

Good Practice Guidance J: Disguising medicines in food or drink in Care Homes (covert administration)

Adapted from the CQC Pharmacy tip: Disguising medicines in food or drink (27 October 2008) which has now been withdrawn.

Key Points

- Covert administration of medicines is a complex issue and involves the administration of a medicine disguised in food or drink to a resident who resists it when given it openly.
- It is important that care staff have sought the professional guidance of a pharmacist who is in the best position to advise on whether a particular medicine can be mixed with food or drink and the advice is documented in the care plan.
- Crushing medicines and mixing medicines with food or drink to make it more palatable or easier to swallow - when the person has consented to this, it does not constitute covert administration.
- The refusal of medicine by a resident who has capacity should be respected.
- If a resident is refusing their medicines they should be asked why they have decided to do this to establish if there are issues that can be addressed.
- The decision to administer medication covertly must not be considered routine.
- Covert administration can only occur where the resident has been assessed under the Mental Capacity Act 2006 and there has been careful assessment of patients needs.
- Written agreement of the decision, the action taken and the names of all parties concerned (including the residents GP and relatives/advocate) should be obtained and documented in the resident's care plan.
- Care homes must have a clear policy on covert administration.

Scenario

During an inspection of a care home without nursing the inspector found a medicine administration record (MAR) chart with a printed instruction for "Furosemide 40mg Take one every day".

Underneath this printed instruction was a hand-written entry which said "can be crushed and mixed with fruit juice before taking".

Looking at the care plan, the inspector found that the person was being treated for Parkinson's Disease and had difficulty swallowing. All other prescribed medication was either in liquid form or as dispersible or soluble tablets.

What issues does this raise?

- Is it acceptable to crush medication?
- Does mixing medication with food or drink affect it?
- Does the above scenario constitute covert administration?
- Does the person have capacity to consent to treatment?
- Who made the decision to crush and mix the medication with food or drink and what documentation is in place?
- What is the care home's policy on this?

Discussion

Covert administration of medicines is a complex issue and involves the administration of a medicine disguised in food or drink to a resident who resists it when given it openly.

It is not acceptable to assume that all medication can be crushed, since this may alter the properties of the tablet or capsule. By doing this, the person may absorb the medication quicker than intended and suffer side effects.

Some medicines are not affected after being crushed and some capsules can be opened and the contents mixed with food. However in some situations there may be limited information on the stability of medicines hidden in food or drink. Also, some foods or drinks may affect the active ingredient of the tablet or capsule or how it is absorbed, if they are taken together.

It is important that care staff have sought the professional guidance of a pharmacist who is in the best position to advise on whether a particular medicine can be mixed with food or drink and the advice is documented in the care plan.

Crushing medicines and mixing medicines with food or drink to make it more

palatable or easier to swallow when the person has consented to this, does not constitute covert administration. It is important that other forms of medication are considered first such as liquids, dispersible or soluble tablets if these are available.

Disguising medication in the absence of consent (covert administration) may be regarded as deception, as the person is being led to believe that they are not receiving medication when in fact they are.

Has there been an assessment of capacity as required by the Mental Capacity Act 2006?

It is important to clearly distinguish between those people who lack capacity and those people who have the capacity to refuse medication. It must be remembered that capacity changes and so regular reviews are needed.

The refusal of medicine by a resident who has capacity should be respected; failure to do so may amount not only to criminal battery or civil trespass, but also to a breach of their human rights. If a resident is refusing their medicines they should be asked why they have decided to do this to establish if there are issues that can be addressed e.g. tablets are too big, don't like the taste etc. Advice on options to support a resident in taking their medicines should be discussed with their GP or pharmacist. Regular refusal of a medicine with no reason given should be discussed with the resident's GP.

There may be occasional circumstances where it could be acceptable to disguise medicines, such as when medication is essential and not to give it is more harmful, so it is in the best interests of the person.

The decision to administer medication covertly must not be considered routine. Covert administration can only occur where the resident has been assessed under the Mental Capacity Act 2006. Any decision to do so must be reached after careful assessment of the resident's needs. There should be open discussion and agreements within the multidisciplinary team and the resident's relatives or advocate to establish the resident's wishes and best interests.

Where registered nurses are involved in the administration of medicines in a care home, guidance from the Nursing and Midwifery Council (NMC) makes clear that nurses need to be clear that they are accountable for the decision to administer medicines covertly, and that this is in the patient's best interests. The nurse also needs to determine whether these decisions are supported by the rest of the multi-disciplinary team as above, as well as voicing their own opinion on this practice for a particular resident. It is advised that nurses do not covertly administer medicines in isolation.

Written agreement of the decision, the action taken and the names of all parties concerned should be obtained and documented in the resident's care plan. The decision should also be documented on the resident's MAR chart so that all staff administering the resident's medicines are aware.

The Royal College of Psychiatrists advises that the need for covert administration should be reviewed on a daily basis and the treatment plan should be subject to an initial review each week. If the need for covert administration continues, full reviews at a less frequent interval should be taken.

It is important that when a medicine is administered within food and drink (either with consent or covertly) the resident is observed to ensure the medicine is taken and to ensure that other residents do not eat/drink the medicine accidentally; staff should receive specific training on administering medicines within food and drink, including covert administration.

Care homes must have a clear policy on the covert administration of medicines and this must include guidance on the action to take if it is necessary. Care homes may wish to seek legal advice on their policy for covert administration.

It is advised that the full NMC guidance is consulted for more in-depth detail of the legal issues surrounding covert administration of medicines, including topics such as previously made living wills/advance statements or covert administration in the paediatric population.

Thing to consider

- What instructions are written on MAR charts
- What training have staff had regarding the administration of medicines in food and drink including covert administration of medicines
- How are medicines crushed such as with tablet crushers, metal spoons, mortar and pestle?
- Is food e.g. pots of jam, kept with medication?
- What policy and procedures are in place
- Does the care plan carry an assessment of the resident's capacity and identifies who carried out the assessment and when
- That the care plan reflects the person's assessed needs and any agreements to administer medicines in food or drink are clearly documented
- There are agreed review dates and reviews take place

Further information

- Further information on managing medicines in care homes is available in

Outcome 9 of the [CQC Essential Standards of Quality and Safety](#).

- Further information on [‘The handling of medicines in Social Care’](#) can also be found on the Royal Pharmaceutical Society website: www.rpharms.com
- The Nursing and Midwifery Council (NMC) provides guidance and [advice on a number of topics](#) which is available on their website; www.nmc-uk.org including;
 - [Guidance on the covert administration of medicines](#)
- The National Patient Safety Agency also contains safety alerts related to medicines; <http://npsa.nhs.uk/>
- Shinkwin L, McGeorge M, Hinchcliffe G, eds. Royal College of Psychiatrists. [National Audit of Violence: Standards for in-patient mental health services](#). March 2007

The above links are made available solely to indicate their potential usefulness to users. The user must use their own judgment to determine the accuracy and relevance of the information they contain.

Oxfordshire CHUMS Working Group & Medicines Management Team