

GIVING MEDICATION COVERTLY

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PURPOSE OF THE SESSION

- To find out more about evidence-based practical solutions for overcoming challenges to giving medicines covertly
- To get better equipped at supporting professional carers in best practice in administration of medicines covertly
- To understand the legal basis for the administration of covert medication.
- To be equipped at challenging illegal administration of covert medication.
- To understand our roles and duties in relation to the administration of covert medication.

WHAT DOES COVERT MEDICATION MEAN/IMPLY?

- Dictionary: Dictionary.com- Concealed; disguised; secret
- is the term used when **medicines** are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. The idea is that the person is not aware that they are taking medicine.
- It has the implication of being treatment without consent and therefore has the implication of being an interference with a person's right to respect for private life under Article 8 of the ECHR and their Article 5 right of liberty of a person of the convention.
- It also contributes to the elements of being under continuous supervision and control, contributing to the objective factors for creating a DoL.
- There is the implication of the use of the Principles of MCA (S.1) in its entirety.
- Covert medication must never be given to someone who is capable of consenting to medical treatment.

MYTHS SURROUNDING COVERT MEDICATION ADMINISTRATION

- Mixing medication in food or drink for someone does not in itself necessarily make it covert medication
- Medication given in PEG or other tube is not necessarily covert
- Covert medication is not forbidden by the Courts, NICE, SCIE etc
- Medication format recommendation by SALT eg does not necessarily mean covert

WHERE COVERT MEDICATION ADMINISTRATION TIES IN WITH SAFEGUARDING

- The principles of proportionality, Empowerment, Protection and Partnership ties in with work with people in relation to medication administration.
- People who come under the scope of safeguarding require support to ensure that safeguarding concerns reporting, initial actions taken, enquiries made, conclusions reached and decisions made are proportional to the risks presented and they should be empowered to make or at least (in view of lack of mental capacity to consent to medication administration), contribute to decisions made about this as far as possible, balance choice and control and supported in decision-making through collaborative work of partner agencies to protect them from harm.

RISK ASSESSMENT

- The key to getting things right in the administration of covert medication is in being able to undertake adequate and appropriate risk assessments and analysis and putting in measures for management.
- When undertaking the **risk assessment**, consideration should be given to the client's circumstances + risks identified + the likelihood of the risks occurring + the consequences of the risk + the clients desired outcomes, and this should determine the level of safeguarding measures that are necessary to make the activity safe and will result in proportionate safeguarding.

FACTORS TO CONSIDER IN THE ADMINISTRATION OF MEDICATION COVERTLY- AVOID THE NEED

- Avoid as far as possible, the need for the administration of covert medication (consider: is it needed, will it make a difference if form of medication is changed?, are there too many medications for the person at a time, is it about the time of day, is it in the taste, what steps can be taken to avoid this?, has someone else who knows them been asked, will they take medicines with another type of liquid? Juice? is it with the approach of the administrator?)

FACTORS TO CONSIDER IN THE ADMINISTRATION OF MEDICATION COVERTLY- IS IT NECESSARY

- Are they actively refusing their medication?
- Do they have the mental capacity to understand the risks in making this decision?
- Have you explored and fully employed the principles of the MCA
- Is the medication essential to their health and well being?
- Can they consent to an extent? What foods can you put it in? What foods do they like?

FACTORS TO CONSIDER IN THE ADMINISTRATION OF MEDICATION COVERTLY (CONTD)

- If you must, then consider;
 - Has MDT been involved in the decision making- who needs to be involved (Primary care, secondary care, pharmacist, ASC expert, family, those involved in caring, prescriber)
 - Has best interests checklist been exhausted
 - Listen out- has the person been listened

FACTORS TO CONSIDER IN THE ADMINISTRATION OF MEDICATION COVERTLY (CONTD)

- Is there a medication policy
- Is there a good record keeping of the analysis and decision making? (Assessment notes, careplan, MAR sheet)
- Is this accessible to all as required?
- Has CQC been notified?

WHAT IS IMPORTANT TO BE AWARE OF

- The basic legislation involved in safeguarding – acting unlawfully- is like travelling without a map and can result in adverse consequences.
- How to take appropriate action in responding to concerns
- Sensitivity in relation to communication and action- *Not taking over /no excessive intrusion*
- Issues of confidentiality and data protection and when you can act in proportion against people's wishes even if and when they say they do not want you to and knowing what to do in such instances.
- Remember values in social work & the core value of social work – the *Importance and centrality of human relationships*

WHERE THERE IS A LACK OF MENTAL CAPACITY

- Consciousness of a person's rights and choice and freedom of action in view of lack of mental capacity - Ties in with the 4th and 5th principle of Mental Capacity Act s.1 (5 & 6)
- *(5) An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his **best interests**.*
- *(6) Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.*

- Thank you