Medication policy

**Statement of Intent**

This policy is applicable to Omega Care Group employees and any individual working on behalf of the services and any relevant stakeholders.

Omega Care Group is committed to upholding the Children Regulations 2015 and working towards the 9 quality standards. This policy sets safe working practices in relation to effectively administering medication.

1. **Supported Accommodation Independence Living – 16 Plus**

* Additionally, staff are not permitted to supply young people with pain killers such as paracetamol, aspirin nor supply ointments or creams as this would also constitute administering medication.
* Young people may, on occasion voluntarily inform the staff of medication which they currently have in their possession and on premises. There is a document for this ***(medication disclosure form)*** which should be completed in this event to help contribute to safer working practices.
* All young people should be advised on safe storage of medication in their own personal space and requested to inform staff of any missing medications for safeguarding reasons.
* When storing medications young people should be advised to do so in a locked cabinet or box and to keep accurate knowledge of quantities for everyone’s safety. Young people should also be encouraged to lock their personal room/flat/house when not present.
* Staff should **not** prompt the young person to take their medication - it is the young person’s responsibility to ensure they self -administer their medication and dosage as dictated to by prescription labelling.
* The young person should be encouraged to set reminders to build independence around safely managing this.
* The young person is solely responsible medication management.
* Staff may **not** participate in theopening of medication nor take any responsibility for the safe keeping of medications for any period of time.
* All considerations must be given to all young people regarding accessing rooms. Staff have a duty to eliminate or minimise risk where possible and should (where not completed by a young person) lock rooms/flats/houses.
* **Safeguarding from harm regarding over *the counter medications:***
  + There are currently no legal age restrictions for purchasing over the counter medicines however some retailers have their own policies which impose a limitation on single purchase quantities.
  + The ‘medicines act 1968’ places restrictions on specific types of retailer on quantity and strength of medicines they are legally permitted to sell.
* Where information has come to light regarding missing medications staff have a duty to ensure no young person is at harm from this and to conduct where practicable searches of the premises in this duty.
* Where staff feel a young person is placing themselves at risk with medications this is to be raised with the house manager, safeguarding officer and relevant social worker/health worker.
* Where concerns arise around abuse and/or overdose for any young person staff are to seek advice from NHS 111 or where necessary emergency services.

The remaining of this policy applies to Children Residential only.

1. **Management of Medication Omega Care Group Children Residential**

*Principles*

1. Omega Care group will ensure a medication policy is in line with current legislation and the best available evidence.
2. Omega Care Group will ensure all those involved in medication management are trained and deemed competent in line with current national training standards, the requirements of the regulators and those of the child/ young persons.
3. Omega Care Group will ensure that employees who do not have the skills to administer medicines, despite completing the required training, are not allowed to administer medicines.
4. Omega care Group will ensure that all medication records and information comply with the Omega Care Group data protection policy and procedure.
5. Omega Care Group will ensure that all medication related errors or near-misses are identified, reported, reviewed and investigated following guidance within this policy.
6. Omega Care Group will ensure the child/ young persons can use advocacy and independent complaints services where they have concerns about medicines.
7. Omega Care Group will ensure that medication prescribed for a child/ young person are not administered to other child/ young persons.
8. Omega Care Group will ensure that all medication administration records are up to date and accurate.
9. **Legal Requirement, Statement & Guidance**

* Children and Families Act 2014
* The Children’s Homes (England) Regulations 2015 – Regulation 23
* Children Act 1989 and 2004
* Medicines Act 1968
* Health and Safety at Work etc. Act 1974
* Department of Health, National Service Framework for Children and Young People. Medicines for Children and Young People Oct 2004
* Management of Health and Safety at Work Regulations 1999
* Safeguarding Vulnerable Groups Act 2006
* Ofsted Raising Standards and Improving Lives. Inspection of children’s homes. Framework for Inspection from 1 April 2015
* Royal Pharmaceutical Society of Great Britain Handling of Medicines in Social Care 2007
* National Institute of Health and Care Excellence (NICE).
* Medicines Management in Care Homes, April 2014
* National Care Forum – Management of Medicines Assessment Tools
* Medicines and Healthcare products Regulatory Agency (MHRA)
* Department for Education. Guide to the Children’s Homes Regulations including the quality standards April 2015
* The Care Planning, Placement and Review (England) Regulations 2010
* National Institute for Health and Care Excellence (NICE), Quality standards for the health and wellbeing of looked-after children and young people from birth to 18 years and care leavers 16.

**The Children’s Homes (England) Regulations 2015. Regulation 23 Medicines**

The registered person must make arrangements for the handling, recording, Safekeeping, safe administration and disposal of medicines received into the children’s home.

* 1. In particular the registered person must ensure that:
     1. Medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them;
     2. Medication which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and
     3. a record is kept of the administration of medication to each child.
  2. The registered person must seek consent from social worker if safe self-administration of medication.
  3. In this regulation, “prescribed” means:
     1. ordered for a patient, for provision to the patient, under or by virtue of the National Health Service Act 2006 or section 176(3) of the Health and Social Care (Community Health and Standards) Act 2003(b); or prescribed for a patient in accordance with regulation 217 of the Human Medicines Regulations 2012.

**The NICE guidance on managing medicines in care homes**

Guidance provides recommendations for good practice on the systems and processes for managing medicines. The guidance is for people and organisations involved with managing medicines in care homes.

Guidance’s covers areas including prescribing, handling and administering medicines to child/ young persons living in children’s homes and the provision of care or services relating to medicines in children’s homes.

**Principles of safe and appropriate handling of medicines (RPSGB, The Handling of Medicines in Social Care, 2007)**

* Child/ young persons who use social care services have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines.
* Employees know which medicines each person has and the social care service keeps a complete account of medicines.
* Employees who help people with their medicines are competent.
* Medicines are given safely and correctly, and employees preserve the dignity and privacy of the individual when they give medicines to them.
* Medicines are available when the individual needs them and the care provider makes sure that unwanted medicines are disposed of safely.
* Medicines are stored safely.
* Social care service has access to advice from a pharmacist
* Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour.

1. **Omega’s practice of administering medication**
2. All employees supervising the taking of medication will be responsible for ensuring that the medicines are administered strictly in accordance with the instructions of the prescriber.
3. Doses must not be varied or changed without written medical authority. Such changes must be recorded on the MAR sheet and the child / young person’s residential placement plan.
4. Employees cannot action verbal instructions from a prescriber to change or initiate treatments for prescribed medicines. Written and signed confirmation, by secure fax / email if necessary, must be received from the health professional before any alteration is made.
5. In all care settings where it is agreed that employees will assist child / young persons with taking medicines (prescribed and non-prescribed) the medicines must be administered from the original package in which they were dispensed by the pharmacist or supplied by the manufacturer, adhering to the instruction on the label/ leaflet.
6. Medicines must never be ‘secondary dispensed’ i.e. taken out of their original container or package and put into another container for someone else to administer to the child / young person at a later time unless planned and authorised by a health professional.
7. Medicines must only be given to the child / young person for whom they have been prescribed, labelled and supplied. They must not under any circumstance be given to another child / young person.
8. Employees must never alter labels, dosage or time of administration of prescribed medicines. If labels become detached or are illegible, the medicine in the container must not be given and the prompt advice of the supplying pharmacist or out of hour’s health help line should be sought.
9. Where possible side-effects of medicines have been communicated by the prescriber or pharmacist to an employee, they must ensure that this information is shared with all employees as appropriate and recorded on the child / young person’s placement plan.
10. If an employee notices side-effects staff contact the pharmacist, prescriber or Out of hours health help line to seek advice and report this to their manager.
11. Crushing of tablets or the opening of capsules unless specified is not advocated, as it is an ‘off licence’ use of the medication. However, with written authorisation from the GP, this is acceptable practice (Refer to off licence and covert guidance).
12. Medicines must not be forcibly given. This includes the crushing of tablets etc. into food or drinks in order to deceive. (Refer to covert medication guidance).
13. Medicines must never be used for social control or punishment.
14. Employees will not assist child/ young persons to take medication, prescribed or non-prescribed, unless it is part of a comprehensive placement plan.
15. Medication must never be prepared in advance of administration. Employees must check that the child / young person is and ready and willing to accept their medication.
16. In all care settings, employees must only assist with the administration of medicines when they have been trained and deemed competent to do the task. They must be instructed in the application of this policy and undertake training and observed competency assessment prior to engaging in the administration of medicines. On-going refresher training should also be provided.
17. Any staff bringing medication into the home must store this within the safe and must be logged in and out of the staff belonging’s book.
18. **Essential Practice for Registered managers**

In all situations, the following rules must be applied.

Registered managers must consider the following in a medicine’s administration

process:

**The 6 Rights of administration:**

1. **Right Child/ young person**

* Check child’s name against the placement plan, medication and MAR

sheet.

* A photograph of the child must be present to confirm identity. This should be taken upon admission to the care setting dated and reviewed or updated annually
* Registered managers must ensure that medicines prescribed for a
* child is not used by any other child.

1. **Right Medicine**

* Check child/ young person’s name against the medication label, packaging and contents, all must match.
* Check strength is correct (strength is the amount of drug in each dose

form)

* Check there have not been any recent changes to the medication
* Check the dosage instructions before giving medication
* Check expiry dates, the medication has not exceeded its expiry date
* Check for any additional labels and warnings

1. **Right Route**

* Check the way in which the medication is to be administered
* Medications can only be administered by the oral or topical route
* Nutritional feeds can be administered by other routes specified within the placement plan by employees once received training from a health

professional.

1. **Right Dose**

* Check that the dose on both the MAR chart and medication label match (dose is the amount of medication to be given to the child/ young person)
* That the dose has not already been administered by checking the MAR chart- if there is a discrepancy the homes manager, key worker, or the pharmacist should be consulted before the medicine is given
* Check for changes to the dose
* Record the actual amount given where a variable dose is administered
* Check that you have the right measuring device for liquid doses
* Doses should be equally spaced.

1. **Right Time**

* Check that the dose time is clearly identified on the MAR sheet and / or the medication labels. For example, ‘Take one tablet in the morning’ clearly identifies when this medication is to be given. However, ‘take one tablet daily’ leaves this open to interpretation, unless the dose column on the MAR sheet is marked as to identify the time.
* Check for any additional labels, warnings or specific instructions such as ‘before food’.

1. **Right of the Child/ young person to Refuse**

* The child/ young person has the right not to take the medication (see further guidance – Child/ young person’s right to refuse medication)
* Do not give the medication if one or more of the above rights is incorrect.
* Seek further guidance, initially from your line manager.

**Before giving medication:**

* Inform the child/ young person that their medication is due
* Wash hands and any other utensils before use.
* Follow the ‘six rights’
* Use disposable gloves when appropriate.
* Check for allergies.
* Check verbally that the child/ young person has not already taken or been
* given the medication.
* Check the dose has not already been administered by checking the MAR Sheet
* If there is a discrepancy, consult managers, community pharmacist or the

NHS Out of hours health help line.

**When giving medicines:**

* Only administer medication from labelled bottles, containers and compliance

aids.

* Don’t give medicines from unlabelled or illegibly labelled bottles, blister packs or containers.
* Don’t transfer medication from their original containers.
* Don’t prepare medicines or drugs in advance of administration. Once prepared they must be used immediately or discarded.
* Don’t leave medicines unattended for child/ young persons to take later.
* Don’t handle medications directly when administering as far as is practicable.
* Don’t give discoloured solutions, disfigured tablets, substances etc. These must be stored safely and returned to the pharmacist as soon as possible
* This is the same as medication which has been dropped or refused once dispensed. Ensure they are placed in a seal envelop with the name of medication, child’s name, dose, date, how many and care home name and address.

**When administering liquids:**

* Shake the bottle by gently turning it upside down several times.
* When pouring, hold the bottle with its label on top so that the liquid falls away from the label.
* Pour into a measured dosage container appropriate for the volume of the drug to be given and appropriate to the requirements of the child/ young person.
* Measuring devices include a graduated medicine cup, medicine spoons or an oral syringe and bottle adapter.
* When using a graduated medicine cup, ensure that the cup is placed on a flat surface and the liquid is poured into the cup and observed at eye level.
* If the medication is refused, the liquid medicine must never be poured back into the original bottle. It should be signed off as refused and disposed of safely.

**When the medication has been given:**

* Complete the records for each individual child/ young person as soon as the medication has been taken by the child/ young person. The record must include the following information:
  + Exactly what was given (name, strength and form of the medication).
  + When it was given (time, date)
  + Who administered the medication and/ or the correct code dependent on the MAR sheet used

**Child/ young person’s right to refuse medication**

When an individual expresses a choice not to take a prescribed medication, the

following actions should be taken:

* An entry must be made on the MAR and the staff should record the circumstances and reason why the child/ young person has refused the medicine (if the child/ young person will give a reason), unless there is already an agreed plan of what to do when that child/ young person refuses their medicines.
* The manager must be informed, and they may seek further guidance from the GP, pharmacist or out of hours health help line (dependant on the medication and the number of doses refused). A record of the decision made by the child/ young person must be made on the child/ young person’s placement plan.
* If the child/ young person agrees the carer should tell the prescriber about any on-going refusal and inform the supplying pharmacy to prevent further supply to the children’s home or person’s own home.

**Omitted Medication**

* If a dosage of a regularly prescribed medication is intentionally omitted by the

responsible person, for any reason e.g. not giving the laxative because the child/young person has developed diarrhoea, the following action must be taken:

* An entry must be made on the MAR sheet.
* A record must be made on the child/ young person’s placement plan.
* The manager must be informed. They will then make a judgement regarding whether to seek advice from the prescriber.
* If a second dose is to be intentionally omitted, the advice of the prescriber must be sought prior to this decision being carried out.

1. **Essential Practice for Child/ young person in Care Settings**

**Registered manager**

The homes manager (registered manager) has overall responsibility for:

* Ensuring compliance with The Children’s Homes (England)
* Regulations 2015 regulation 23 Medicines, the eight principles of the RPSGB and the NICE guidelines on Managing Medicines in Children’s homes.

Ensuring systems and procedures around medicines management are implemented and followed.

* Determining the best system for supplying medicines to each child/

young person in a personalised way based on the child/ young person’s health and care needs, with the aim of maintaining the child/ young person’s independence wherever possible.

* Ensuring this is done by monitoring and auditing the systems and procedures in place by:
  + Undertaking the monthly process of ordering and booking in the prescribed medication supplied by the community pharmacy against those items ordered.
  + Undertaking weekly audit of controlled drugs (if kept) child/ young person against the register.
  + Carrying out monthly audits of the completed medication cycles on the MAR sheets.
  + Undertaking monthly audits of homely remedy stocks.
  + Ensure all staff are competent and medication training is up to date
  + Carrying out annual medication competency assessments of all staff involved in the administration of medication.
  + Overseeing the reporting of medication errors and ensuring appropriate action is taken to prevent further errors occurring.
  + Ensuring that every child/ young person has a medication assessment and an individualised medication information sheet in place.
  + Engaging in the medication administration process by carrying out a medication round at least once weekly in the establishment.
  + Making a referral to safeguarding if the safeguarding threshold is reached
  + Reporting to Ofsted any untoward medicines-related incident (see

guidance on medication incidents and fair blame).

**Designated persons**

* This is anyone deemed by the registered manager to be competent to carry

out medicines management duties.

* These employees will complete medication training prior to being given this

responsibility (theoretical and practical competency assessment). The

responsibilities of the designated /responsible person on duty include:

* Assisting with the ordering of medicines
* Assisting with the monthly process of booking and checking of prescribed medication received from the community pharmacy against

ordered items.

* Liaising with healthcare professionals where necessary
* The receipt and registration of medicines.
* The safe storage and custody of medicines
* Monitoring supplies and appropriate levels of stock of medicines
* Including homely remedies.
* Undertaking the administration of medicines
* Accurate record keeping
* Complete and continually review assessments with child/ young

persons to determine whether they are able to self- administer medicines.

* Completion of medication incident report forms in accordance with the

policy

* Safely managing the disposal and return of medication

**Ordering Medicines**

* Homes should ensure that at least two employees have the training and skills

to order medicines, following the system required by the supplying community

pharmacy. In exceptional circumstances ordering can be done by one

employee.

* Registered managers should retain responsibility for ordering medicines from

the GP practice and should not delegate this task to the supplying pharmacy.

* Previous usage of the medicines should be reviewed before ordering and

checking stock.

* The children’s home should manage and maintain records of medicines

requested for child/ young persons in order to check all items ordered are

required, correctly received and that no inadvertent change to the medication

ordered has been made on arrival of the prescription or medication.

* The children’s home must retain up to date records of current medication

provided for each child/ young person and ensure that stock levels for each

person are kept at an appropriate level to avoid running out. Equally,

medicines should not be stockpiled or over ordered.

* Protected time should be allowed for the ordering of medicines, in particular

for the monthly order.

**Receipt of medicines**

* Medication received from the pharmacy supplier must be checked against the record held by the children’s home of items ordered to make sure that all medicines ordered have been prescribed and supplied correctly.
* Protected time must be given to employees when booking in medications, particularly the monthly cycle.
* All other medicines (prescribed and non-prescribed) brought into the home, from whatever source i.e. those from the child/ young person’s home, discharge medicines from hospital, those brought from another children’s home or those brought in by friends/ relatives, must be recorded at the point of admission.
* This information should be obtained from the label on the medicine, not from

verbal instruction from child/ young person/ carer.

* If in doubt, or where there is any contradiction in dose or directions, consult the prescriber.
* Where medicines received for a child/ young person differ unexpectedly from those received for the same child/ young person in the past, the home should check with the GP or pharmacist before giving the medicine.

**Storage**

* A lockable drawer or similar facility must be provided for child/ young persons

who self-medicate.

* Where medicines are administered these must be stored in a lockable

medicine cupboard of solid construction.

* The keys to the medication must not be left in the vicinity of the cupboard but

must remain in the possession of the designated person or person delegated

with the responsibility of administering medicines.

* Where facilities exist, medicine cupboards must be housed in the room that

has been provided for use as a medical room. The temperature of this room

must not exceed 25 degrees centigrade. A daily record must be taken and if

temperatures are found to be outside this range, the community pharmacist

must be contacted for advice.

* Any specific storage needs indicated on the label e.g. storage in a cool place,

must be followed.

* Any medicines that are required to be stored in a refrigerator should be held in

a separate locked refrigerator used only for this purpose. The temperature of

the fridge should be monitored daily, using a max/ min thermometer and the

temperature recorded (normal range is between 2 and 8 degrees centigrade).

* If temperatures are found to be outside this range, the community pharmacist

must be contacted for advice. The refrigerator should be cleaned and

defrosted regularly.

* For controlled drugs storage, see guidance in controlled drug section to follow.

**Return of Medication**

* All medication prescribed for the child/ young person is their property and must never be removed by workers from the child/ young person’s home without first obtaining consent from registered manager and child/young person depending on capacity.
* Employees must never dispose of medication.
* Medication that is out of date or no longer used must be returned to the pharmacy, having consulted with the home care manager and child/ young person. This should be documented by the employee in the child/ young person’s file listing the medication disposed of.

**Retention of records**

* On discharge from the home it is a requirement that records (including MAR sheets) are retained for 15 years in the case of children/ young people.
* Controlled drug registers must be kept for a minimum period of 2 years.

**Administration of medicines away from the children’s home**

* When going on holiday, specific arrangements should be made for the period of the holiday and the medicines are to be given to the child/ young person or the person who will be caring for them during the holiday.
* Where a child/ young person is undertaking a planned activity (e.g. day trip)

and needs to take medication with them, this should be dispensed into a suitable container labelled with the name of the child/ young person, the name and strength of medicine, and the date and times that the medicine is to be taken by the designated/ responsible person.

* Where the designated/ responsible person is accompanying the child/ young

person on the activity, they should take responsibility for giving them the medication.

* Where they are not to accompany the child/ young person, they must ensure that the employee or any other adult who will be responsible for giving the medication has clear verbal and written instruction on what to do and signs for receipt and return of the medicine.
* Where the child/ young person is going on an activity organised by another organisation, the homes manager must satisfy themselves that that organisation has procedures in place that will ensure the child/ young person safely receives the correct medication.

**Admission to hospital**

* If a child or young person is admitted to hospital then the remaining supply of

medicines should be taken with them or an alternative quantity following

liaison with the hospital. This will be documented on the MAR chart as well as

the amount of medicines returned with the child/ young person.

* The way in which communication will take place following admission to

hospital must be established in advance to ensure any changes made to a

child/ young person’s medication are acted on promptly.

* Any information which may be relevant to the care or treatment of the child/

young person must be communicated to the hospital.

* The registered manager or designated person must request that any changes

made to the child’s/ young person’s medication are communicated directly to

the home in written format (usually via a discharge sheet).

1. **Guidelines to Problems with Medication**

Outcome: The medication is given safely and correctly

The child/ young person, their families, carers and advocates can expect:

* To receive the correct dose of medication at the correct time

Staff can expect:

To receive training on sources of advice and drug administration procedures

Only to administer medication that is properly labelled and packaged by the pharmacy

What sort of difficulties can employees encounter:

* 1. Medication arriving in unlabelled or incorrectly labelled containers
  2. Medication labelled PRN (as required) where it is not clear what may trigger it to be required
  3. Dosage instructions are not explicit.
  4. Medication ‘missed’- not given at the correct time.
  5. MAR sheets not signed
  6. Medication given to the wrong person.
  7. Child/ young person that refuses to take the medication
  8. Child/ young person does not take all the product- spat out/spilt/ refused.
  9. Medication has run out or supply has been exhausted
  10. Medication is out of date

**General Principles**

* Dealing with a child/ young person’s medication is an important task. When

employees are booking in, checking or administering medication they should give it their full attention and should be free from all other responsibilities and

directions.

* It is essential when administering medication for Omega Care Group Children to ignore the telephone, doorbell and the requests of child/ young persons and colleagues.
* In the event of an untoward incident that colleagues cannot deal with, take a few seconds to lock the medication away; take the key with you.

**If the medication is incorrectly labelled or labelled with insufficient information:**

* Contact the child/ young person’s GP or pharmacist to seek clarification.
* If the difficulties are encountered out of hours, contact the out of hours health

help line, or an out of hours pharmacy.

* If you are unable to get the assistance or advice you need contact a line

manager.

* If a child/ young person’s medication is missed for any reason or you find a

MAR sheet not signed, don’t guess- seek advice from GP, pharmacist or line

manager.

* If the medication is given to the wrong person, it is very important that

employees seek advice immediately from a GP, pharmacist or Out of hours

health help line if out of hours. If you are unable to get the response that the

situation warrants, you should contact the hospital A&E department.

* Follow the medical advice given and as soon as is practicable inform a line

manager.

* Complete an Omega Care Group medication error report form.
* It is important that employees can evaluate the events, leading up to the incident in order that systems and practices can be reviewed and/ or adjusted to ensure remedies are in place to avoid a recurrence

1. **Guidelines to Medication Administration Record (MAR)**

Outcome: Any involvement in a child or young person’s medication (reminding,

preparing, or assisting), must be recorded on a Medication Administration Record (MAR) chart.

This document serves as a legal safeguard for child or young persons and staff, should anyone be asked to justify their actions.

Quality Standard

The Care Quality Commission’s Essential Standards of Quality and Safety Outcome

9 -Management of Medicines require registered managers to:

1. Have arrangements in place for recording when it is not possible for a person to self-administer their medicines.

2. Have records of when medicines are given to the person.

By doing so this ensures compliance with section 20 regulations of the Health and Social Care Act 2008. The child or young person, their families, carers and advocates can expect:

* The child or young person to receive their medication in accordance with the prescriber’s directions.
* There to be a record of which medication was administered by whom and at

what time of day.

* There to be a record of any missed doses and reasons for this
* Staff can expect:
  + A MAR chart to be in place for the social care worker to refer to when involved in the administration of medication to a child or young person.
  + The paper-based MAR sheet to be:

- legible

- signed by the home staff

- clear and accurate

- factual

- have the correct date and time

- completed as soon as possible after administration

- avoid jargon or abbreviations

- easily understood by the child or young person, family or carer

General Principles

1. The purpose of a medication administration record document is to enable staff

(and child or young persons if appropriate) to trace the use of a medicine (including prescribed creams, eye/ear drops and homely remedies) from the time it is requested to the time it is administered or destroyed.

2. The GP should be contacted to determine any allergies or intolerances to

medicines or their ingredients. This should be accurately recorded on the

MAR sheet and shared with the team providing care.

3. The MAR chart primarily acts as a source of information so that staff and appropriate professionals can find out who administered a certain dose when

and by whom. The care provider should keep a record of medicines administered by visiting health professionals on the child or young person’s MAR chart.

4. The records will be an aid to correct administration of medicines, although they do not necessarily ensure that a person has actually swallowed a dose that has been offered.

5. Medication administration records also help to ensure that all staff are aware of the quantity of medication present and will reduce tendencies to over order repeat prescription medicines.

**Procedure:**

1. In addition to checking the medicines delivered, the information on the MAR charts must be checked for accuracy. Particular attention should be taken to ensure that any medicine changes during the previous month are reflected on the new MAR. Ensure that quantities of any carried over ‘when required’ medicines are entered onto the new MAR.
2. Any change to a prescription or prescription of a new medicine by telephone must be supported in writing (secure fax or secure email) before the next dose is given.
3. After administration, the MAR chart must be completed with the signature of the employee and the appropriate code. There must NEVER be any gaps present on the MAR chart.
4. If the medication is not given for any reason (e.g. medication not available to be given, child or young person refuses medication, or health care professional advises not to give the dose), it should be marked accordance with the code on the bottom of Omega Care Group MAR charts and a log must be made on the reverse of the MAR chart, detailing the date, reason why it was not given/ taken and the signature of the employee.
5. Any changes in dosage or discontinuations of medication should either be signed for by the GP (on the MAR chart) or covered by a written letter/ faxback that should be kept with the MAR chart
6. The completed MAR chart must then be sent to the home care manager by home care assistants and kept for 3 years. In a children’s home it must also be kept for 3 years
7. The MAR sheet should be used to record any prescribed medication as well as any homely remedies approved by health.
8. Any PRN or variable doses must be clearly recorded on the MAR sheet with the actual dose administered (one or two).
9. Completion of MAR Charts ensures and is used in for the following circumstances if the information:

* clarification of medication to be administered
* clarification of dose of medication
* clarification of directions of the medication
* specific directions if being asked to crush a tablet or open a capsule
* confirmation of discontinuation of a drug
* clarification on any other discrepancy on MAR sheet/ label of medicine/
* help produce a PRN protocol of a ‘when required’ medication

Omega Care Group MAR charts run monthly.

**8. Guidelines for Prescribed Medication**

* All children must have their medical health requirements written in their Residential Care Plan at the start of their placement.
* Where the child takes regular medication there should be a letter from the GP/relevant consultant setting out the type of medication, dosage and the time the medication should be given.
* In any case where the staff have any concerns about the medication or require clarification about the dosage, they must contact the child's GP for advice.
* When receiving medication at the start of a placement, staff on duty must check that the medication is for the relevant child, within its expiry date and, in relation to children receiving regular medication, that the instructions on the label are in accordance with the letter from the GP/consultant.
* Registration with a local GP must be completed as soon as possible upon a placement starting to enable no disruptions to a child or young persons prescribed medication.
* If a child is prescribed medication during a placement, residential staff should collect the prescription from the doctor's (preferably with the child at the time of the appointment). Staff/carers should ensure that the medication is then collected from the pharmacy.
* When collecting medication, staff should ensure that it is appropriately labelled with the details being the same as that on the prescription. It is not acceptable that medication is labelled 'as directed' or 'as before'. If this happens, the staff should seek clarification from the pharmacist or doctor and an appropriate label should be obtained and applied.
* Appropriate advice should be sought re: the side effects or any food/other medication that may affect the effectiveness of the prescribed medication. Staff should also always ensure that they clarify with the pharmacist whether the prescribed medication is categorised as a 'controlled drug' (such as Ritalin).
* Where possible, staff should request pre-packed medication rather than loose tablets in a bottle. In any case, prescribed medication should be kept in their original containers, clearly marked with the name of the child for whom they have been prescribed and they should only be given to the named child as prescribed and set out on the container.
* Asthma Inhalers: With regards to asthma inhalers, all children who are using inhalers should have a written recommendation from the prescribing doctor about how they should be administered. All inhalers must be labelled with the child's name. Risk assessments must be in place, which indicate a child's capability to use their inhaler. Regular support via reviews/asthma clinic must be made available.

**9. Guidelines of Self-Administration by a Child**

Self-Administration children who wish to keep and take their own medication should be supported to if they are able to do so safely. Staff should be mindful that children holding their own prescribed medication must only use it for themselves in accordance with the prescription. Medication assessment would have to be completed at the start of the placement or when self-administration request asked. Medication assessment should involve advice from health and Social practitioner and is agreement is sought by the social worker and registered manager.

Self-administration of medicines may be seen as inappropriate at first however it is not an ‘all or nothing’ situation. A child / young person can play an active part in maintaining control of their medicines (active participation) for example informing employees that their medication is due whilst there still is the need for the employee to assist a child / young person in taking the medicine. For example, a child or young person may not be able to measure an accurate dose of liquid medication but once the dose is prepared, can pick it up and take it without the help of the employee.

This process must ensure that the child / young person understand that medicines must be kept safely and that appropriate lockable facilities are provided to do this.

Key questions to ask include:

1. Does the child understand the importance of taking the medication regularly and at the correct time?
2. Can the child safely store the medication?
3. Is the child cooperative with staff?
4. Could the medication be taken and used by other children in the home?
5. Does the medication have value if sold illegally?
6. Examples of medications that should be a child's responsibility are oral contraception and reliever inhalers.
7. The child should be encouraged to take the medication appropriately and this should include giving reminders on a regular basis.
8. If there are concerns that a child is not managing his or her medication appropriately there should be a review of the arrangements.

Other factors would also need to consider including advice from other health and social care practitioners.

Registered managers must ensure that records are made and kept when child / young persons are supplied with medicines for taking themselves or when medicines are reminded to take their medicines themselves.

Support self-administration:

1. Employees undertaking assessments should liaise with the community pharmacist to ensure that where possible, the medicines are dispensed in containers that the child / young person can open / access to retain independence.
2. Also, the use of compliance aids should be considered to enable child / young persons to remain independently responsible for their own medicines where appropriate.
3. Where appropriate, child / young persons will receive relevant information about their medication.

Where child / young persons are unable to self-medicate safely, an assessment will be undertaken to determine the most appropriate method of supporting a child / young person, this could be by active participation or offering full support with administering medication.

All residential placement plans will identify whether, and at what level, the child / young person requires help to take their medicines.

Additionally, any self-administration and administration of medication requires a risk assessment.

**10. Guidelines of PRN**

Definition of PRN – Is shorthand for an expression, rendered in Latin – “Pro Re

Nata”, which translates as “as need arises” and is used to communicate that

administration is intended to be “as necessary” only.

Outcome: That medication is available when the child/ young person requires them and staff are trained to administer them in an appropriate manner.

Quality standard:

The child/ young person, their families, carers and advocates can expect:

* To receive PRN medication in accordance with the prescriber’s directions
* That ‘medicines will be used to cure prevent disease, or to relieve symptoms

but never to punish or control behaviour

* Staff can expect:
  + To receive training in the administration of PRN medication.
    - Only to administer PRN medication supported by clear prescriber directions in the form of written instructions
* PRN medication prescribed for managing behaviour requires an individual protocol and must be reviewed on a three-monthly basis in a multidisciplinary review meeting.
* Checks should be made of the stability of the medication, checking appropriate storage and use-by dates.
* Training should be updated as appropriate. Managers must keep a record of employees trained in their current workforce. Employees receive a certificate of competency to perform the procedure. Training records must be kept.
* Employees are not asked to administer PRN medication or any other medication if they have not received the appropriate training. They can act as a witness where required or identify the child/ young person to relief employees or managers who have been trained.
* The administration of PRN medication should be clearly recorded on the MAR sheet with the actual dose administered.
* Medication prescribed to the child/ young person and for PRN use must be readily available and stored appropriately.

**Note for Registered Managers**

* If a child/ young person is taking ‘When Required’ (PRN) Medication, it can be carried forward at the end of the month to the next month and does not have to be discarded providing:
* The medication is still being prescribed by the doctor at the same dose and frequency
* The medication is in an original pack with an expiry date so it can be checked

that the medication is still in date. Examples include paracetamol tablets, salbutamol inhaler, senna tablets etc.

* The children’s home will have to indicate the quantity of medication brought forward to enable a stock check to be carried out.
* Please note that the home will also have to consider how it handles repeat prescriptions for ‘when required’ medicines because if the stock of medication is carried forward, they will need to ensure that this medication is not requested along with the other repeat medicines, to ensure that the medication is not prescribed and not dispensed. This will enable a cost-effective approach and reduce the wastage and costs of medicines.

**All those who may administer PRN medication:**

1. Ensure that they have received appropriate training.
2. Only administer PRN medication if there are specific written instructions in place, ensuring these directions are followed for each individual child/ young person.
3. Be given access to the medication as appropriate.
4. When administering medication, a record of the medication administered must be made on the MAR sheet including number of doses given if variable and time the medication was administered
5. Seek medical attention or advice as appropriate if the child/ young person continues to show distress. This can include contact with GP, Pharmacist, or out of hours service.
6. In all establishments, for ‘when required’ controlled drugs, a double signature will be required – refer to controlled drugs guidelines.
7. For when required medicines that are offered but not needed, the front of the MAR sheet may be marked with the letters ‘NR’ (not required).This may be written next to the X and carers initials, rather than writing a note on the back of the MAR sheet to explain why the medicine was not administered.

Within the health section of Omega care Group Residential Care Plan, for Children and Young People who require PRN, the following must be noted:

1. Name of child/ young person and prescriber details
2. Describe the medication and route of administration
3. The condition or indication for which the medication needs to be administered and what the medicine is expected to do.
4. Dose to be given
5. Maximum dosage per 24-hour period
6. Minimum time intervals between doses
7. Name of prescriber. *This could be a non-medical prescriber (NMP) who has liaised with a GP but in this situation, there must be a name belonging to the NMP as well as the GP’s name*

**11. Guidelines for Controlled Drugs**

This section should be read in conjunction with Prescribed Medicines

The Misuse of Drugs Act, 1971 classifies controlled drugs into classes A, B and C.

Controlled drugs are included in each of the classes according to the potential for harm they are thought to present to individuals and to society at large.

When a child is prescribed or currently taking a controlled drug they must only be supplied for that individual child.

The controlled drug must be kept in a locked container within a locked medicine cabinet in a location agreed by the residential manager. The manager must ensure that a 'stock' is not kept (e.g. no more than 28 days’ supply at a time.

When administering a controlled drug, two people should be present - unless it has been agreed that one person may administer the drugs or that the child may administer the drugs him or herself. On each occasion the drug is administered, the remaining balance of the drug should be checked and recorded by the person(s) administering the drugs.

As with all unwanted medicines, any unused controlled drugs should be returned to the pharmacist and a certificate of disposal obtained and recorded.

**12 Guidelines for Household Remedies**

Household remedies are those from an agreed list that may be kept as stock or

purchased as necessary.

All medicines should be deemed to be age appropriate for use in the child or young person and should not be used for more than 2 days without seeking professional advice.

Procedure

* Registered managers must obtain written consent in advance from parents/
* Guardian/social worker (depending on care order) as set out in residential care plan
* Registered managers must follow the same recording procedures as those for
* prescribed medication.
* The homely remedies must be stored safely and separately from prescribed

medication.

* Creams should not be used due to a risk of contamination
* Care must be taken to ensure the medicine does not react with any regular

medication.

* Administration should not exceed 48 hours without medical advice being

sought.

* If a homely remedy is to be administered it should be signed out of the homely

remedy book which is used as a record of purchased items and stocks

* Then administration of any homely remedy must be recorded immediately on

the MAR sheet by the person administering, documenting the date, dosage,

time given, signature of the carer and indicating the reason for administration.

* Note, If the child or young person needs regular homely remedies, this should be reported to the GP in case of an underlying ailment.
* Any symptoms that do not respond to a homely remedy must be reported to the GP.
* The child/ young person information leaflet should be consulted for additional information

**13 Guidelines Covert administration of Medication**

* Any decision to administer a medicine covertly must not be considered routine

and may be reached only after assessing the care needs of the child/ young

person as an individual - it should be child/ young person specific

* A medicine may only be administered covertly when it is in the best interest of

the child/young person, that is, the medicine is necessary in order to save life,

or to prevent a deterioration in the child/ young person’s physical or mental

health, or to ensure improvement in the child/ young person’s physical or mental health.

* A medicine may only be administered covertly following discussion and

agreement with the medical and social care staff responsible for the child/young person’s care and the child/ young person’s family and / or carers and advocates. The discussions and agreement must be documented in the care plan placement plan.

* In addition, the mechanics of crushing medicines may alter their therapeutic

properties rendering them ineffective and the medicine would not be covered by their product licence. Medicines should not routinely be crushed unless a

pharmacist advises that the medicine is not compromised by crushing and

crushing has been determined to be in the child/ young person’s best interest.

* A young person under the age of 16 is deemed to be capable of consenting to

treatment if, in the opinion of the medical practitioner attending him or her, he or she is capable of understanding the nature and possible consequences of the treatment. It follows that where a young person under the age of 16 refuses a medicine and is deemed able to understand the nature and possible

consequences of that refusal, then the medicine must not be administered

covertly, even if the parents agree.

* Where a young person under the age of 16 is deemed incapable of understanding the nature and possible consequences of the treatment, then the medicine may be administered covertly, provided parental consent is obtained or consent of the adult who has parental responsibility is obtained. If this consent is not forthcoming, for example, where the parent or adult with the parental responsibility is absent or is not thought to be acting in the best

interests of the young person, the medicine may be given covertly if it is thought to be essential by the medical and nursing staff responsible for the young person’s care and wellbeing.

* Children of 16 or 17 are presumed to be able to consent for themselves, but the parents or those with parental responsibility may override the refusal of a child of any age up to 18. In exceptional circumstances, it may be necessary to seek an order from the court. Child minders, teachers and other adults caring for the child cannot normally give consent.

**14 GUIDELINE for Medication Incidents and Fair Blame**

Outcome: If a medication administration error occurs or the correct procedures are

not followed which could result in an error occurring, it should be reported to the

provider manager and a medication administration incident form will be completed

and acted upon to prevent the error recurring.

Quality Standard:

Those administering medication should expect:

* Not to be asked to administer medication until trained and deemed competent
* To receive training in accordance with the national standards as part of their

induction.

* That the manager identifies, through workforce development plan and training matrix outstanding requirements of training.
* Carers and pharmacists to comply with the medication policy by presenting

medication in suitably labelled and packaged containers.

* To be supported by colleagues, child/ young persons, relatives and managers

when they are administering medication by creating an environment which

enables employees:

* + to undertake this task free of any expectation that they will undertake any other duties,
  + be free of interruptions by child/ young persons.

General Principles:

* A fair and consistent working environment that does not seek to apportion

blame.

* Staff are encouraged to report any situation where things have or could have

gone wrong.

* The full facts must be reported within 24 hours of the error occurring or being

discovered and the root cause of the medicine related incident must be determined.

Procedures:

Employees will ensure:

* That medication is presented in clearly labelled appropriate container with a

pharmacist’s label.

* That a medication administration record sheet is completed by the pharmacist

and is at the child/ young person’s home or at the establishment.

* That the MAR sheet is completed accurately.
* That any incidents of non-compliance are recorded on the MAR sheet. Where

this becomes habitual this should be reported to a manager.

* That they concentrate on the important task of administering medication to the

exclusion of all other duties and distractions.

* That they report any instance of a medication error immediately to their

manager and if required, seek medical advice from the child/ young person’s

GP, Out of hours health help line or from the community pharmacist.

* That they assist the manager with the completion of a medication incident

report form. A copy will then need to be sent to the departmental health and

safety adviser, and also to the departmental pharmacist.

* That they discuss annually in an achievement and development session their

medication training needs; such as if they require updating or refreshing.

Provider Managers will ensure:

* That employees receive appropriate medication training and /or refresher

training as identified.

* That employees feel confident about their role and responsibilities and feel

that their line managers will reinforce the importance of the task with child/

young persons and carers.

* That medication policies and procedures and forms are audited annually or at

the point where there is a change in medication.

* Homes managers maintain an awareness of the quantities of medication in

stock and ensure that excess is not kept.

* That procedures, policies and training in a supportive workplace environment

are intended to reduce the risk of medication error and the associated risks to

child/ young persons and employees.

* That errors must be reported (see appendix for Medication Incident Report

Form). Failure to do so could result in serious consequences for the child/

young person and for the individual employee.

* That employees who report errors immediately will be supported.
* That all members of staff have an important role to play in risk identification,

assessment and management. To support staff in this, the department tries to

provide a fair and consistent working environment and does not seek to

apportion blame. We hope that this will encourage a culture of openness and

willingness to admit mistakes. Staff are therefore actively encouraged to

report any situation where things have, or could have gone wrong.

* When errors are reported or identified, the appropriate manager will undertake

a fact-finding audit with the intention of ensuring remedial action.

* If it is found from the investigation that employees have not followed

guidelines and safe practice or have acted illegally, maliciously, negligently or

recklessly in line with their duty of care, an investigatory interview may be

undertaken in line with Omega Care Group’s disciplinary procedures.

* Medicines-related incidents should be reported to the local safeguarding

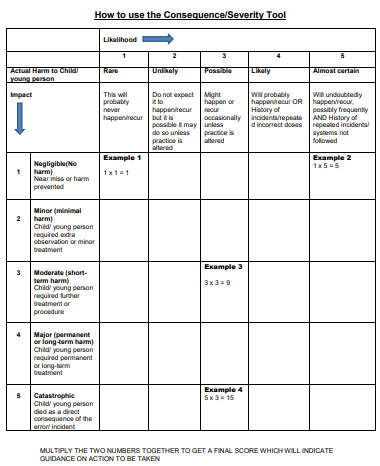
committee as per the threshold guidance.

* Ofsted and each other relevant person are notified without delay if there is any

incident relating to a child which the registered person considers to be serious

as per ‘The Children’s Homes (England) Regulations 2015.

* Registered Managers should have a clear process for reporting medicines related safeguarding incidents under local guidance and safeguarding processes.



**Risk Scoring / Outcome**

1-3: Low risk: Discussion one to one with line manager

4-6: Moderate risk: Observed medicine administration during supervision

Documented discussion one to one with line manager

Consider need for attendance on medication training course

Consider safeguarding referral

8-12: High risk: Observed medicine administration during supervision

Documented discussion one to one with line manager

Consider need for attendance on medication training course

Systems review by manager

Consider safeguarding referral

Managing Individual Capability

Consider immediate suspension from administration of medicines until competency restored.

15-25: Extreme risk: Observed medicine supervision during supervision

Documented discussion one to one with line manager

Attendance on medication training course

Systems review by manager

Managing Individual Capability

Consider immediate suspension from administration of medicines until

competency restored.

Report to Ofsted and consider referral to safeguarding