risk Reduction Group

7. Monitoring Compliance and Effectiveness - complete the template below

Compliance with this policy will be monitored on an on-going basis. Any instances which do not meet the requirements of the policy will not be authorised by a pharmacist. There will also be an annual audit of the policy with feedback through the medicines audit group and onward to the medicines management committee for any areas of concern.

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	Care plan completed compliant with policy	Flow chart p7	Review before sign off by pharmacist	Duty Pharmacist	Each time policy is used
	Compliance with all aspects of policy	Criteria based on policy requirements	Audit	Medicines Management Committee	Annual

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring

8. Performance Indicators

Key Performance Indicators

KEY PERFORMANCE INDICATOR
No covert administration without documentation of best interest and mental capacity assessments
All covert administration care plans are signed off by medical, nursing and pharmacy staff
No patients are receiving covertly administered medication without an appropriate care plan

9. References and Bibliography

Mental Capacity Act Code of Practice
Professional guidance on the administration of medicines in healthcare settings (2019) Joint RCN, RPS, RCGP, RCM document
Trust Consent Policy

Appendix 1 - Due Regard Assessment

Due Regard Screening Template

Section 1	
Date Screening commenced	8th February 2019
Directorate / Service carrying out the assessment	Enabling/Pharmacy
Name and role of person undertaking this Due Regard (Equality Analysis)	Anthony Oxley
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: To ensure safe and legal usage of covert medicines administration within the Trust.	
OBJECTIVES: Clear guidelines to follow when covert administration is being considered	

Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age	None
Disability	None
Gender reassignment	None
Marriage & Civil Partnership	None
Pregnancy & Maternity	None
Race	None
Religion and Belief	None
Sex	None
Sexual Orientation	None
Other equality groups?	None

Section 3

Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.			
		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	

Section 4

If this proposal is low risk please give evidence or justification for how you reached this decision:

The proposal will not increase or decrease the numbers of patients receiving covert medication administration. It will simply ensure that when it is being considered or carried out it is being done safely and in line with relevant laws and standards – this will not impact differentially on patients with protected characteristics

Appendix 2 - Training Requirements

Training Needs Analysis

Training Required	YES	
Training topic:	Medicines Management	
Type of training: (see study leave policy)	☐ Mandatory (must be on mandatory training register)	
Division(s) to which the training is applicable:	☐ Adult Mental Health & Learning Disability Services ☐ Community Health Services ☐ Families Young People Children	
Staff groups who require the training:	*Qualified medical and nursing staff*	
Regularity of Update requirement:	Every 2 years	
Who is responsible for delivery of this training?	Pharmacy	
Have resources been identified?	Already being delivered	
Has a training plan been agreed?	Yes	
Where will completion of this training be recorded?	☐ ULearn	
How is this training going to be monitored?	ULearn reports	

Appendix 3 - The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	Yes
Respond to different needs of different sectors of the population	Yes
Work continuously to improve quality services and to minimise errors	Yes
Support and value its staff	Yes
Work together with others to ensure a seamless service for patients	Yes
Help keep people healthy and work to reduce health inequalities	Yes
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	Yes

Appendix 4 - Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Michelle Churchard	Head of Nursing AMH/LD
Victoria McDonnell	Former Trust Lead Quality & Patient Safety

Circulated to the following individuals for comments

Name	Designation
Joanne Charles	Pharmacy Lead - CHS
Chris Crane	Service Manager, CRT
Neil Hemstock	Lead Nurse - FYPC
Tejas Khatau	Pharmacy Lead - FYPC
Charlotte Messer	Consultant Psychiatrist
Manjunath Minajagi	Consultant Psychiatrist
Paul Williams	Team Manager, Eating Disorders Service
Lynn Wroe	Team Leader, Assertive Outreach Team

Appendix 5 - Administration of Medication Treatment Plan

One sheet per medicine: this is one of…….. sheets

Patient	
Ward/Dept/Clinic/ Home.	

Name of medicine	
Form of medication (tablet/capsule/oral liquid/injection/rectal prep).	
Method of administration (include medium to aid ingestion and contra indications to medium).	

Rationale for covert administration.
Indication for which the medicine is being used.
Symptoms that must be present before dose can be given (important for ‘as required’ {‘prn’} medication) or cannot be given.

Outcomes to giving medication e.g symptom scores/ measurable event (blood pressure, blood sugar, U&Es etc)
Signature RMO Date
Nurse Date
Pharmacy Date

Date of Review	1st	2nd	3rd	4th

Appendix 6 DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**Covert Administration of Medicines Policy**	
Completed by:	**Anthony Oxley**	
Job title	**Head of Pharmacy**	**Date 4th April 2019**

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	**No**	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	**No**	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	
Date of approval	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trus