Our Place Group

Medication Policy

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Review Sheet

The information in the table below provides details of this document's reviews and where appropriate, amendments which will have been made to a later version and the reason.

Version	Review Description	Date
1	Original Policy	April 2021

Medication Policy

1. Introduction

1.1 At Our Place group we provide support to children and young people who may need support with the management of their medication.

1.2 For the purpose of this policy the term 'management of medicines' includes ordering, collection, storage, disposal, and administration. The levels of support given will range from assistance e.g. staff giving reminders and prompts, through to staff directly administering the medicine to children/ young people who are unable to self administer.

For the purpose of this policy 'people' include children, young people and adults.

- Children under 16 who are assessed as having capacity to manage their medications with guidance can be authorised by a person with parental responsibility and the Placing Authority. A comprehensive individual risk assessment will be produced and reviewed regularly to ensure the safety of the individual and others.
- Young people aged 16 and 17 who are under a care order will have a mental capacity assessment to identify their ability to consent to the required level of support. If capacity is not present a formal best interest decision will be made. A comprehensive risk assessment will be produced to ensure the safety of the individual and others following either outcome.
- Adults over 18 whether under a care order or not will have a mental capacity assessment to identify their ability to consent to the required level of support. If capacity is not present a formal best interest decision will be made. A comprehensive risk assessment will be produced to ensure the safety of the individual and others following either outcome.

1.3 The aim of this policy is to promote and maintain independence for each child/ young person being supported, in the safe management of medicines, ensuring that any intervention is the least restrictive and in the child/ young person's best interests.

1.4 This policy identifies the scope and circumstances for assisting with management of medicines, and the limits to assistance and tasks which may not be undertaken without permission. It provides the framework within which support staff can deliver a safe and appropriate service, which promotes independence and safeguards children/ young people's best interests by defining-

- Who can provide support with medicines;
- What support they can provide;
- The circumstances in which they can provide support;
- What consent is;
- What records should be kept.

1.5 This policy and guidance sets out the roles and responsibilities of the Company and staff in supporting people in the management of medicines.

2. Policy Statement

2.1 The Our Place Group is committed to the provision of a system for management of medicines that focuses on the needs and rights of the children/ young people we support, maximising choice and control and supporting independence, whilst ensuring that health, safety and well being is maintained.

2.2 This policy will ensure that assistance with medicines is provided only to those children/ young people, who need it, through the use of a risk assessment to identify the level of support required, where a 'Best Interest' decision has been undertaken as necessary, and that the support provided is appropriate, safe, suitably recorded and monitored.

2.3 Levels of support-

2.3.1 The different levels of support given with the administration of medication should be considered flexibly, accepting that a person may move up and down the levels depending on their health status and/or functional ability at the time.

2.3.2 Staff should report any changes in the person's circumstances, condition or ability, which may indicate that the care plan needs to be reviewed e.g. a person who previously had capacity now appears to lack capacity, or a person who lacks capacity has regained capacity or has previously complied with taking medication and now refuses to take them.

Level 1 Support- General Support

For children under 16; consent from a person with legal parental responsibility will be required to administer medication.

To assist with medication for a person over 16; who has the capacity to make decisions about their medication and/ or who has had a mental capacity assessment and formal best interest decision made as a legal basis for consent.

The person may take responsibility for their own medicines and the support worker will be working under their direction. Tasks could include ordering and collection of new medicines, and disposal of unwanted medicines on behalf of the person being supported.

Support at the Low Level could also include-

- Prompting – reminding the person to take their medicines at a particular time, or in a particular way e.g. take with food.
- As part of the prompt, the medicine can be passed to the person in the container so that they can open it and take it.
- Assisting – physically helping a person who is able to instruct staff on what assistance they require e.g. to open the container for them.

NB. Any prompts or assistance given should be recorded in the daily care notes.

Level 2 Support- Administering Medication

Administering medication means to select, measure and give medication to a person

(See Appendix 1 for further guidance on the procedure for administering medication)

Level 3 Support- Administering medicines by specialised techniques

Following training and an assessment of competence by a healthcare professional, support staff may be asked to administer medicines by a specialist technique including-

- Rectal administration, e.g. suppositories, diazepam (for epileptic seizure)
- Buccal administration of Midazolam (for epileptic seizure)
- Insulin by injection
- Administration through a Percutaneous Endoscopic Gastrostomy/ Jejunostomy - (PEG/PEJ)

2.4 The overall aim of this policy is to promote independence through teaching and encouraging the children/ young people we support to manage their own medication as far as they are able. Where they require support they will be assured of a safe and appropriate service which is guided by the following principles-

a) Freedom of choice

Everyone has the right to self medicate, and also to refuse to take medication.

Before any assistance is planned, a detailed needs and risk assessment must be undertaken to identify the level of support required. Capacity and consent must be assessed and appropriate documentation produced.

Where the assessment indicates that support is required, the consent of the person being supported must be gained if over 16.

Where a person may lack capacity to give consent, a 'Best Interests' decision will be required (See the Company Policy on Mental Capacity for further guidance on Best Interests Decisions).

Medicines will not be given covertly to a child/ young person against their wishes and/or without their knowledge (e.g. hidden in food).

People with altered mental states may refuse to take medicines and therefore it may be necessary to devise strategies to encourage them to take their medicines (without resorting to coercion or deception), and such strategies must be clearly described in the child/ young person's Care Plan.

If a child under 16 persistently refuses medicines then medical advice must be sought. Relevant people in the child's life with parental authority should be consulted.

If a person over 16 who persistently refuses medicines is deemed to lack capacity, then an assessment of capacity and a 'Best Interests' decision will be required with regard to any proposal for giving medicines covertly in conjunction with other relevant health professionals.

Administration of medicines will be delivered in a way that respects the dignity, privacy, cultural and religious beliefs of the child/ young person being supported. Consent will be obtained from parent/ local authority if covertly administered medication is required.

b) Medicines are given and stored safely and correctly (see Appendix 1 & 3 of this policy for further guidance)

c) Medication room keys and controlled drug cupboard keys will be the responsibility of the designated Medication officer each shift. These keys will be kept on a green lanyard which the medication officer must keep the keys on them at all times. The medication officer is solely responsible for these keys. The designated Medication officer for each shift must be recorded on the rota. It is the responsibility of the medication officer to hand the keys over to the oncoming medication officer.

d) All errors, mistakes, and incidents (Including near misses) must be reported.

All reports should be investigated to decide whether additional training or a review of existing procedures needs to be undertaken.

Consideration should be given as to whether Safeguarding procedures should be implemented and if necessary, incidents should be reported (as required) to the Regulatory bodies and local authority child safeguarding /adult protection teams in accordance with the requirements of each Local Authority.

e) Staff will know what medicines each person is taking.

Staff need to know what medications have been prescribed and why, when and how it should be given, and what the potential side effects are.

(See Appendix 2 of this policy for further guidance).

f) Staff are trained and competent to assist people with their medication and understand their responsibilities.

(See Appendix 6 of this policy for further guidance).

g) A complete account of medication is kept in the home including an Individual Risk Assessment, Care Plan, Medication Profile, Medicines Administration Record (MAR).

(See Appendix 2 of this policy for further guidance).

h) Medicines are the property of the child/ young person to whom they have been prescribed and dispensed, and are available to them when needed and must never be used for another person.

(See Appendix 3 of this policy for further guidance).

i) Staff have access to advice from a pharmacist.

The Company will foster good relationships with the local pharmacist to ensure information, advice and support is available to staff and the child/ young person being supported.

j) Medicines are only used to relieve symptoms, cure or prevent disease-

Medication will never be used to punish or control behaviour, and should never be used as a means of restraint.

2.5 Medication records must be retained or destroyed within the legal guidelines identified within the homes record keeping and retention policy.

2.6 This policy will ensure that all staff are clear as to their responsibility with regard to supporting children/ young people with the administration and management of medicines. Staff will be made aware (through appropriate training, supervision and support) of-

- How to protect and teach children/ young people who need support to manage and administer medicines;
- The need for safe and effective working practices which will prevent or reduce the risk of medication errors occurring;
- How to respond appropriately when medication errors have, or are suspected to have occurred.
- Have an open culture of transparency when reporting errors and using the Whistleblowing policy.

2.7 The Head of Care also acting as lead person for safeguarding children and adults for Our Place is responsible for ensuring the regular monitoring of all incidents, concerns and complaints regarding administration and management of medicines which have the potential to become safeguarding concerns.

2.8 This policy, along with attached procedures and guidelines will support staff to deliver high quality, appropriate, child focussed/ person centred services, ensuring that we:

- Operate within the appropriate legal framework.
- Provide services which adhere to good practice and professional standards.
- Maintain a service which meets the best interests of the children/ young people we support.

3. Policy Scope

3.1 All staff are required to comply with this policy at all times and in all circumstances.

3.2 Specific responsibilities are further defined in the procedures and guidance attached to this policy.

3.3 Procedures and guidelines for the implementation of this policy are set out in the appendices. However, they are not an exhaustive list and where a situation arises which is not covered by the guidelines the appropriate course of action should be determined by reference to the policy statement.

3.4 This policy should be used in conjunction with other company policies

- Safeguarding Mental
- Capacity & Decision Making,
- Record Keeping and Retention
- Whistleblowing

3.5 Violation of any aspect of this policy may be considered grounds for disciplinary action and may lead to dismissal.

4. References

4.1 This policy for the Management of Medicines has taken into account the requirements and guiding principles of the following pieces of legislation-

- Care Quality Commission (2010) Essential standards of quality and safety
- The Children's homes (England) Regulations 2015
- Royal Pharmaceutical Society (2012)
- The Medicines Act 1968
- The Misuse of Drugs Act 1971 (and associated regulations)
- The Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Mental Capacity Act 2005
- Mental Health Act 1983
- The Data Protection Act 1998
- Human Rights Act 1998
- Health and Safety at Work Act (1974)
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2015

4.2 In addition, the policy is informed by the following:

- The Handling of Medicines in Social Care: Royal Pharmaceutical Society of Great Britain: 2007
- Making decisions: A guide for people who work in health and social care: OPG
- Mental Capacity Act 2005: Code of Practice 2007
- NICE guidance: Managing Medicines in Care Homes
- SCIE guidance- Common safeguarding issues – Maladministration of medication

5. Distribution and Implementation

5.1 This policy is distributed and implemented in accordance with Company training.

5.2 The understanding of company policies and procedures forms part of the induction completed by each new employee.

5.3 All staff will receive Management of Medicines training to a level appropriate to their role.

5.4 Before staff are allowed to assist with, or administer medicines they will be required to undertake a competency assessment.

This assessment will comprise of direct observation, and oral questions.

Staff competence will be reassessed annually with quarterly spot checks.

5.5 Queries and issues relating to this policy should be referred to the appropriate line manager for clarification and direction.

5.6 This policy is available to the people we support and their representatives, in alternative formats on request.

6. Compliance and Effectiveness

6.1 Each employee's line manager must ensure that their members of staff are aware of their roles, responsibilities and limitations regarding the Management of Medicines.

6.2 The contents and detail of this policy are to be visited regularly at supervision and team meetings.

Staff knowledge and competence will be maintained using a blended learning approach and reflective practice.

6.3 All errors and 'near misses' must be reported, immediately they are discovered, to the manager responsible for the service (during office hours) or on-call (out of hours).

Medical advice or attention should be sought following any incidents of medication errors including omissions.

A Medication Error/ Incident Report must be completed and sent to the Head of Care with 48 hours of the initial incident. All reports will be investigated to decide whether additional training and/or supervision is required, or if a review of existing procedures needs to be undertaken.

6.4 The Head of Care will monitor all Medication Error/ Incident Reports to analyse trends and will report findings to the Director.

6.5 Each employee's line manager is also responsible for monitoring compliance to this policy and to ensure that staff knowledge and competence is maintained to the required level.

6.6 Compliance is assessed through direct observation as part of the competency assessment, monitoring, supervision, regular audit of records, support plans and review of documentation.

6.7 The Head of Care is responsible for maintaining an up to date record of all staff that are assessed as competent to administer medicines.

6.8 The review of this policy will include consultation with the people we support and our staff, review of support plans, incident reports, quality audits and feedback from other agencies.

7. Related Documentation

7.1 Associated Company Policies-

- Mental Capacity and Decision Making
- Safeguarding Children/Adult Protection
- Dignity and Respect
- Records and information management
- Behaviour Policy
- Emergency On Call Policy
- Whistleblowing Policy

7.2 Associated documentation:

a) Medication File:

- Staff Name & Signature List
- Individual Risk Assessment – Medication section
- Consent to administer medicines
- Mental Capacity Assessment & Best Interest Decision
- Medication Profile with Photograph
- Record of medicines changes
- Medicines Administration Records (MAR) – pharmacy provided
- Homely Remedies medication administration record
- PRN Protocols (for 'as and when required' medicines)
- Medication Error and Incident Report
- Checks of medicines – records and stock
- Medicines Ordering Information- completed on the MAR chart
- Record of medicines received- Recorded on the MAR chart
- Spoiled medication/ medication returns book
- Over the Counter/Homely Remedies Agreement
- Medicines Leaflets / Information / Data Sheets
- Medication Correspondence

b) Other records-

- Medicines cupboard/ fridge temperature checks
- Weekly/ monthly quality audits

7.3 Procedures and Guidance

Appendix 1 Administering medicines

Appendix 2 Records

Appendix 3 Supply, storage and disposal of medicines

Appendix 4 Controlled drugs

Appendix 5 Homely remedies/over the counter medicines

Appendix 6 Staff training and competence

Appendix 7 Guidance for administering medicines when a child/ young person is away from the home

APPENDIX 1 Administration of Medicines-

1. Staff will only administer medicines, with the consent of the person with legal authority of the child being supported, or in accordance with a documented Best Interests Decision made for a young person/ adult. Where consent is given it must not be assumed to be permanent; the person may withdraw their consent at any time.
2. Where informed consent cannot be given, a Mental Capacity Assessment and Best Interests Decision will be required (See Mental Capacity, Best Interest and Deprivation of Liberty Safeguards Policy for further guidance).
3. Staff will only administer medicines when the level of support and assistance required is specified in the child/ young person's Care Plan, Medication Risk Assessment and they have been trained and the task is assessed as within their level of competence.
4. Staff should report any changes, in the child/ young person's circumstances, condition or ability, which may indicate that the support plan needs to be reviewed e.g. a person who previously had capacity now appears to lack capacity, or a person who lacks capacity but has previously complied with taking medicines, now refuses to take the medicines.
5. Staff will only administer medicines which have been prescribed by a qualified health professional, or are a 'homely remedy' (also known as 'over the counter' medicine) which has been agreed as suitable for use for the individual person (see appendix 5 of this policy for further guidance on homely remedies).
6. The person responsible for the day to day management of the service will ensure that each person's prescription for medicines are up to date and reviewed regularly.
7. Staff will monitor the child/ young person to identify any adverse reactions to the medicines or any change in their condition.
8. There are three levels of support for the direct administration of medicines:

- Level 1- General Support- To assist with medication for a person who has the capacity to make decisions about their medication.
- Level 2- Administering Medicines– means to select, measure and give medicines to a person (see procedure for the administration of medicines on the following page)
- Level 3- Administering medicines by specialised techniques- Following training and an assessment of competence by a healthcare professional, staff may be asked to administer medicines by a specialist technique including:
  - Rectal administration, e.g. suppositories, diazepam (for epileptic seizure)
  - Buccal administration of Midazolam (for epileptic seizure)
  - Insulin by injection (Diabetes)
  - Administration through a Percutaneous Endoscopic Gastrostomy (PEG)
  - Administration of oxygen

The procedure for administering medicines by specialised techniques will be described in an individual protocol for each child/ young person.

Staff can refuse to assist with the administration of medicines by specialist techniques if they do not feel competent to do so, but would be required to undertake further training to achieve the competence required where this is an essential part of their role.

9. Procedure for the administration of medicines (level 1 support) - The child/ young person takes responsibility for their own medicines and the support worker will be working under their direction. Tasks could include ordering and collection of new medicines, and disposal of unwanted medicines on behalf of the child/ young person being supported.

Support at the Level 1 could also include-

- Prompting – reminding the person to take their medicines at a particular time, or in a particular way e.g. take with food.
- As part of the prompt, the medicine can be passed to the person in the container so that they can open it and take it.
- Assisting – physically helping a person who is able to instruct staff on what assistance they require e.g. to open the container for them.

NB. Any prompts or assistance given should be recorded in the daily care notes.

9.1 Level 2 support- The safe administration of medicines requires that staff must:

i. Select the right medicines.

ii. Check that you are giving the medicines to the right person (as per photograph)

iii. Prepare the right dose

iv. Administer the medicine in the right way

v. Record the right way

vi. The right to refuse

N.B. Staff must also check the MAR sheet for missing signatures from the previous dose each time medication is administered. Any missing signatures must be reported immediately to the manager or the on call manager and medical advice sought, if required.

Failure to report is considered a medication error under these circumstances and will be treated as such.

i. **Select the right medicine**- Staff must check the MAR sheet to identify the correct medicines for the time of day and where they are stored. Some medicines may be supplied in MDS (Monitored Dosage System) packs, but others may be in bottles or packets, and some may be stored in the fridge. Staff must only administer medicines from the original container supplied by the pharmacist, and not from any container filled by another person.

N.B. Where a child/ young person will require medicines to be administered while they are away from the home staff must refer to the guidance in Appendix 7

ii. **Check that you are giving the medicines to the right person**- Staff must check the MAR sheet for the name of the child/ young person for whom the medicine was prescribed to ensure the person matches the name on the medication container. Check that the medicine has not already been given and check the identity of the person before preparing the dose and ask them if they want their medicines.

iii. **Prepare the right dose**- Staff must check the MAR sheet and the medicines package to identify the correct strength and dose for each medicine to be given at that time. Check that the medicine is still within its use by date. If the medicine is 'to be taken as required'; then the PRN protocol must be followed.

N.B. Staff should wash their hands before preparing medicines and should wear gloves if required.

iv. **Administer the medicine in the right way** - Staff must check:

- the MAR sheet,
- the medicines package,
- the Medication Profile to identify any specific requirements (e.g. to be taken after/before food) and the person's preferences for taking medicines.

As a general rule oral medicines should always be taken with a drink of water, with the person in an upright position.

N.B. Staff should wear gloves to administer some medicines (as required) e.g. when applying creams, or administering Buccal Midazolam.

v. **Record in the right way** - Record on the MAR sheet-

- What has been given- Medication, time and dose.
- Any reason for non administration e.g. the person has been admitted to hospital.
- Any medicines which have been refused
- If it was 'not required' i.e. topical cream labelled 'As required' but not needed on this occasion.
- If medication was dropped or spoiled
- If a medication error was identified

vi. **The right to refuse**

(See 9.4 for more information)

9.2 People who are unwell or have consumed alcohol- If a person appears to be too unwell to take their medicines; or if they have consumed alcohol (or intend to), staff should contact the manager (or the on call manager if outside office hours), or a health professional for advice before administering the medicines.

9.3 People who have difficulty swallowing- If a child/ young person is finding it difficult to swallow their medicines, advice must be sought from the pharmacist or prescribing health professional who will be able to find out if a suitable liquid format is available. Normally tablets should not be crushed because this may affect the way the medicine works, and staff must not crush tablets unless advised to do so by the pharmacist.

9.4 Refusal to take medicines

- People have the right to refuse medicines, and must never be forced to take medication. It is acceptable to encourage the child/ young person to take their prescribed medicines, or to wait a short while before offering them again, and staff should always try to ascertain why the person is refusing.
- If the person continues to refuse then this should be recorded on the MAR sheet and in the daily support notes.
- Refused medication must not be returned to its original container (see Appendix 3 for guidance re disposal of medicines)
- Because the health of the person may be affected if medicines are not taken, the manager or on call person should be notified (and further advice sought if required from the prescriber or NHS Direct- 111 for England and Wales and their advice should be followed and documented.
- Repeated refusals must be reported to the prescribing health professional or GP in a timely manner.

9.5 PRN medicines

- Some medicines are meant to be taken occasionally when there is a specific need e.g. for pain relief, indigestion, constipation, anxiety.
- The instructions for administering PRN medicine must be specified on the MAR sheet (e.g. dose, frequency and the indications for when it should be administered).
- There must be also be a PRN protocol in place which gives detailed guidance for when to administer it. These protocols must be followed by staff at all times and should be kept in the child/ young person's medication file.
- Some PRN medications may only be authorised by senior staff.
- Staff should always ask the person whether they require any of the PRN medicines at the intervals stated on MAR sheet and they should not be given where they are not required.
- When PRN medicines are given, it must be recorded on the MAR sheet and in the daily support notes.
- Use of PRN medication must be reviewed regularly and advice sought from a GP if required.

9.6 Errors, mistakes and incidents-

a) Because some errors can have very serious consequences, it is important that all errors, mistakes, near misses and incidents are recorded and the cause investigated so that lessons can be learnt from the incident and to prevent a similar error happening in the future.

Examples of administration errors include:

- Wrong dose is given - too much or too little.
- Medicines are given to the wrong person.
- Medicines are not given, or are given at the wrong time.
- MAR sheet has not been signed after medicines have been given

Examples of incidents include:

- Staff finding unidentified medicines e.g. on the floor, or elsewhere.
- A person having an adverse reaction to their medicines.
- Medications have been lost outside.
- A person's medication ran out therefore not available.
- Wrong prescription given by pharmacy.

b) All errors, mistakes and incidents including 'near misses' must be reported as soon as they are discovered to the manager or on-call person. The manager should advise guidance is sought from the prescribing health professional or NHS Direct- 111, regarding adverse reactions or serious medication errors (e.g. missed dose, overdose or wrong medicine given), and advice should be followed and documented.

If there is any doubt about a person's well being, staff should seek medical advice urgently, or phone for an ambulance.

c) A Medication Error/ Incident Report must be completed and given to the Manager a maximum of 48 hours of the initial incident.

All reports must be investigated to decide whether additional training and/or supervision is required, or if a review of existing procedures needs to be undertaken.

APPENDIX 2 Records

1. Medication File

A medication file must be set up for each child/ young person who requires support with the management of medicines. The file will contain (as appropriate to the level of support required by each person) all the information required to support them safely and effectively with the management of their medicines, including- records of ordering, collection, storage and disposal of medicines, details of prescribed medicines (and any agreed 'homely remedies'), PRN protocols and how they are to be administered and the level of support required.

All the documents required for the Medication File are as follows:

- Contents Sheet
- Staff name and signature record
- Medication Profile including relevant information from the Individual Risk Assessment
- Consent to Administer Medicines
- Pen Picture
- Record of Medicine Changes
- Medicines Administration Record (MAR)
- Homely Remedy (MAR)
- PRN protocols
- Medication Error/ Incident Report
- Check of medicine stocks
- Record of medicines received and returned- recorded on MAR chart
- Over the Counter/Homely Remedies Agreement
- Medicines Information Sheet (only for use where Pharmacy/Manufacturers printed sheets are not provided)

The information in the Medication File will be supplemented by the person's Health Care Plan, which must describe:

a) The level of support the child/ young person requires with the management of their medicines.

b) How staff are to administer medicines if they are unable to self administer, taking into account their personal preferences and ensuring that support will be delivered in a way that respects the dignity, privacy, cultural and religious beliefs of the person.

2. Medicines Administration Record (MAR)

2.1 The MAR is a formal record of administration of medicines. It is required for all people receiving support with the administration of their medicines.

2.2 The responsibility for providing a MAR sheet rests with the Company, but the dispensing pharmacist may be prepared to provide them on request and this should always be pursued as the preferred option.

2.3 Where a MAR sheet is not provided by the pharmacist, the Duty Manager (or the manager responsible must record all prescribed medicines on a blank MAR sheet witnessed by a second staff member.

2.4 The MAR sheet should be typed where ever possible, and checked and counter signed by two medication trained staff on receipt of the MAR sheets. If it has to be handwritten it should be in written in capitals and black ink should be used. If printed labels are provided by the pharmacy they should be stuck securely to the MAR sheet. Wherever possible a copy of the prescription (or the repeat prescription sheet) should be attached to it.

2.5 The MAR sheet must provide an accurate account of all the medicines being administered, by staff, to each child/ young person, including prescribed and over the counter remedies. It must also record when and why medicines have not been administered.

2.6 For prescribed medicines the MAR sheet should document all prescribed medicines including PRN and also any prescribed externally applied medicines or dressings.

2.7 For homely remedies /over the counter medicines, the manager should record all agreed medicines on a separate MAR sheet, which should be typed and checked and countersigned by the manager.

2.8 For Controlled Drugs records, there are specific legal requirements which apply to registered care homes (see appendix 4 of this policy for further guidance).

3. Recording changes to medicines

3.1 When an urgent addition is made to a person's prescribed medicines e.g. the GP prescribes a course of antibiotics, and there is no MAR sheet issued the manager or a trained senior staff member must write it on a MAR sheet and have it counter signed by another medication trained staff member, and should ensure that this change is communicated to all staff.

3.2 When an urgent change is made by verbal instruction (either in person or by telephone), to a person's prescribed medicines e.g. change of dose or time, the person who receives the instruction must make an immediate record, including:

- The name and role of the person who prescribed the change.
- The time and date the instruction was given.
- Details of the change to be made e.g. dose, time, and whether a one off change or temporary change
- If the person prescribing the change is present, they are to sign to confirm the changes are correct.
- If the instruction is taken over the phone it is good practice to ask the person prescribing the change to repeat the message to another member of staff and for staff to read back the information that has been written down to confirm as correct.

The MAR sheet should be amended (see 3.1 above), the on call manager must be informed of the changes and the record must be attached to the MAR sheet when out of office hours.

Verbal instructions must be confirmed in writing by the prescriber within 24 hours, either by fax, letter, email or the issuing of a new prescription, and a copy of this should be attached to the MAR sheet.

3.3 All changes made to medicines prescribed must be recorded on the Record of medicine changes form and kept in the child/ young person's medication file and a note should be made in the person's daily support notes and communication book.

3.4 Family carers or those with parental responsibility of the child/ young person being supported must be contacted to inform them if there have been any changes to the prescribed medicines where this information sharing is identified within the Care Plan. Passing on of information should be detailed within the daily care notes.

4 Checks and Audit of Records

4.1 The MAR sheet must be checked for missing signatures each time medication is administered and any missing signatures must be reported to the manager or the on call person (out of hours), and must be investigated. If it appears that medicines have not been administered as required, the manager/ on call person or delegated senior staff member should seek advice from the prescribing health professional or NHS Direct- 111 and their advice should be followed and documented.

4.2 The Duty Manger or Deputy must quality audit all MAR sheets weekly, ensuring there are no missing signatures or any unexplained gaps, and to monitor use of PRN. They must also cross reference the MAR sheet to the stock of medicines held and check the use by date of all medicines held. These checks also apply to the MAR sheet for any agreed over the counter medicines/homely remedies.

4.3 The Head of Care will audit a minimum of 25% of all MAR sheets in the home monthly to check re: signatures, any missed doses, stock held, use by dates, and to monitor use of PRN. These checks also apply to the MAR sheet for any agreed 'homely remedies'.

4.4 The Head of Care will also check the PRN protocol to ensure that it is up to date, matches the information on the MAR sheet, and gives clear and detailed instruction with regard to when PRN medicines should be administered; and ensure it has been followed as instructed.

4.5 Completed MAR sheets should be kept in the child/ young person's medication file for 1 month and then transferred to the office file. Medication records must legally be retained or destroyed in line with timeframes identified in the Records and Retention of Information Policy.

4.6 For short breaks away where a MAR sheet has to be sent home with a person being supported, a scan or photocopy must be taken of the completed MAR sheet , the copy will be taken on the break away and the original will be kept in the person's file at the service. On return from the break the copied MAR sheets will be stored in the medication file.

APPENDIX 3 Supply, storage and disposal of medicines

1.1 Medicines should usually be provided by a community pharmacist. Wherever possible the same pharmacist should provide all the medicines so that they can maintain a full record for that child/ young person, and advice on drug interactions can be given, based on full knowledge of what medicines the person is taking.

1.2 The person responsible for the day to day management of the home (usually the Duty Manager or Deputy) is responsible for ensuring that the person's medicines do not run out, and must undertake a weekly stock check, which includes a check on 'use by dates'.

1.3 Prescribed medicines are the property of the person to whom they have been prescribed and dispensed. Medicines should never be shared with, or borrowed from another person's supply.

1.4 As a general rule medicines should be re-ordered every month and sufficient time must be allowed to order a repeat prescription from the GP and for the pharmacy to dispense the medicines. It is good practice to take a photocopy of the prescription before it goes to the pharmacy, so that medicines received can be checked against it. If this is not possible then the repeat prescription sheet should be used.

1.5 When a repeat prescription is ordered, this should be recorded in the daily support notes.

1.6 When a new placement arrives, the person responsible for the day to day management of the service (usually the Duty Manager or Deputy) must liaise with either the family carer or the previous support provider to:

a. Confirm the full list of medicines currently prescribed and being taken, and which pharmacy is currently being used;

b. Confirm whether any homely remedies are currently being taken;

c. Confirm how much medication will transfer with the person;

d. Confirm any PRN Protocols.

N.B. It is essential that any medicines which transfer with a person are in the original pharmacy packaging. Staff are not allowed to administer medicines from any other packaging.

The person responsible for the day to day management of the service (usually the Duty Manager or Deputy) should check that there are sufficient supplies of medicines to cover the first week and organise a repeat prescription, if required to ensure that the child/ young person does not run out of medicines.

2. Storage

2.1 Medicines should be stored appropriately and safely within the homes arrangements for safe storage.

2.2 Where more than 1 person's medicines are stored in the same cupboard there must be sufficient space for individual shelves for each person's medicines. The cupboard must be well constructed and have a good quality lock. The temperature inside the cupboard should be checked daily and a record kept ensuring that it remains below 25°C.

Medication fridges-

- Storage conditions can influence the stability of medicines.
- Maximum and minimum temperatures over the previous 24 hours should be recorded daily in fridges used to store medicines between 2°C and 8°C.

2.3 Medicines must be stored in the packaging supplied by the dispensing pharmacist, and in accordance with the manufacturers' instructions with regard to maximum temperature (generally should not exceed 25°C, and some medicines will require refrigerated storage). Some medicines have a limited period of use once the packaging has been opened, and therefore the date of opening should be written on the packaging. Medicines should not be stored in kitchens or bathrooms, or on windowsills or next to heaters as these places are too hot/ humid.

N.B. There are specific safety requirements for the storage of oxygen and these will be specified in the individual protocol for the administration of oxygen.

2.4 Where staff are required to look after the keys to any medication cupboards, they are responsible for their safekeeping while on shift and for handing them over to the staff on the next shift. The handover of keys must be recorded as part of the shift handover.

2.5 There are specific legal requirements for the storage of Controlled Drugs which apply to registered care homes (see appendix 4 of this policy for further guidance).

3. Checking receipt of medicines from the pharmacist

3.1 Medicines should be checked and put away as soon as possible after collection or delivery. The medicines received should be checked against the copy of the prescription or the repeat prescription sheet by two medication trained staff members.

3.2 Any discrepancies should be notified to the manager responsible for the home (or the on call manager), who will advise on liaison with the pharmacist.

3.3 The details and amount of medicines received must be recorded on the MAR chart.

4. Disposal of medicines

4.1 Prescribed medicines are the property of the child/ young person to whom they have been prescribed and dispensed, and should not be disposed of without their consent, or (for a person lacking capacity) in accordance with their medication support plan.

4.2 When a child/ young person moves on and is discharged from the home, the person's medicines are taken with them at the end of their stay, this will be recorded on the discharge form with 2 staff signatures. A copy of the form must be kept in the service.

4.3 Medicines which are no longer required, are damaged, or are out of date should be returned to the pharmacist for disposal. This will be recorded in the Record of Medicines Returns Book.

4.4 Refused medicine must not be returned to its original packaging, once it has been removed, but should be put in a suitable container for returning to the pharmacist. The container should be labelled with medication name of person, name of medication, strength, date and signature. The label should clearly state 'SPOILED' to ensure it will not be administered. If it was a found medication this should be identified as 'Spoiled- found medication- unknown' with the date found and signature of the person recording. Spoiled medication should be identified on the back of the MAR chart using the correct key code.

4.5 All medicines returned to the pharmacist must be recorded in the book supplied by the pharmacist (a copy of which must be kept with the medication file). The records must be signed by staff and the receiving pharmacist.

4.6 Following the unlikely event of the death of a person being supported, it is important that staff do not dispose of their medicines until the cause of death has been established. Once this has been established and there is no requirement for a coroner's inquest then the medicines can be returned to the pharmacy.

APPENDIX 4 Controlled Drugs

1. Controlled Drugs are defined as - 'dangerous or otherwise harmful substances which are designated a controlled drug under the Misuse of Drugs Act 1971 and its subsequent regulations and amendment'. These legal controls apply to controlled medicines to prevent them being misused, being obtained illegally, or causing harm.
2. The Misuse of Drugs legislation governs how controlled medicines should be stored, recorded, supplied, prescribed and produced.
3. Controlled medicines are classified (by law) based on their benefit when used in medical treatment and their harm if misused. Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation.
4. The Misuse of Drugs regulations include five schedules that classify all controlled medicines and drugs.

Schedule 1 (Controlled Drug licence)

- Have no recognised medicinal use and include cannabis, coca leaf, lysergic acid diethylamide (LSD) and mescaline.
- Production, possession and supply of these drugs are limited to research or other special purposes.
- Practitioners and pharmacists may not lawfully possess Schedule 1 drugs except under licence.

Schedule 2 (Controlled Drugs)

- Includes diamorphine (heroin), morphine, remifentanil, pethidine, secobarbital, glutethimide, amphetamine, and cocaine.
- Are subject to safe custody requirements and so must be stored in a locked receptacle, usually in an appropriate CD cabinet or approved safe, which can only be opened by the person in lawful possession of the CD or a person authorised by that person.
- A licence is required to import or export drugs in Schedule 2.
- The drug may be administered to a patient by a doctor or dentist, or by any person acting in accordance with the directions of a doctor or dentist.
- A register must be kept for Schedule 2 CDs and this register must comply with the relevant regulations.
- The destruction of CDs in Schedule 2 must be appropriately authorised and the person witnessing the destruction must be authorised to do so.

Schedule 3 (Controlled Drugs - no register)

- Includes a small number of minor stimulant drugs and other drugs which are less likely to be misused than the drugs in Schedule 2.
- Examples are the barbiturates (except secobarbital, now Schedule 2), buprenorphine, diethylpropion, mazindol, meprobamate, midazolam, pentazocine, phentermine, and temazepam.
- The government has now placed tramadol in Schedule 3 to the Misuse of Drugs Regulations 2001 but with exemption from the safe custody requirements.[2]
- Are exempt from safe custody requirements and can be stored on the open dispensary shelf except for temazepam, buprenorphine and diethylpropion, which must be stored in a locked CD receptacle.
- Are subject to the same special handwriting requirements as Schedule 2 CD's.

- There is no legal requirement to record transactions in a CD register.
- The requirements relating to destruction do not apply unless the CDs are manufactured by the individual.
- Invoices must be retained for a minimum of two years.

Schedule 4

- Are exempt from safe custody requirements, with destruction requirements only applying to importers, exporters and manufacturers.
- Specific CD prescription-writing requirements do not apply.
- CD registers do not need to be kept, although records should be kept if such CDs are produced, or if a licensed person imports or exports such drugs:
- Part 1: benzodiazepines (except temazepam and midazolam, which are in Schedule 3) and zolpidem, which are subject to minimal control:
- Includes most of the benzodiazepines, plus eight other substances including fencamfamin and mesocarb.
- Possession is an offence without an appropriate prescription. Possession by practitioners and pharmacists acting in their professional capacities is authorised.
- Are subject to full import and export control.
- Part 2 includes androgenic and anabolic steroids, clenbuterol, human chorionic gonadotrophin (HCG), non-human chorionic gonadotrophin, somatotropin, somatrem, and somatropin:
- Includes most of the anabolic and androgenic steroids such as testosterone, together with clenbuterol (adrenoreceptor stimulant) and growth hormones.
- There is no restriction on the possession when it is part of a medicinal product.
- A Home Office licence is required for the importation and exportation of substances unless the substance is in the form of a medicinal product and is for self-administration by a person.

Schedule 5 (Controlled Drug - invoice)

- Includes preparations of certain controlled drugs (e.g. codeine, pholcodine, morphine) which are exempt from full control when present in medicinal products of low strengths, as their risk of misuse is reduced.
- No restriction on the import, export, possession, administration or destruction of these preparations and safe custody regulations do not apply.
- A practitioner, pharmacist or a person holding an appropriate licence may manufacture or compound any CD in Schedule 5.
- Therefore exempt from virtually all CD requirements other than that invoices must be kept for a minimum of two years.

5. Storage requirements for Controlled Drugs in registered care homes

a) In registered care homes, Controlled Drugs must be stored in cupboards that meet the requirements of the Misuse of Drugs (Safe Custody) (Amended) Regulations 2007.

b) All Schedule 2 and some Schedule 3 Controlled Drugs should be stored securely in accordance with the Safe Custody Regulations. These Regulations state that such Controlled Drugs must be stored in a cabinet or safe, locked with a key. It should be made of metal, with suitable hinges and fixed to a wall or the floor with rag bolts that are not accessible from outside the cabinet. The security of the location of the cupboard also needs careful consideration.

c) For safe practice the Controlled Drugs cupboards should only be used for the storage of Controlled Drugs. Items of value such as jewellery or money should not be stored in the cupboard.

d) The keys to the Controlled Drugs cupboard should only be held by an authorised person

e) The Registered Manager is responsible for ensuring that the management and administration of all Controlled Drugs complies with the legal requirements and should seek advice from the Pharmacist to ensure compliance.

6. Recording requirements for Controlled Drugs in registered care homes-

a) A record of Controlled Drugs (CDR) must be maintained for all Schedule 2 and some schedule 3 drugs in the registered care home.

b) The CDR must be a bound book (not loose leaf pages), and should contain separate pages for each person's medicines.

c) The CDR should be used to record the receipt, administration and disposal of controlled drugs held in the care home. Each drug, for each person, should be recorded on a separate page, with the name of the person, and the name, dose and strength of the drug written clearly at the top of the page. There should be a column for recording running balances in order to maintain effective control and identify any discrepancies.

d) On receipt of the controlled drugs from the pharmacist, the date, quantity and source should be entered into the CDR and initialled by the authorised member of staff, with a second person as a witness. The correct balance should be verified each time.

e) When transferring the drug record to a new page in the CDR, the amount remaining should be identified with 'brought forward from page x' written clearly on the new page.

f) The CDR must include details of disposal of controlled drugs by return to the pharmacy.

g) With regard to the administration and recording of administration of controlled drugs – a second member of staff should witness the administration and countersign the Controlled Drugs Record book.

h) Staff should be aware that if they collect a Schedule 2 or 3 controlled medicine, on behalf of a child/ young person they are supporting, the pharmacist may ask for proof of their identity, such as a passport.

7. Checks and Audit of CDR books;

a) Routine checks of all Controlled Drugs held, and the recorded running balances should be carried out by the Head of Care, or the person responsible for the day to day management of the service (usually a Duty Manager) and one other member of staff, on a weekly basis, and a record kept.

b) Where a discrepancy is found, it should be reported immediately to the Head of Care or On Call Manager who should investigate promptly.

c) If the discrepancy cannot be resolved, the advice of the local pharmacist should be sought and the appropriate regulatory bodies should be notified who will then share information as needed with other agencies.

d) If the discrepancy is found to be due to an error of subtraction or addition in the calculation of stock balance, the figure in the balance column should not be changed or covered. A new entry should be made under the last entry, giving details of the discrepancy-

- The error in subtraction/addition (indicated with an asterisk)
- The correct balance
- The date
- The signature of the member of staff and the witnessing member of staff

A medication error form should be completed.

e) If the cause of the discrepancy cannot be identified, the pharmacist who is providing a service to the home should be contacted to establish whether there were any unrecorded returns of Controlled Drugs.

f) If any unrecorded returns are confirmed by the pharmacist, full details of such returns should be entered into the CDR, together with the signature of the person who returned the drugs and that of the pharmacist who received them. The correct date and the words entered in retrospect should also be added.

g) If the reason for the discrepancy cannot be found, and the Controlled Drugs appear to have gone missing, then all relevant people, including the police, Ofsted and local Safeguarding Children Teams should be notified.

APPENDIX 5 Homely Remedies/Over the Counter Medicines

1. The term 'homely remedies' refers to medicines which can be obtained, without a prescription, from a retail chemist, pharmacy, or supermarket/convenience store. Homely remedies are also known as 'over the counter' medicines or 'General Sales List' medicines. Examples include- vitamins, homoeopathic and herbal remedies, mild analgesics, coughs, flu and cold remedies, treatment for constipation and diarrhoea, creams and lotions.

2. For each person who is supported with the management of their medicines, there must be-

- An agreed list of homely remedies which may be used.
- The list must be agreed with the GP and the pharmacist who usually dispenses the person's prescribed medicines, in order to avoid potential adverse effects or interactions with existing prescribed medicines.
- Details of what has been agreed must be recorded on the 'Agreement for Homely Remedies' form which should be attached to the child/ young person's medication pen picture. The record must be updated when any changes are made to the agreed list.
- Where the homely remedies are to be given as PRN, there must be a PRN protocol completed.

3. Homely remedies which are agreed for the child/ young person must be fully documented on a MAR sheet which must be updated whenever there are any changes made to the agreed list.

4. Staff must not give advice about, or recommend the use of homely remedies or over the counter medicines to a young person being supported. If asked, they should advise them to discuss it with their GP or pharmacist.

5. Staff are strictly prohibited from administering any homely remedies which have not been recorded on a MAR sheet (see appendix 2 for guidance re MAR sheets).

6. All 'homely remedies' which are administered by staff must be recorded on the MAR sheet.

7. The responsibilities and requirements for administering, recording, storage and disposal of homely remedies are the same as those for prescribed medicines (see Appendix 1, 2 and 3 of this for further guidance).

8. For young people who are managing their own medicines, staff must not offer any advice on homely remedies and should encourage the person to check with their community pharmacist before using any homely remedies.

9. Staff should report any concerns, regarding a person being supported who is using homely remedies excessively or inappropriately, to their manager.

N.B. staff need to be aware of the risk of accidental overdose, particularly with Paracetamol and the use of cough/colds/flu remedies – many of which contain Paracetamol.

APPENDIX 6 Staff training and competence

1. Staff (at all levels) will be appropriately trained in the management and administration of medicines, and their competence will be assessed.
2. Staff will not be permitted to administer medicines until they have successfully completed the training and have been assessed as competent.
3. The following is the Medication Training Pathway:

Medication Training Pathway

Regulatory requirement and best practice

The general consensus amongst regulatory and professional bodies is that staff have the appropriate training to be able carry out their job.

For example:

Regulation 32 of "The Children's Home (England) Regulations 2015" says:

"Fitness of Workers

32.3 (b) the individual has the appropriate experience, qualification and skills for the work that the individual is to perform…"

The NICE "Managing medicines in care homes Social Care Guideline" says:

"1.14.6 Care home staff must have the training and skills to use system(s) adopted in the care home for administering medicines in line with regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 for adult care homes and regulation 32.3 of the Children's Homes Regulations 2015 for children's care homes."

The DFE Residential special schools National minimum standards 2015 says:

"The school has, and implements effectively, appropriate policies for the care of children who are unwell, and ensures that children's physical and mental health and emotional wellbeing is promoted. These include… …administration of medicines (including controlled drugs)…"

Who this pathway is for?

This pathway is for all staff who work directly with the young people at any of the Our Place Group services, and for those who wish to engage in the process to become a Trained Medication Officer.

Setting the Standard

Our Place is committed to providing exceptional care to those who use our service. To achieve this, high standards of skills, knowledge, and experience amongst the staff team are essential.

There are two main roles which staff members may be required to undertake regarding medication:

a) **Trained Medication Officer** – responsible for the safe and correct administration of medication to the young people, the safe and correct storage of medication, being part of the medication audit process, signing medicine in and out of the service, reporting medication discrepancies, being accountable for the medication room during their rounds, etc.

b) **Medication Second** – responsible for being a witness and counter-signatory for the Medication Officer. A Second needs to understand the medication process enough to confirm correct doses or identify errors during medication administration.

Medication training for staff will begin at induction, where they will be expected to complete the **Boots Care of Medication Foundation eLearning course**. The Our Place medication system will also be demonstrated to them by a trained medication officer. These sessions will give the staff member the knowledge they need to understand the medication system, and be able to be the Medication Second during medication rounds.

The Pathway

The Pathway moves through four clear stages – **Explanation, Observation, Trial, Revisit**

1. Explanation – Medication training for staff will begin at induction, the process is explained to the candidate so that they know what is expected of them. They will be given a copy of the relevant Our Place Medication Policy and Procedure. They will be expected to complete the **Boots Care of Medication Foundation** eLearning course. The Our Place medication system will also be demonstrated to them by a trained medication officer during their shadowing shifts. These sessions will give the staff member the knowledge they need to understand the medication system, and be able to be the Medication Second during medication rounds.

Staff members engaging in the pathway to become a Trained Medication Officer will need to complete further learning. This involves completing the **Safe Handling of Medications – Patient Pack** eLearning module from Boots, and a knowledge test regarding the Our Place Medication Policy and Procedures.

2. Observation – the staff member will be given a Medication Administration competencies workbook. The workbook contains evidence logs which need to be completed by the staff member and their assessor during the process. The staff member will "shadow" a trained Medication Officer for two medication rounds during each of the main medication administration times (morning, lunchtime, teatime, and evening – **eight** shadows in total). During this time the Medication Officer will demonstrate the correct process of medication administration.

The staff member will also need to shadow at least two medication audit procedures, as well as observing at least one session where a monthly delivery of medication is being checked and signed onto the site.

Each shadowing session needs to be signed off by the staff member and the Medication Officer they were shadowing.

3. Trial – The staff member will administer medication under the observation of the Medication Assessor. The Medication Assessor will watch medication being administered and check that the correct procedures are being followed, and that medication is being safely administered. The staff member should listen to the Medication Assessor if they are prompting or pointing out correct methods.

The Medication Assessor will sign off the competencies when they are satisfied that the staff member has the required skills and knowledge. The staff member will be observed a minimum of five times, covering each of the main medication administration times.

The staff member will need to complete a knowledge test which contains general medication administration questions and Our Place procedure specific questions.

The Medication Assessor will not sign the staff member off as a competent Trained Medication Officer until they are satisfied that the staff member has demonstrated a good level of knowledge and skills. If the staff member has not demonstrated competence the Medication Assessor will decide how to address these areas for improvement, whether through revisiting theoretical training or through more observations.

If the Medication Assessor is satisfied that the staff member is competent, and this is evidenced through their theoretical and practical demonstrations, they will become a Probationary Medication Officer (PMO)

4. Revisit - Once the staff member has become a PMO they will be able to administer medications. This probationary period will last for one month as long as the staff member is regularly administering medications during this time.

They may not be shadowed by another staff member who is engaging with the Medication Training Pathway, or demonstrate any medication administration procedures to another staff member during this time.

At the end of one month the PMO will be re-assessed by the Medication Assessor. Upon successful re-assessment the PMO will become a Trained Medication Officer (TMO) and added to the list of TMOs.

All TMOs will have competencies re-assessed by the Medication Assessor every three months.

This will follow a similar, though shorter, format to the Trial section of the process where they are observed by the Medication Officer and their competencies checked off.

If the Medication Officer feels that there is a significant shortfall in skills and/or knowledge they will be removed from the list of TMOs until the shortfall has been addressed.

All TMOs will have to re-visit the **Safe Handling of Medications – Patient Pack** training (or equivalent) every 12 months.

All staff, including TMOs, will need to revisit the **Care of Medication Foundation** training (or equivalent) every twelve months.

The Medication Assessor pathway can be found in Appendix 1.

The Medication Training Pathway has been developed to exceed regulatory and statutory guidance, referenced below:

The Children's Home (England) Regulations 2015

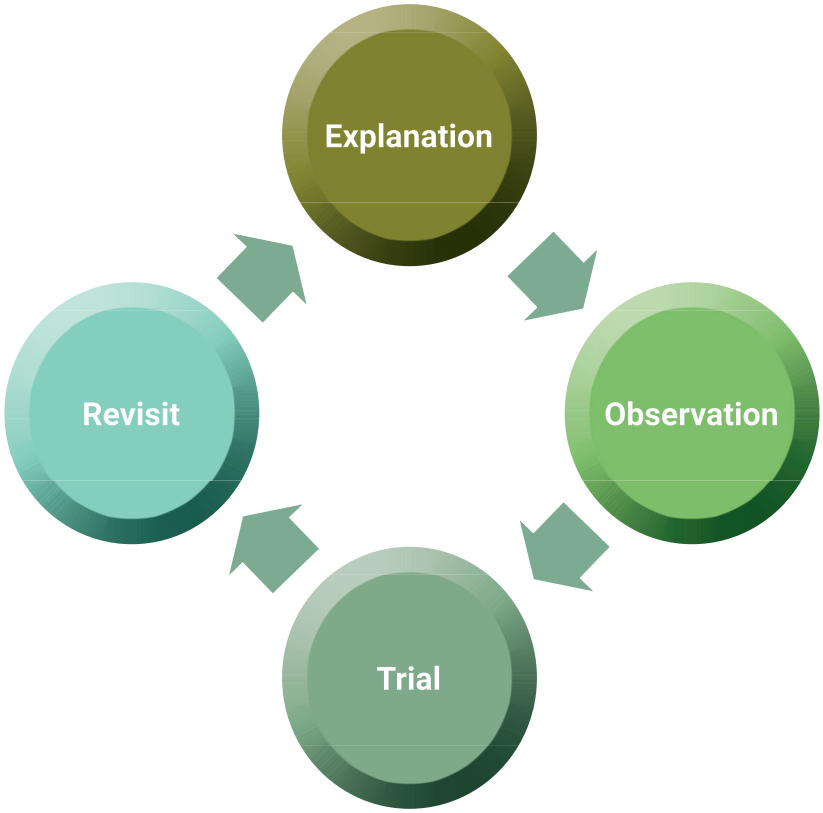
NICE Managing Medicines in Care Homes

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Health and Social Care Act 2008

DFE Residential special Schools National Minimum Standards



Medication Training

All staff and Managers who work directly with the Young People

Staff engaged in the process to become a Trained Medication Officer

All Trained Medication Officers

All staff and Managers who work directly with the Young People

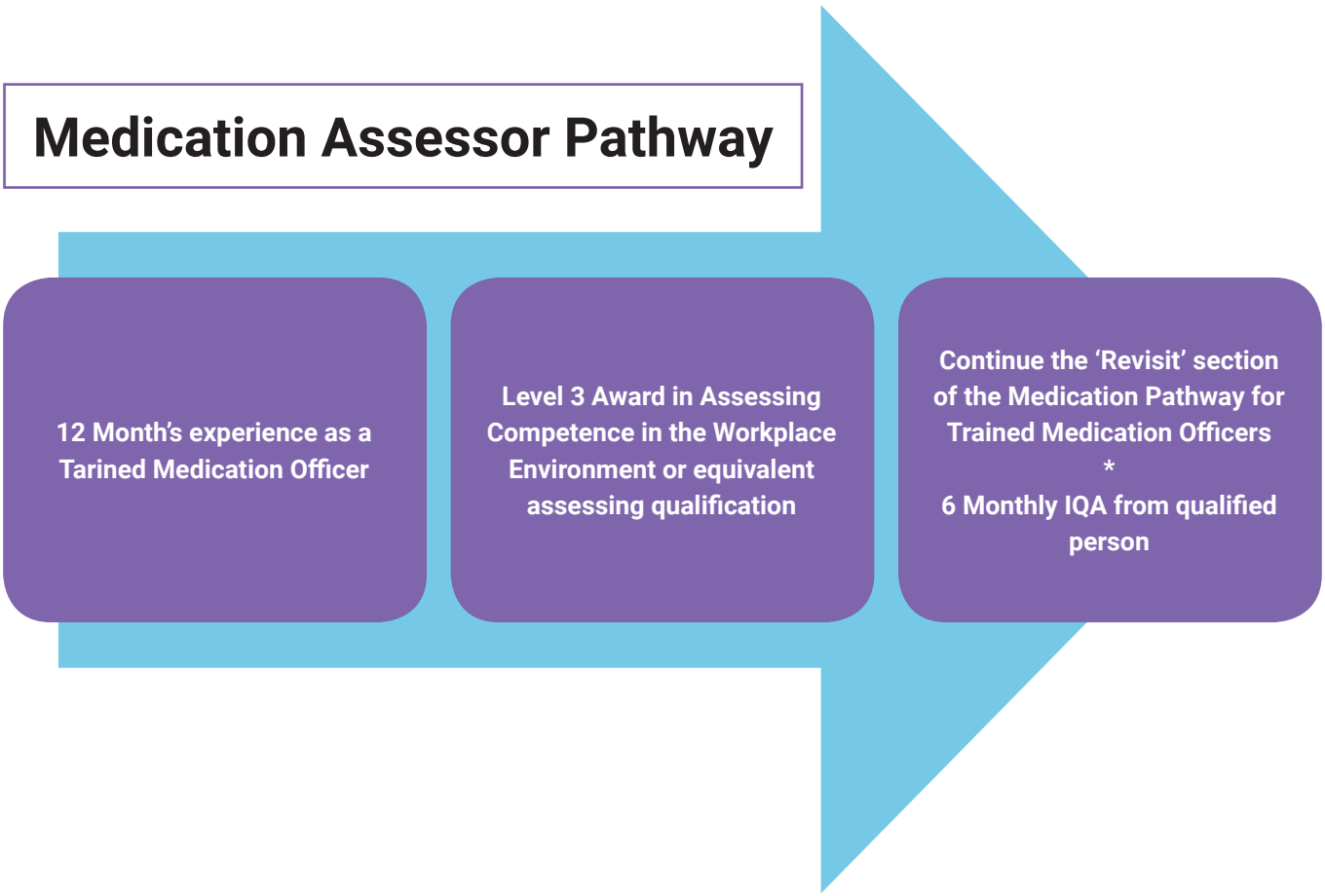
1. Explanation		2. Observation	3. Trial		4. Revisit	
Boots Care of Medicines Foundation Course * Overview of Our Place Medication System	Boots Safe Handling of Medications Patient Pack * Our Place Medication Policy & Procedure knowledge test	Competency Book opened * Shadowing Medication Officer	Observered by Assessor * Knowledge Test completed * Signed off as competent or referred for further Training/ Assessment	Reassessment within 1 Month	Competencies checked quarterly by Assessor * Repeat Safe Handling of Medications Patient every 12 Months	Revisit Care of Medications Foundation Training every 12 Months

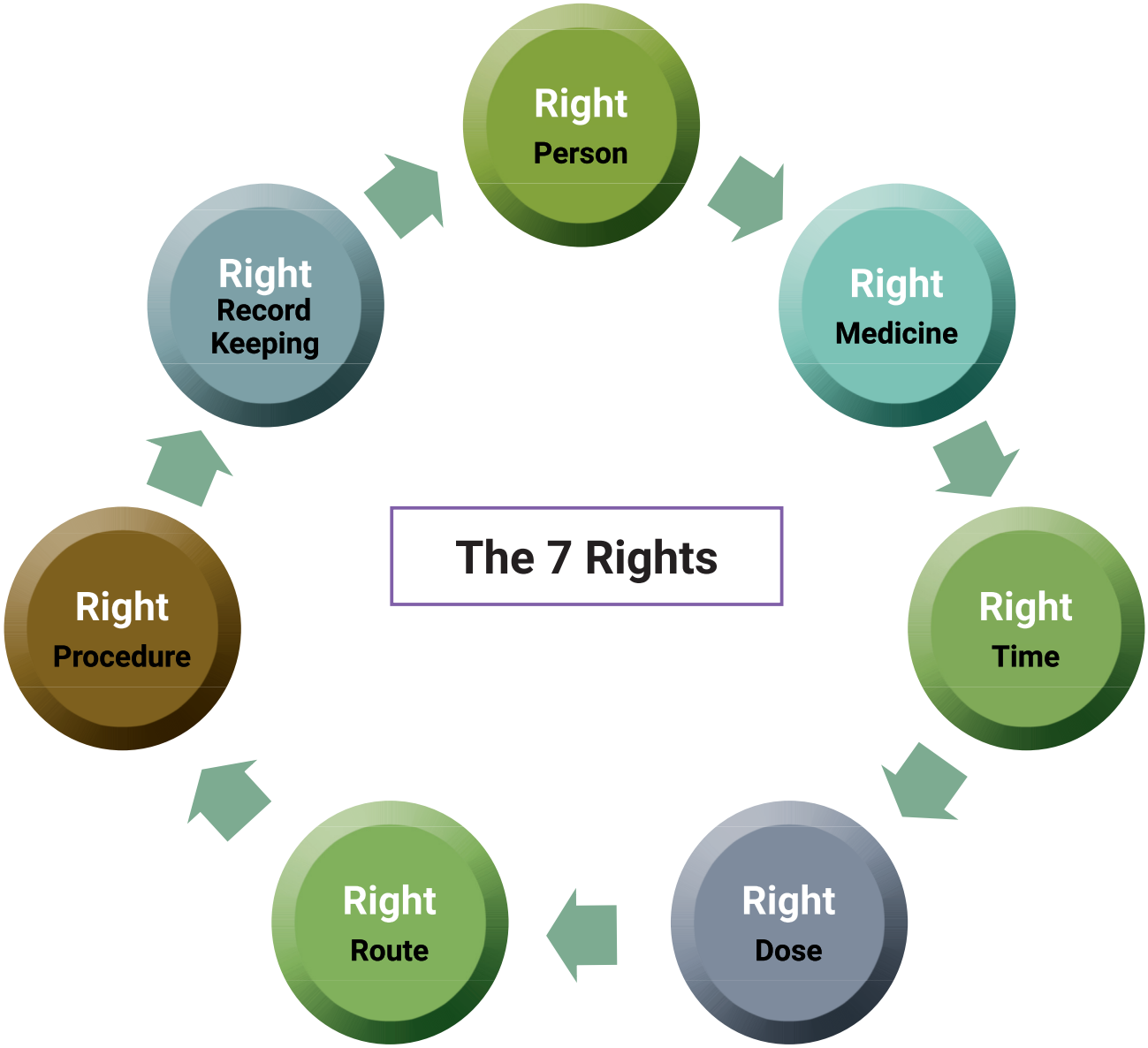
Medication Assessor Pathway

The medication assessor needs to have a high level of knowledge and experience regarding the medication process and needs to be qualified to assess other people.

They will need:

- At least 12 months experience in the role of Trained Medication Officer where they have regularly administered medication across all medication round times.
- They will need to have a recognised assessing qualification, such as the Level 3 award in Assessing Competencies in the Workplace Environment.
- They will need to continue the 'Revisit' process from the medication pathway for Trained Medication Officers and engage in any additional learning that it is felt is required for this role. They will also need to be re-assessed at least every 6 months to verify their assessment practice.





The Head of Care will be responsible for ensuring that all assessment are completed in line with the medication pathway.

The Registered Manager/head of care is responsible for maintaining an accurate record of staff training, including records of annual competency assessments and refresher training.

As a minimum, training will cover:

a. The supply, storage and disposal of medicines;

b. Safe administration of medicines (including understanding medicines, side effects and contra-indications)

c. Record-keeping;

d. Reporting requirements for medicine errors, near misses and concerns;

e. Awareness of the requirements of this policy and procedures;

f. Accountability, responsibility and confidentiality.

In addition to the above training requirements, staff will only be permitted to provide Level 3 support (administering medicines by specialist techniques) once they have completed technique specific training delivered by a relevant healthcare professional.

A written, signed and dated record must be kept of the healthcare professional that provided the specialist techniques training and delegated the duty, and retained on staff files.

APPENDIX 7 Guidance for administering medicines when a person is away from home

1. The need to administer medicines when a person is away from the home will present many challenges and there is unlikely to be just one right way of doing this.

However the requirement for safe administration of medicines still applies wherever the person being supported happens to be, and whatever they are doing.

2. The challenge of providing medicines when a child or young person is away from the home is about how to minimise the potential for errors. The potential for errors is increased when medicines are prepared in advance and placed into other containers. This is termed secondary dispensing. The guidance from the Royal Pharmaceutical Society is that repackaging of medicines by care workers should not take place as the risk of making a mistake is too great.

3. Why is secondary dispensing so risky?

a. Because even when a name is attached to the container, the process of removing medicines from original packaging also removes a vital safety requirement which is to check the medicine name, strength and dose with the MAR sheet and the label on the original medicine packaging, at the same time as checking the identity of the person, and immediately before the medicine is given.

b. The person who prepares the medicine and signs the record should also witness the person taking it. Therefore preparing the medicines and giving to another member of staff to administer to the person is not acceptable.

4. What are the hazards & risks?

- MAR sheet not being signed as soon as medicines are given
- Cross Infection
- Cross contamination of different medicines stored in the same container
- Deterioration of medicines due to being kept at wrong temp, or moisture
- Medicines being given to the wrong person
- Medicines being lost

5. How can the risks be managed?

Each situation needs to be assessed individually to identify the risks and consider the best way to manage them.

The following general guidance should be followed:

a. In the first instance the supplying pharmacist should be asked for help and advice in dealing with the specific circumstances.

Options may include:

- When a person attends school, college or a work placement they may not need to take the medicines with them at all. For example, if a person was prescribed a medicine that is taken in three daily doses, then it could possibly be taken at home in the morning, when they get home at tea-time and in the evening and need not be taken to the school, college or work placement. This option also needs to be discussed with the person's GP.
- Having a separate supply of medicines specific to the time of day that the person goes out regularly e.g. lunch-time medicines for a child/ young person who regularly attends a college could be supplied by the pharmacist in a separate container.
- Having a separate supply of medicines for the full period of a holiday.

N.B: If the child/ young person regularly goes to spend weekends with family, there is no reason why their medicines should not go with them. The medicines are the person's property.

b. If none of the above options are feasible then the first option to consider would be to take the medicines in their original packaging out with the person. A copy of the MAR sheet would also need to be taken. The risks associated with this needs to be balanced against the benefits.

Risks = losing the medicines, damaging the medicines through incorrect storage, or damaging the packaging.

Benefits = able to check the medicine name, strength and dose with the MAR sheet and the label on the original medicine packaging, at the same time you check the identity of the person, and immediately before the medicine is given.

c. As a last resort, and if all other options have been considered and ruled out, then consideration should be given to the option of preparing the medicines for delayed administration – i.e. the medicines are prepared in advance and transferred into a suitable container(s) for taking out with the person.

Before this option can be agreed, a detailed risk assessment and risk management plan must be completed (see guidance below).

What might go wrong?

What needs to be done to keep the person safe?

Notes-

- Cross contamination of different medicines stored in the same container.
- A separate container may need to be used for each different medicine. Check with pharmacist.
- The container could be a MDS which has separate compartments. Discuss suitable containers with the pharmacist.
- Deterioration of medicines due to being kept at wrong temp, exposed to moisture, or container being damaged
- Ensure that any specific storage requirements are identified, and can be met.
- The use of a cool bag may be required. Discuss suitable containers and specific storage requirements with the pharmacist.
- Lack of facilities for handwashing prior to administering medicines = potential for cross infection
- Ensure hand washing facilities are available. Take equipment to assist with administering medicines (such as spoons) out with the person.
- Consider use of gels/wipes/ gloves
- Medicines being given to the wrong person, or wrong dose or wrong time.
- The preparation of the medicines should be done as close as possible to the time of going out.
- The container(s) into which the medicines are transferred must be clearly labelled with:
  - the person's name,
  - the name and strength of the medicine,
  - a means of clearly identifying the medicines e.g. colour, shape or markings
  - the dose i.e. the number of tablets or capsules, and time to be given, the signature of the person filling
  - and the date.

The preparation of the medicines to take out should only be done by the member of staff who will be administering them.

The medicines should only be administered by the person who prepared them.

Before administering the medicine staff must check the drug name, strength and dose with the MAR sheet and the label on the container, at the same time as checking the identity of the person, and immediately before the medicine is given.

If possible the preparation of the medicines should be witnessed by a second person.

MAR sheets should have the correct key code entered i.e. 'D'= Social Leave

A copy of the MAR sheet should be taken out with the person and signed when medication has been administered.

The copy of the MAR sheet should be stored in the person's medication file for cross referencing.

Medicines being lost

The pre prepared medicines should be carried by the person who prepared them. Wherever possible, staff should not carry medicines for more than one person. The container should be as secure as possible.

d. Other risk control measures

- The proposed arrangements for administering medicines when a person is away from home must be agreed with, and signed off by the Head of Care.
- The details of the agreed plan must be recorded in the relevant care plans e.g. managing health, community and leisure activities, and in the medication file.
- All errors, mistakes and incidents (including 'near misses') must be reported, as soon as they are discovered, to the manager responsible for the home or on-call (out of hours).
- All reported errors, mistakes and incidents occurring when a person is away from home must be investigated by the Registered Manager, and any corrective action required must be taken before medicines can continue to be administered away from the person's home.

APPENDIX 8 Useful information

For health advice when the GP surgery is closed

England - NHS 111- www.nhsdirect.nhs.uk

For guidance and alerts re: medicines and best practice in administering medicines:

- National Patient Safety Alerts https://improvement.nhs.uk
- National Institute for Health and Care Excellence (NICE) www.nice.org.uk
- Medicines and Healthcare products Regulatory Agency (MHRA) www.mhra.gov.uk
- Social Care Institute for Excellence (SCIE) www.scie.org.uk