

Provider Bulletin

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Covert Administration of Medication and DoL'S

Covert Administration of Medication

Covert medication is defined by the NICE guidelines Managing Medicines in Care Homes as occurring 'when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or drink.'

Only medicines which are essential for the person to prevent serious consequences or deterioration of their condition should be administered covertly and only when absolutely necessary.

Covert administration can only be considered when a person lacks capacity to make a decision about their medical treatment or if the covert administration is part of a documented plan in accordance with the Mental Health Act. Where a person lacks capacity, the use of covert administration is governed by the principles and procedures of the Mental Capacity Act.

Consideration should be given as to whether the covert administration of medication also represents a deprivation of the person's liberty or contributes to an existing deprivation of liberty, this is most likely to be the case when the medication is intended to control or modify behaviour including sedation.

If the person is already subject to a deprivation of liberty authorisation, staff should report new covert administration of a medication to the Supervisor Body by contacting the relevant DOL's Team. North Yorkshire Council DOL's team can be contacted on 01609 536829.

If a person lacks capacity as defined by the mental capacity assessment (Mental Capacity Act 2005) then staff must follow the process as laid down in the Code of Practice to this Act. The Registered Manager needs to establish whether the person has made a valid and applicable advanced decision in relation to medication which must then be followed.

The Registered Manager must also have contacted the GP to give the GP the full details of the pattern of refusal of medication. For example, is medication mainly refused at certain times of day? Is only particular medication refused? Are medications consistently refused or taken some days and not others? The GP will need this information when considering issues such as whether a medication requires discontinuing gradually or if alternatives to covert administration are possible, for example, changing the time of administration.

Any decision made about the covert use of medication, must be in the person's best interests. The Manager will arrange a best interest's multi- professional team meeting that includes the GP, staff, and the person Relevant Person's Representative, deputy or IMCA to discuss the use of covert medication the meeting should refer to the decision maker. If there is no agreement then there should be an immediate application to the Court of Protection.

Any comments you have about these Bulletins (good or bad!) are welcome. Please contact: Q&M, Room 234, Health & Adult Services, North Yorkshire County Council, County Hall Racecourse Lane Northallerton, DL7 8DD socialservices.contractingunit@northyorks.gov.uk
Tel: 01609 532641 or 01609 532025

Decision, after assessing the care needs of the person, must be recorded in the provider service support plan with a date for review. Staff must develop a Management/Support Plan which is specific for that person and around administration of covert medication.

If a decision to administer medication covertly as a result of the above process is made the GP should consider if each medication is essential and consider discontinuing any medication which is no longer required. Although this is a clinical decision, staff should where there is a person with legal responsibility for making decisions about health and welfare consult this person.

Administering medication in food or drink or altering the dosage form may affect the way a medication works. The GP or staff should consult a pharmacist to determine the most appropriate way to administer the medication covertly. The prescriber should ensure that staff are given clear written instructions on how the medication is to be administered. The registered manager should ensure that the information is included in the person's provider service support plan and is available to all staff who are to administer that person's medication.

Staff should review the use of covert administration on a regular basis with the GP who should ensure that appropriate monitoring is in place, where necessary, when administration methods are changed. The review should be at least every 6 months or sooner if circumstances change.

Where for example, a new medication which modifies behaviour or causes sedation added to the Management Plan should trigger a request for review of any existing DOL's authorisation.

Listed below are the points highlighted in the recent ruling by Judge Bellamy around covert medication in the case of AGvBMBC and is now in case law:

- That full consultation should take place with all interested parties involved around the use of covert medication i.e. the best interests meeting referred to above;
- If applying for DOL's authorisation and covert medication is in existence then it must be mentioned in the referral and in the DOL's assessment and in the authorisation;
- If a standard DOL's authorisation is to be no longer than six months or 12 months, the relevant teams must ensure there are regular reviews of the care and support plans;
- A Relevant Person's Representative should be fully involved in discussions and reviews around the use of covert medication, so that if appropriate a DOL's application or DOL's review can be made;
- Where medication is covertly provided, any change in medication or treatment regime should also trigger a DOL's review. This can be managed by the use of conditions within the standard authorisation.