

Covert administration of medicines

Guidance on Legal and Best Practice

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Clinical Commissioning Groups



Shaping better health

Objectives

- Define covert administration of medicines
- Identify when it can be an issue
- List the procedures for a safe and legal practice
- Explain when to apply Deprivation of Liberty Safeguards (DoLS)
- Evaluate when to review this practice

Background (1)

Back in 2015...



Overall
Inadequate

[Read overall summary](#)

In 2015, Care Quality Commission (CQC) identified inadequate practices in medicine management in Bristol nursing homes.

This included malpractice in the covert administration of medication

Background (2)

In 2016...

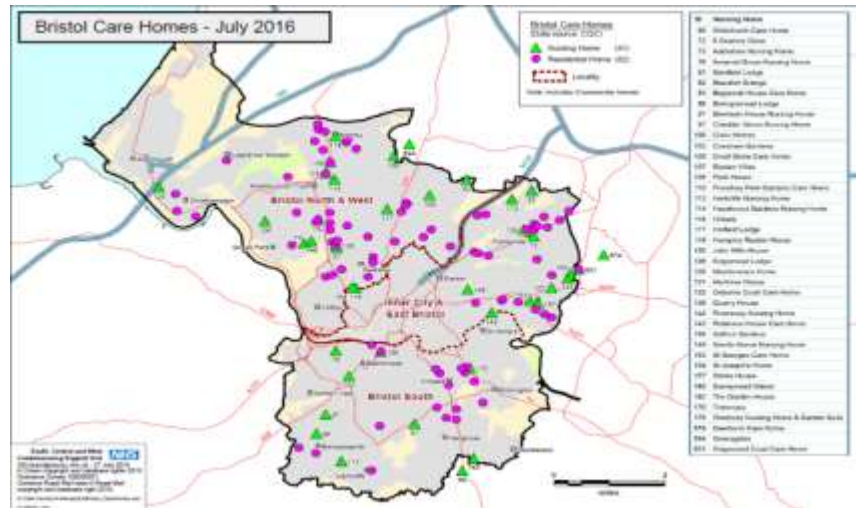
40 nursing homes in Bristol
15 nursing homes were administering medicines covertly

All homes were audited April-June

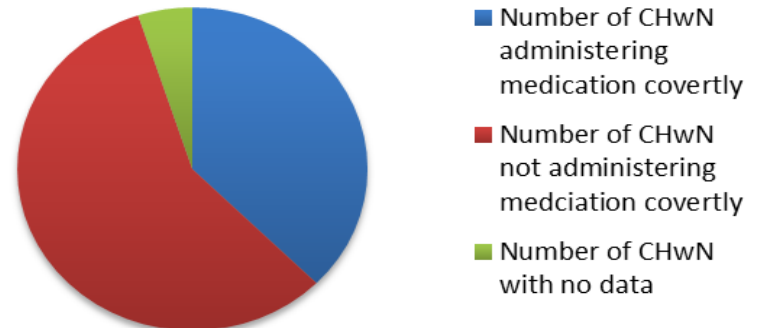
Audits in 2016 highlighted:

- **11** were non-compliant
- **2** were semi-compliant (covert medicines procedures were missing from the home policy)
- Only **2** were fully compliant

Compliant: cover all the legal, ethical and training aspects required for a safe administration of medication covertly



Covert administration of medicines in Bristol CHwN



What is covert administration of medication?

Covert administration of medicines is when medication is given to a patient without their knowledge and/or consent in a drink or with food



Why is it important?

BBC NEWS LIVE BBC NEWS CHANNEL

News Front Page: World, UK, England, Northern Ireland, Scotland, Wales, Business, Politics, Health, Medical news, Education, Science & Environment, Technology, Entertainment, Also in the news, Video and Audio, Have Your Say, Magazine, In pictures

Crushing pills 'can prove fatal'

Crushing pills to make them easier to swallow can cause serious side-effects that can sometimes be fatal, experts have warned.

The group, including pharmacists and lawyers, says pills often have special coatings that affect how they are released into the body.

Crushing them can mean this complex system is disturbed.

David Wright, who led the group, said people could often take drugs in patch, liquid or inhaler form instead.

'Increased risk'

It is estimated that 60% of older people have trouble

Staff at hospital 'hid medication in patients' food': Inspectors saw staff administer drugs by hiding them in ice cream or breakfast

- The CQC issued a rare warning notice to Portsmouth Hospitals NHS Trust
- It follows inspections of the Queen Alexandra Hospital in February and May 2017
- Report claims an inspector had to save patient choking on food as staff stood by

By DAILY MAIL REPORTER

PUBLISHED: 00:32 25 August 2017 | UPDATED: 04:32 25 August 2017



Hospital staff secretly fed pills to patients by hiding medication in their food, the health watchdog said.

In a separate incident, an inspector even had to save a patient choking on food while staff stood nearby, according to a report released yesterday.

The Care Quality Commission issued a rare warning notice to Portsmouth Hospitals.

Stop concealing drugs in old folks' food, care homes told

By STEVE DOUGHERTY

Last updated at 00:17 00 October 2007

Care homes should be barred from hiding drugs in the food and drink of elderly residents, campaigners said yesterday.

The call follows concern that nursing staff are dosing old residents to the hilt and elderly without their knowledge or consent.

The new campaign blames official acknowledgement that drugs are often badly handled in care homes.

Scroll down for more...



Last year the Government's inspection body, the Commission for Social Care Inspection, reported that nearly half of all care home residents do not get the correct drugs and warned of risks of self-medication of medicine.

The 'chemical cost' for confused and vulnerable people can make it easy for those who are looking after them. But it can also lead to a rapid decline in health and risk of death for the residents who are dosed.

Complaints over covert medication were raised with the Scottish Parliament by Hyacinth Aitken, who discovered that care home staff were giving medication to her mother dissolved in her meals.



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Covert administration of medicines in care homes

The Pharmaceutical Journal 17 SEP 2016 by Benjamin Kelly-Holmes

Pharmacists and healthcare professionals should be familiar with covert administration of medicines, a complex process requiring multidisciplinary assessment, to ensure its appropriate use in care homes.



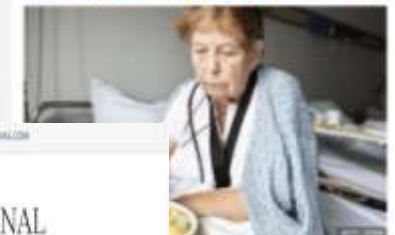
Campaigners call for 'covert medication' ban: Petition to stop concealing drugs in food

Campaigners are calling for an urgent government review to ban the practice of concealing drugs in the food or drink of vulnerable care home residents.

By Nicolaus Kroll

10/04/2017 10:00 AM

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How to get the best out of your medication

Covert medication is the covert of hidden rights and rights

with chronic health and its quality of life.

Covert medication is the covert of hidden rights and rights

with chronic health and its quality of life.

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Issues with covert medication

Pharmaceutical : (Crushing Tablets)

- For some drugs, the therapeutic window is small, slight changes can affect the drug efficacy or increase the likelihood of side effects.

- e.g. *digoxin, carbamazepine and phenytoin*

Drugs that are best absorbed on an empty stomach

- e.g. 50% of absorption of penicillin is lost when given with food

What can not be crushed?

Modified release (slow or extended release) tablets or capsules (MR/SR....etc)

Enteric coated /Film coated tablet or capsules. These can be identified by the abbreviation EN or EC

Hormone, steroid, antibiotic or chemotherapy (cytotoxic) medicines

And many more.....

Nurses/carers/healthcare staff have a professional responsibility to question whether the medicines are appropriate before administration



Issues with covert medication

Medicines and food

- **Tea and coffee** will cause precipitation of some medication such as some antipsychotics such as haloperidol
- Some medicines interact with **calcium** and absorption will be reduced (e.g. ciprofloxacin with milky porridge)
- Levothyroxine, thyroid hormones levels can decrease if given with foods and supplements that contain: **calcium carbonate** or if taken with calcium fortified juice.

Issues with covert medication

Legal issues:

Mental Capacity Act 2005 : the practice of giving medication covertly applies only to people who **lack capacity**.

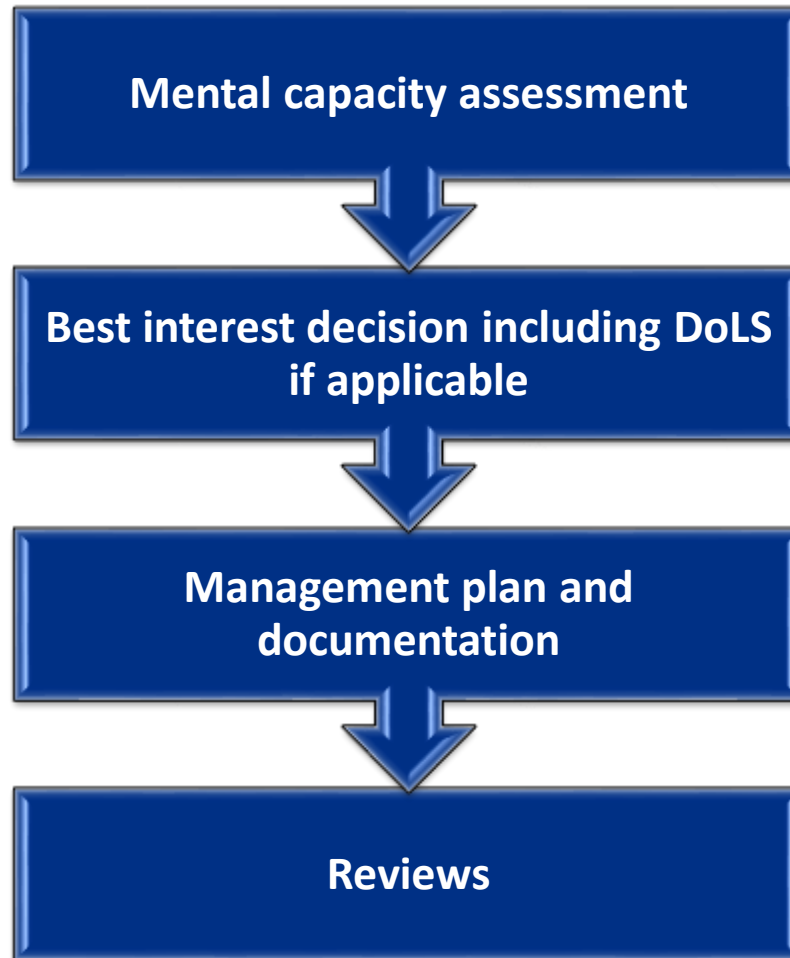
(It must be remembered that **capacity changes**).

Deprivation of Liberty Safeguards (DoLS)

The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.
(giving **sedatives** and other drugs may amount to a certain level of DoLS)



Covert medication pathway



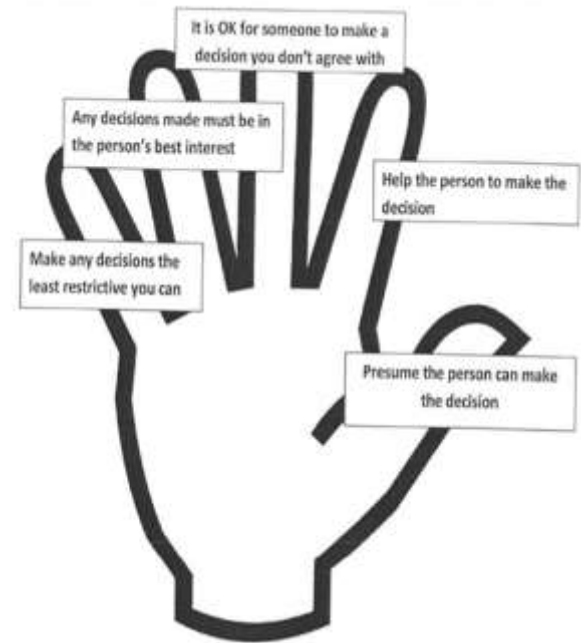
Covert medication pathway

1. Mental capacity assessment:

According to Mental Capacity Act 2005 and the organisational policies and procedures

5 core principles:

- Presume capacity
- Encourage people to have capacity
- The right to make unwise decisions
- Decisions must be in best interest
- Least restrictive option



Covert medication pathway

2.Best interest decision:

It must involve a multi-disciplinary approach involving:

- GP
- Nurse/care worker
- Family/friend/Lasting power of attorney
- Pharmacist/Pharmacy Technician



Covert medication pathway

Management plan and documentation:

- Mental capacity assessment (specific to medication decisions)
- Management plan on how the medication will be covertly administered safely



Covert medication pathway

Reviews:

- Specify the timeframe for reviews
certain changes will trigger an **early review** (changes in meds)
- Reviews should include an assessment if covert administration of medicines is still the least restrictive option
- Outcome of the reviews should be communicated to the relevant professionals and family members

Covert medication and DoLS

The **Court of Protection** provided guidance for procedures to be followed to protect unlawful interference with article 5 and article 8 (Human rights)



The guidance highlights:

- Considering covert meds as a last resort
- if there is no agreement during the best interest meeting there should be an immediate application to the **Court of protection**



Things to consider (1)

- Ensure that the patient **is eating all the food** is the medicines is given covertly
- **Medicines are offered openly first** on a daily basis before considering covert administration option
- Consider the **medicines with a bad taste** once crush as this can affect patient medicines compliance

<http://www.jnursinghomeresearch.com/483-taste-of-ten-drugs-frequently-prescribed-in-nursing-homes-crushed-and-mixed-in-food-observational-study-in-16-healthy-volunteers.html>



Things to consider

- Explore the patient's **food preferences**, this will improve compliance
- **Patterns of behaviour** should be monitored, a person might be refusing their medication at certain times of the day
- **Dementia training** is essential to develop persuasive techniques and establish the patient's preferences



Best practice



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Case study

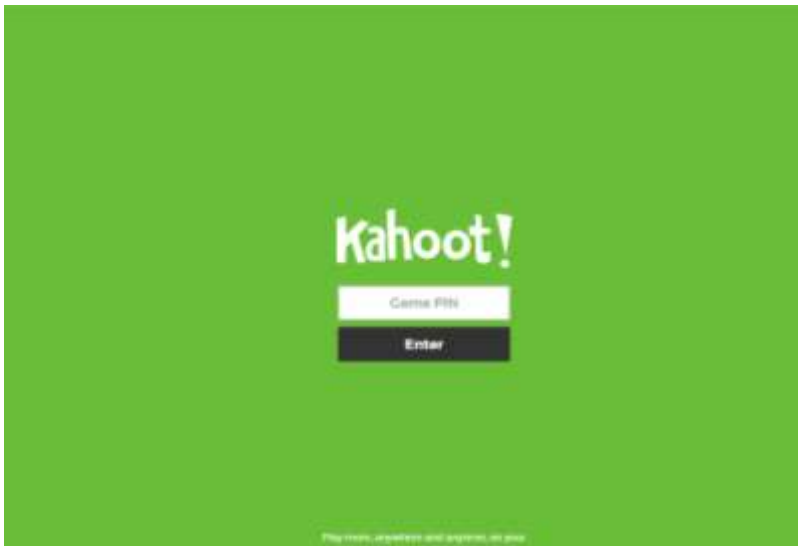


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Step one: Go to: www.kahoot.it

Step Two: enter the pin given

Step three: enter your nickname



Conclusion

- Only consider covert administration as a last resort, always consider other options
- Nurses and other healthcare professionals are responsible to question whether the medicines are appropriate before administration
- Certain types of medicines administered covertly automatically require a DoLS application
- Safe and legal pathway to set up covert medication includes: mental capacity assessment (DoLS if required), best interest, management plan and reviews

Questions

