

A large, abstract graphic on the left side of the slide. It features a light blue background with a darker blue spiral shape that curves upwards and to the right. A solid blue oval is positioned within the upper part of the spiral.

Capacity

- Before considering covert administration, you should test decisions and actions against the five key principles under the Mental Capacity Act 2005:
 1. Every adult has the right to make his or her own decisions. You must assume they have capacity to do so unless it is proved otherwise. You must not assume someone lacks capacity because they have a particular medical condition or disability.
 2. A person is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success. You should make every effort to encourage and support people to make the decision for themselves. If you establish lack of capacity, it is important to involve the person as far as possible in making decisions.

Capacity continued

3. A person must not be treated as unable to make a decision merely because he or she makes an unwise decision. People have the right to make decisions that others might regard as unwise. You cannot treat someone as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.

4. Anything you do or decide for or on behalf of a person who lacks mental capacity must be in their best interests.

5. When making a decision or acting on behalf of a person who lacks capacity, you must consider:

- whether there is a way that would cause less restriction to the person's rights and freedoms of action
- whether there is a need to decide or act at all

Covert Administration

- Covert administration is the process of adding medicine to food or drink without the resident's knowledge.
- Covert administration is only likely to be necessary or appropriate where:
 1. a person actively refuses their medicine
 2. that person is judged not to have the capacity to understand the consequences of their refusal. Such capacity is determined by the Mental Capacity Act 2005
 3. the medicine is deemed essential to the person's health and wellbeing
- Covert administration of medicines should be a last resort. You must make reasonable efforts to give medicines in the normal manner. You should also consider alternative methods of administration. This could include, for example, liquid rather than solid dose forms.

Covert Administration

- Medicines should not be administered covertly until after a best interests meeting has been held.
- If the situation is urgent, it is acceptable for a less formal discussion to occur between the care home staff, prescriber and family or advocate to make an urgent decision.
- This should be fully documented. However, a formal meeting should be arranged as soon as possible.
- **QS85 Statement 6: Adults who live in care homes and have been assessed as lacking capacity are only administered medicine covertly if a management plan is agreed after a best interests meeting.**

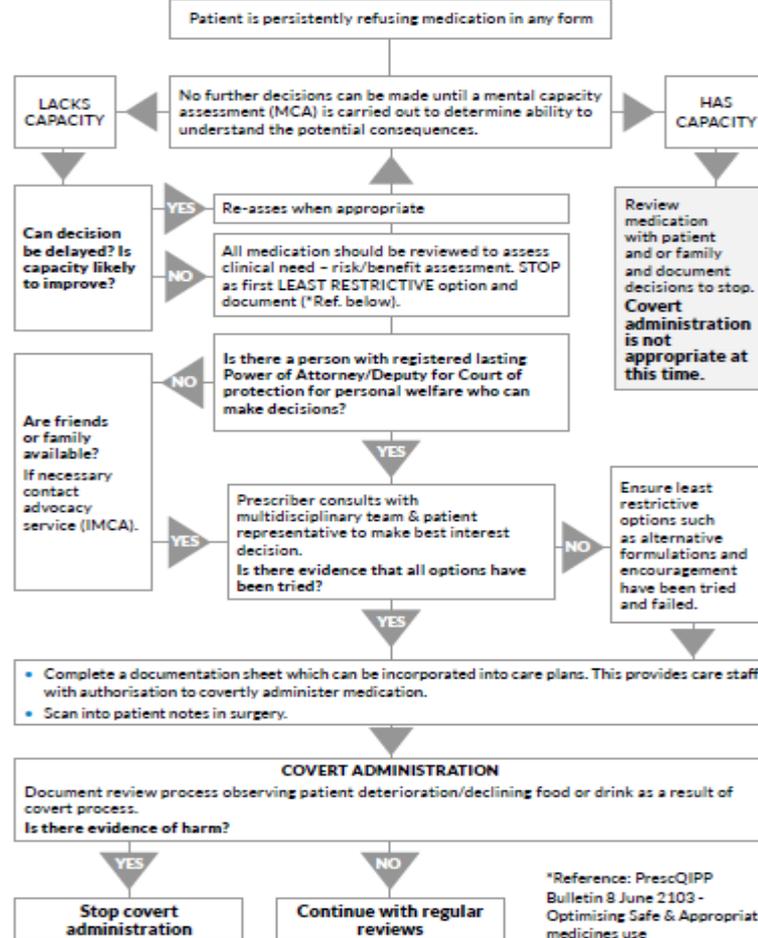
Covert administration and Capacity

- Medicines should be reviewed to ensure that the medication is still indicated prior to covert administration being considered.
- You must identify the need for covert administration for each medicine prescribed. Each time new medicines are added, you must identify the need again.
- Hold 'best interest meetings' when new medicines are prescribed or doses changed. This will help to make sure treatment continues to be in the person's best interest
- However, once a decision has been made to administer a particular medicine covertly, it is also important to consider and plan how the medicine can be covertly administered.
- This includes whether it is safe to do so, the practicalities and any relevant interactions information- Discuss with your pharmacist.
- Ensure that need for continued covert administration is regularly reviewed (as capacity can fluctuate over time)

Covert administration flowchart

Covert medication flow chart

This flowchart must be used in conjunction with full covert administration guidance.



Summary for the Process for Covert Administration

- Assessing mental capacity
- Holding a best interests meeting
- Record of reasons for presuming mental incapacity and proposed management plan, including consideration of Deprivation of Liberty Standards (DoLS) when medicines, such as sedatives, are to be given covertly
- Plan of how the medications will be administered without the residents knowledge
- Regularly review whether covert administration is needed as capacity can fluctuate

References

1. National Institute for Health and Care Excellence. Quality standard 85. [Medicines management in care homes. \(Links to an external site.\)Links to an external site.](#) 2015.
2. NICE SC1 Managing medicines in care homes
3. PRESCQIPP website <https://www.prescqipp.info/our-resources/bulletins/bulletin-101-care-homes-covert-administration/>
4. Care Quality Commission website <https://www.cqc.org.uk/guidance-providers/adult-social-care/administering-medicines-covertly>