

5.1.7 Medication Policy

UK

Regulations and Standards

[The Health and Well-being Standard](#)

Relevant Guidance

[Managing Medicines in Care Homes \(NICE, 2014\)](#)

[Children's Act 1989: Personal Plan/My Life Planning, Placement and Review \(DfE\)](#)

[Promoting the health and well-being of Looked After Children \(DfE and Department of Health and Social Care. 2015\)](#)

[Misuse of Drugs Act 1971](#)

[The Handling of Medicines in Social Care \(Royal Pharmaceutical Society\)](#)

Wales

Regulations and Standards

[The Regulation and Inspection of Social Care \(Wales\) ACT 2016 \(RISCA\)](#)

[The Regulated Services \(Service Providers and Responsible Individuals\) \(Wales\) \(Amendment\) Regulations 2019: Reg. 58: Medicines](#)

Relevant Guidance

[Statutory Guidance to Parts 3 to 20 of the regulated Services \(service Providers and Responsible Individuals\) \(Wales\) Regulations 2017, as amended Version 2- April 2019 Reg 58: Medicines](#)

Outcome

The health and well-being needs of children are met; children receive advice, services and support in relation to their health and well-being. Children's health and well-being outcomes are recorded in their relevant plans. Staffs understand the child's health and well-being needs and the options available to them. Each child has access to dental, medical, nursing, psychiatric, psychological advice, treatment or other services they may require. Staffs understand their responsibility around the safe storage and dispensing of medications. Staffs are clear around the legal boundaries surrounding administration of medication

Contents

1. What we Expect
2. Ordering of Medication
3. Storage of Medication
4. Administration of Medication
5. Recording
6. Children / Young People who Wish to Self Medicate
7. Homely Remedies/'Over the Counter' Medication
8. Prescribed Medication
9. Controlled Drugs
10. PRN Medication
11. Guidance on the Covert Administration of Medications
12. Secondary Dispensing of Medication
13. Audit/oversight/stock check of Medication

1. What we expect

Staff are advised of the importance attached to the adherence of this policy. Failure to follow these procedures may potentially cause harm to the health and welfare of children and, as such, may leave staff open to disciplinary action.

Staff will not be permitted to administer any medication to any child placed in the Children's Home until consent from the parent(s) and social worker has been returned to the home and is stored on the child's case file.

The consent process will normally be completed at the planning meeting stage before or very shortly after the child moves into the Children's Home (in the case of an emergency admission).

The consent form will seek parental and social worker permission for staff to administer:

- Prescribed medication;
- Controlled drugs; and
- Emergency first aid.

All prescribed medication shall only be prescribed by the General Practitioner or the hospital. Staff will have prescriptions dispensed only by the chemist used by the Children's Home. All unused, unwanted or surplus medication will be returned to the pharmacist for safe disposal.

Staff will be permitted to administer and dispense medication only if deemed competent to do so by the Managers. Competence will normally be determined by successful completion of training in this area.

Staff will not make independent decisions regarding the administration of medication. All prescribed and controlled medication will be dispensed as directed.

All prescribed medication received will be entered into the young person's medical file specifically for the purpose (SEBD) or Medication Log Book for Apricity Services, and medication that is no longer required will be returned to the Pharmacist for disposal is also entered in this file. Any controlled substances will be recorded in a separate booklet which is secure from any wear and tear and all recording will be as per the Misuse of Drugs Act.

Staff will ensure that all medication is clearly labelled with the name of the child and dated upon opening and is stored in their own individual container within the locked medication cabinet. Staff will ensure that no medication labelled for one child is used by another.

2. Ordering of medication

Some young people will have prescribed medication which is on-going. This should be ordered when levels are getting low. Most places require 10-14 days' notice – especially when it comes to controlled medication. When ordering repeat prescriptions ensure that the young person's name date of birth address and details of medication dosage and times to be taken are clearly marked on the repeat prescription form supplied by the GP. Responsibilities for ordering these medicines are that of the registered manager or a delegated person/member of staff.

3. Storage of Medication

All medication will be held in a designated locked area for the safe storage of medication. This will be the only area where medication will be stored. All controlled drugs will be held in a locked container within the designated locked area. Any medicines requiring storage in a fridge will be kept in a designated fridge in the designated area or, in an emergency, in a locked container in the house fridge until the manager can make proper provision.

4. Administration of Medication

On Administering Medicine Staff will:

- Check to verify correct identification of the child. Check picture and documentation in medical file; check medication against Medication record sheet counting medication to ensure that it is correct.
- New bottles of medication (if taken from a stock of the same medication when being opened need to have a label attached clearly evidencing the date the bottle was opened. The bottle must be discarded along with the contents if it has been open for 3 months unless specified otherwise by the prescribing GP.
- Select the required medication; check expiry date and dosage required. Staff should ensure that they only administer medicines that have a pharmacy-dispensing label attached to the container;

- Dispense the required dosage into a medicine measure (liquids) such as a syringe or plastic cup (tablets/capsules) without touching the medication. Ointments should be applied according to manufacturer's instructions; eye and ear drops applied directly according to manufacturer's instructions;
- Check the medication record and give the medication to the child;
- Administer the drug as prescribed, offering a glass of water to aid swallowing, as needed.

Should staff have any doubts, concerns or have made any medical errors in administering medication, **it is their responsibility to contact 111 immediately** and follow their advice, record in the daily records and healthcare sections of the child's file. The Childrens Home Manager/on call manager should be notified immediately.

Any medication which is to be administered either rectally or via injection can only be administered by trained professional medical staff, external to the organisation, with the exception of insulin which can be administered by BMC staff providing they have received the appropriate training to do this.

Any error in administration must be brought to the attention of the Children's Homes Manager at the earliest opportunity. It is important to observe the child and to report the error to the 111/GP or on-call GP and follow instructions. Ensure all conversations and instructions are recorded and followed.

5. Recording

A complete record should be kept of ordering, receipts, dates and times of administration and dates of disposal of all medicines.

A medication record should be kept for each child, the entries signed by the prescriber and showing:

- The name, home address and age of the child;
- The name of the medicine;
- The dose;
- The route of administration;
- The frequency, date and time for administering each dose;
- The date of prescribing;
- In red any known drug hypersensitivity;
- Any special requirements; and
- Children/young person's name and 'known as' name.

Any absence of the child from the home should be recorded on the Medication Administration Record (MARS).

Accurate transactions involving medication i.e. what is administered, time, dosage, refusal etc. will be recorded on the MARS form that will be located in the child's medical file. The form will be completed immediately and as a true record of events. No blank spaces will be left on the form for interpretation.

Staff will ensure they are giving meds considering the 7 'r's principal (See Administration of Medication – Staff Competency Record).

- Right Young Person
- Right time
- Right medication;
- Right dosage;
- Right route;
- Right documentation
- Right to refuse

Any refusal of medication will be noted on the MARS sheet and the child's daily log. It is the responsibility of the Children's Home manager to conduct regular audits to identify any issues of concern around medication administration, storage of medication, administering of PRM medication and young people refusing medication. Where refusal by the young person is a regular feature, an appointment with the GP will be arranged to review the effectiveness of the regime. The Children's Homes Manager will act immediately in cases where refusal of medication involves the medical stability of the child e.g. epilepsy or diabetes medication.

6. Children who wish to Self-Medicate

Children will only self-medicate where the Childrens Home Manager is of the opinion that the particular child is competent to do so and risk assessments will have been undertaken with the child, staff, the prescribing authority and the social worker.

In all circumstances any Controlled Drugs will continue to be held in the secure location.

Should a request be made to self-medicate by a child resident in the Home the Childrens Home Manager will:

- In the first instance the nature of the medication will be considered; with regard to the potential consequences of misuse of the medication either deliberately or not deliberately;
- An assessment of the age, maturity and understanding of the child making the request will be undertaken;
- In all cases where it has been agreed that self-medication can take place, staff will dispense an agreed amount at the start of the day/week and the remainder will be stored in the medication cupboard;
- An 'in depth' Risk assessment will be completed and kept in the Personal Plan/My Life Plan;
- A self administration agreement form will be signed by both the child and a staff member detailing arrangements for storage and use of the medication.

In the case of children who need to take medication to school or other educational provider, the following procedure must be followed:

- Staff must contact the school / educational provider to determine their willingness and ability to administer medication;
- Send a letter detailing all aspects of the administration of the medication;

- Supply a medication administration signature sheet;
- Check the storage of the medication; and
- Set up regular reviews.

Where any staff arrive at an off-site visit and discover that the risk assessment or policy cannot be adhered to, the on call manager will be immediately contacted for amendments to be made. In the case of a situation arising that cannot be managed in this way, a decision will be taken; via the Personal Plan/My Life Planning process to include all those involved in the child's care.

7. Homely Remedies/'Over the Counter' Medication

A homely remedy is a product that can be purchased (e.g. from a pharmacy or supermarket) for the relief of a minor, self-limiting ailment without the need for a prescription. Homely remedies should be available in the BMC home to allow access to medicines that would commonly be available in any household. Homely remedies should be stored with all medication in the home and recorded in the same way. Any homely remedy needs to be checked against any prescribed medication for contra-indications for administration (e.g. side effects).

Expiry of homely medication

The expiry dates of all stocked homely remedies must be checked regularly (at least every 6 months) All liquids should have the date of opening recorded on the bottle and should be discarded no longer than 3 months after this date.

8. Prescribed Medication

Prescribed medication is defined as '*as medication that is administered on the direction of a GP, dentist, Mental Health Practitioner or hospital, according to specific instructions, which includes regular, PRN and controlled drug's*'.

9. Controlled Drugs

Controlled Drugs as defined as '*preparations that are subject to the prescription requirements of the Misuse of Drugs Act 1971*'. Guidance around storage or any information required should be obtained from the prescribing pharmacy. As part of best practice following guidance from the Royal College of Pharmacology, all controlled drugs are to be kept double locked within the home. All recording of controlled drugs is to be kept in a separate bound book such that records are unalterable.

10. PRN Medication

Children who require PRN medication will have details of the medication recorded on their young person's files. Details of the nature of the child's condition and the need to administer medication will have been discussed with medical professionals responsible for the child's care. Information available to staff, in the event of having to dispense this medication, will be addressed in the medication file on the PRN MARS form including:

- The amount of the drug to be given as PRN;
- The frequency of this medication within a 24 hour period;
- The specific circumstances under which it should be given e.g. pattern of epilepsy, specific behaviours; and
- Any other interventions that might be used prior to using PRN medication.

11. Secondary dispensing of medication

This is when the medication is taken out of its original packaging and placed into another container for dispensing later this is now illegal.

12. Audit/oversight of medication

Oversight of medication is when the care staff will manage and ensure that medication is taken regularly if needed. Care staff to encourage a young person to take their medication. Stock checking of medication is the responsibility of the home manager, or designated staff member and should be done as part of good practice around the administration of medication and safeguarding of young people. Records should be kept to show who conducted the stock check and any action required.

Care Managers have ultimate responsibility for oversight and management of medication procedures. It is the Care Managers responsibility to ensure that when a staff member begins/transfers at their home that an Administration of Medication – Staff Competency Record is completed to ensure that the staff member has a full understanding of what is expected of them should they struggle then the manager needs to consider what extra support/training the staff member requires before they can safely administer medication.

The form can be found on the Public Drive under templates then Learning and Development. This needs to be kept in the staff folders.

Revision History

Revision History

Reviewed: July 2020

Next Review Due: July

END