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Document Control Sheet

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Document Amendment History

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Covert Administration of Medicines Checklist (Care Settings)

The purpose of this checklist is to support care settings in ensuring all the correct information is gathered and recorded to enable safe and appropriate administration of covert medicines.

Section 1: Person's details

Name		Date of birth	
Name of Care Setting/address		GP surgery	

When an individual refuses their medication, covert administration must be a last resort and only considered if:

- the individual lacks capacity to make an informed decision about the medication
- reasons the individual is refusing their medicine have been fully explored and addressed
- all other options have been fully explored and attempted where appropriate

Clinicians and carers should not administer medicines to a person without their knowledge if the person has mental capacity to make decisions about their treatment and care or has not been assessed in accordance with the Mental Capacity Act 2005.

You must identify the need for covert administration for each medicine prescribed. Each time new medicines are added, or the dose changed of an existing medicine, you must: 1.) Identify the need again 2.) Make and record further 'best interest' decisions.

If ☐ No is ticked in any of the sections below, please refer to guidance for the action to take.

Section 2: Medications

Has a review (including a full medication review) taken place which included exploring the reasons for refusal, possible adjustments to medicines e.g. administration times, and the individual is still refusing their medicines? ☐ Yes ☐ No

Name of person(s) involved in the review described above:

Name: Designation: Date of involvement:

Name: Designation: Date of involvement:

Section 3: Assessment of capacity

Does the individual lack capacity to make decisions to consent to treatment for a specific condition (with specific medicines)? ☐ Yes ☐ No

Name of person(s) who assessed the capacity of the individual to make this decision:

Name: Designation: Date of assessment:

Name: Designation: Date of assessment:

Has the individual been assessed in accordance with the Mental Capacity Act 2005? ☐ Yes ☐ No

Section 4: Best Interest Meeting

Has a multidisciplinary team and individual's representative made a decision that covert administration is the least restrictive option and in the individual's best interest? ☐ Yes ☐ No

CQC guidance states: Involve care staff, the health professional prescribing the medicines, and a family member or advocate, to agree whether administering medicines covertly is in the person's best interests. Discuss and record.

Name of person(s) involved in best interest decision:

Name: Designation: Date:

Name: Designation: Date:

Add additional names as appropriate.

Section 5: Suitability of medicines for covert administration

Have all medicines been checked for suitability for covert administration by a pharmacist? ☐ Yes ☐ No
SPS provide some guidance. The pharmacist will need an SPS account: <https://www.sps.nhs.uk/articles/covert-administration-of-medicines-in-adults-pharmaceutical-issues/>

Name of pharmacy professional consulted:

Name:

Designation:

Date:

Section 6: Records

Has the decision to administer medication covertly, including capacity assessment and best interest decision and date of decision been recorded in the individual's care plan? ☐ Yes ☐ No

Date recorded:

Has the decision to administer medication covertly, including capacity assessment and best interest decision and date of decision been recorded in the individual's notes at the GP practice? ☐ Yes ☐ No

Date sent:

Has an application been made to include covert administration as a condition of the Deprivation of Liberty Safeguard (DoLS)? ☐ Yes ☐ No

Method used:

Date:

Do care staff have written, accessible documentation from a pharmacist/prescriber detailing the correct method for administering the medicines covertly which has been personalised for this individual? ☐ Yes ☐ No

Date advice received:

Section 7: Review

Has a date for review of continued need for covert administration been agreed? ☐ Yes ☐ No
Date of medicines review for covert administration:

Section 8: Additional notes:

Please add/attach any additional information:

Section 9: Checklist completion:

Name of person completing checklist:

Signature:

Designation:

Date:

A copy of this checklist should be held within the individual's care plan.

In all cases please read, and follow the full guidance:

- CQC guidance for providers
<https://www.cqc.org.uk/guidance-providers/adult-social-care/covert-administration-medicines>
- CQC myth busters for GPs
<https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-96-covert-administration-medicines>
- NICE - A quick guide for care home managers and home care managers
<https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/giving-medicines-covertly>
- Presquipp Guidance for Covert Administration? [Presquipp Bulletin 269: Care homes – covert administration](#)
- [Deprivation of Liberty Safeguards \(DoLS\) at a glance](#)

Flow Chart for Covert Process (Acknowledgement to Lancashire Safeguarding Adult Board)

1. Background

Covert administration is 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.

Clinicians and carers should not administer medicines to a person without their knowledge if the person has mental capacity to make decisions about their treatment and care.

Consideration must be given to all suitable alternatives which must be attempted before covert administration is considered.

Covert administration can only be considered where the person has been deemed to lack capacity to consent to that specific treatment under the Mental Capacity Act (MCA). A person's wishes, feelings and beliefs must be considered.

2. Why it matters?

A decision to administer medication covertly is very serious and should be made within the legal framework of the MCA, in addition to complying with organisational and professional bodies' guidance and policies.

A decision to administer medication covertly should never be taken in isolation and must always include a Prescriber, a Pharmacy Adviser, the people administering the medication and other people interested in the person's welfare. Further guidance on Deprivation of liberty safeguards can be found [here](#).

3. Information

Covert administration of medication should never be considered as routine.

It is only appropriate for medication that is essential to control or prevent significant symptoms.

The Prescriber must consider all other valid alternatives for achieving the same treatment outcome.

Consideration must identify all suitable alternatives and they must be attempted before covert administration is considered.

Covert Medication Steps

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4. Covert administration must be used for as short a time as possible. The person should regularly be offered the medication overtly to establish if the potential for compliance has changed.

The necessity of covert medication should be regularly reviewed.

All decisions should be made in the person's best interests using the MCA. Due to the significantly restrictive nature of this method of medication administration the process must be documented.

6. What to do?

1. Request a medication review via the Prescriber.
2. Assess and document the person's mental capacity in relation to administration of covert medication.
3. Undertake formal best interest (BI) decision making process, including consultation of relevant people. Consider if there is an [ADRT](#) or [LPA](#) for health and welfare.
4. Document BI decision and record clearly with rationale in care plan.

7. Questions to consider

1. Have you followed the principles of the MCA and consulted the [MCA Code of Practice](#)?
2. Covert medication is considered a restrictive practice and must be recorded in the **Prescribers records** and **person's care records**.
3. If the individual is subject to a DoL order or COPDoL the supervisory body must be notified.
4. Staff must be skilled and competent in administration of covert medication.
5. Consider using the Covert Administration of Medicines Checklist (Care Settings).

5. Best interests' decision-making process should be transparent with the decision made in consultation with all relevant people and not taken by one person alone. Documentation of the decision should be made available to those involved. Find out why the person does not wish to take their medication and offer all practical alternatives, including information, advice and support.

In consultation with the Prescriber consider whether the medication can be rationalised or provided in an alternative format e.g., liquid or administered at an alternative time of the day.