**Medication Policy – Shropshire Children’s Residential Services**

**SCOPE OF THIS POLICY**

In accordance with the guidance laid down in the [Guide to the Children’s Homes Regulations including the quality standards, April 2015](https://www.gov.uk/government/publications/childrens-homes-regulations-including-quality-standards-guide) and the [NICE Managing medicines in care homes, 2014](https://www.nice.org.uk/guidance/sc1), all Residential Settings are required to have written policies and procedures regarding the administration and control of medicines.

This policy must be easily accessible to all staff working in the Residential Settings and should be complied with at all times.

Additional reference will be made to:

* Mental Capacity Act 2005 (where appropriate);
* The Royal Pharmaceutical Society of Great Britain set out principles of safe and appropriate handling of medicines and the Shropshire Council Children's Homes follow these principles.
* Communication and Record Keeping is key to the implementation and management of the procedures within this policy.

**AMENDMENT**

This policy was updated in May 2022 and should be read in its entirety.

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**1.** **Control and Use of Medicines**

**1.1** **Introduction**

This document sets out procedures and guidelines in relation to the storage and administration of medication and the recording required relating to this. The document should be read within the context of the wider policies and procedures of your organisation. In particular, reference should be made to your policies on:

* Duty of Care;
* Children's/Young People's Individual Plans;
* Meeting health care needs and Infectious Diseases and Precautions which should form part of your Health and Safety Manual;
* The Royal Pharmaceutical Society of Great Britain set out principles of safe and appropriate handling of medicines and the Shropshire Council Children's Homes follow these principles.

**1.2** **Legal Obligations**

The registered person is required to make suitable arrangements for the recording, handling, safekeeping, safe administration and disposal of any medicines received in to the Children's Home.

It is the responsibility of the Registered Manager of the service to ensure that staff members receive approved training in the administration of medication before they administer any medication. For each shift there is an identified person with lead responsibility for the administration of medication.

**2.** **Staff Training**

The Registered Managers and Deputy Managers (and Shift Leaders depending on the home) will attend the Assessors Workshop for Medication Handling. The workshop gives the necessary skills and knowledge to assess Residential Care Workers competency in administrating medication. Some members of staff completed this course via a workbook during Covid-19, when the face to face/virtual course was not available.

All Staff will be required to complete an accredited eLearning Medication course every two years and be assessed by the Assessor within the Children’s Home using the Competency Assessment for Medicines Handling in Children’s Services (**Appendix A**) and Scenario based Assessment **(Appendix A1**) annually.

The evidence of successful completion of the Staff Competency will be retained in the staff file (or Medication File). Staff will only be permitted to administer medication once they have been suitably trained and deemed competent by an Assessor. Should a member of staff not be deemed competent following three attempts, (one group, two individual assessments) further learning and development will be discussed in supervision and the member of staff should not administer medication.

Staff handling medicines will need to understand and apply the Medication Policy and sign an agreement entitled Medication Policy Confirmation, annually (**Appendix B**).

Children’s Home staff should be able to access reliable and up-to-date information about medicines. Resources may include:

1. Medicines and Healthcare products Regulatory Agency
2. NHS
3. [NICE](https://www.nice.org.uk/)
   1. [Managing medicines in care homes](https://www.nice.org.uk/guidance/sc1)
4. [Patient UK website](https://patient.info/)
5. An up-to-date copy of the British National Formulary for Children (BNFC) or the [online version](https://bnfc.nice.org.uk/)
6. [Electronic Medicines Compendium (EMC) Website](https://www.medicines.org.uk/emc/)

**Appendix M** gives practice guidance regarding what to do if a child or a young person is not feeling well.

**3.** **Categories of Medication**

The law distinguishes between different categories of medicine. The categories are:

* General sales list medicines (GSL) - examples include Paracetamol (available as pack of 16 500mg tablets or 100ml Oral suspension) and proprietary cold remedies such as Lemsip. These can be purchased (in small quantities only) through a wide variety of retail outlets.
* Pharmacy medicine (P) - medicines which may only be purchased from a community pharmacy (chemist's shop) with a pharmacist present. An example would be larger volumes of Paracetamol (Pack of 32 500mg tablets or 200ml Oral Suspension).
* Prescription-only medicine (POM) - obtained on prescription from a doctor, dentist or Independent prescriber (this could be a nurse or pharmacist with the necessary training).
* Controlled Drugs (CD) - POM medicines that are deemed as dangerous or otherwise harmful drugs are designated as "Controlled Drugs" because of their potential for misuse. Therefore, special additional requirements apply to the prescription, storage, administration and recording of these drugs. An example of such a drug would be methylphenidate (Ritalin);
* See additional Requirements for Controlled Drugs ([**Section 10**](#additional_req_control_drugs)).

**4.** **Obtaining Medication**

When taking a child's/young person's prescription to the pharmacy to be dispensed, it is important that you check the following:

* The name, age and address is correct;
* The details of the medicine and dosage are clear;
* The service has a record of what has been prescribed;
* The prescription has been signed and dated appropriately by the prescriber and their location;
* That you have completed and signed the reverse of the prescription form correctly.

If required to obtain medication out of hours, it is advised to contact NHS 111

A community pharmacist supplying the medication as well as the prescriber of the medication should be used as a source for advice.

If required, the nearest local Walk in Centres are:

Royal Shrewsbury Hospital, Shrewsbury. SY3 8XQ Open every day 9am to 9pm. Telephone: 01743 261000

Princess Royal Hospital, Telford, TF1 6TF. Open every day 9am to 9pm. Telephone 01952 641222

**4.1** **Procedure on Receipt of Medication**

When new medication arrives at the home, it must be checked for correctness as soon as it arrives. Staff have protected time to be able to do this. If in the event of this not being able to be done the medication should be stored and recorded that this is needed to be done.

The checks will include:

* All the details on the medication label, ensuring they are correct
* Amounts of medication
* Storage conditions;
* Expiry dates;
* Class of drug for example "controlled drug" (CD) such as Ritalin. Any controlled drugs must be recorded in the Controlled Drugs Register with a second person as a witness.

The Patient Information Leaflet that is supplied with the medication must be read at this point as this gives information on storage conditions and cautionary advice. Any information provided must also be and acted on when administering the medication when appropriate.

The Registered Manager should ensure that at least two Children’s Home staff have the training and skills to order medicines, although one member of staff can do ordering.

The Registered Manager should retain responsibility for ordering medicines from the GP practice and should not delegate this to the supplying pharmacy.

**5.** **Record Keeping**

A record of all medication is required. It is the responsibility of the person engaged in any of these processes to complete and sign the appropriate record.

All medication is recorded in 2 places.

For Prescribed Medication it is recorded:

* Each medication per child is on a Prescribed MAR Sheet (**Appendix C**), and a list of all their prescribed medication is recorded on Prescribed Medication Central Record (**Appendix D).**

For Homely Remedy medication it is recorded:

* Each medication per child is on a Homely Remedy MAR Sheet (**Appendix C1**), and a list of all their homely remedy medication is recorded on Homely Remedy Medication Central Record (**Appendix D1).**

## **5.1 Medical Administration Record (MAR) Sheets**

MAR Sheets record the following information:

* Child's/young person's name & date of birth;
* Child's/young person's photograph (where agreed);
* Name of Medication
  + Dose
  + Route of Administration
  + Reason for Medication
  + Times to be given
  + Date Prescribed/Purchased
  + Any other instructions/adherence - e.g. before/after food
* Allergies and type of potential allergic reaction (including 'none known');
* Name of GP;
* Next of Kin
* For 'when required' medicines, the maximum dosage in twenty-four hours.
* If Medication is not given, reason for this given as per Code
* Balance of medication

All entries on the MAR charts must be checked for accuracy and signed by a second person before use.

Details of the administration of medicines will be recorded for each child/young person on his or her MAR Sheet at the time of administration and not prior to or at a later date.

In a specific situation, with a child with a specific condition, the Registered Manager may make the decision to record medication by an alternative method and noted on the child's Daily Record accordingly. An example of where an alternative method of recording administration may be if a child is Diabetic and the child has a Diabetes Log Book.

Recording information from correspondence and messages about medicines, such as emails, letters, text messages and transcribed phone messages are to be noted on LCS, observations and the section for additional information on the MAR Sheet

Records about medicines of looked after children will be kept for a period of 75 years following the young person’s discharge of care.

A young person will be asked to weigh themselves on a regular basis and the Residential Care Worker will record the weight on the MARs.

Children’s Home staff responsible for administering medicines should add a cross-reference (for example, ‘see warfarin in administration record’) to the young person’s MARs when a medicine has a separate administration record.

**6.** **Audit Trail/Stock Rotation**

All medication retained within the home must be accounted for at all times with a paper audit trail as verification.

Regular, weekly audits will be documented on the relevant MAR Sheet under Audit Checks.

For liquid medicines that are opened the date of opening the date of opening must be recorded on the label and the contents discarded and recorded after the specified time has lapsed. Guidance on this can be found in **Appendix L – Reducing Medicines Waste**

Where a medicine has an inner and an outer container, such as liquids, creams and ointments, the pharmacy label must be applied to the item instead of, or as well as the outer box. If medicines are dispensed into cartons, the pharmacy should be providing batch no’s, expiry dates and patient information leaflets on the dispensed medicines. If this is not done contact the pharmacy.

**6.1** **Expiry Dates**

Advice from the supplying pharmacist must be sought if there is any doubt as to the expiry of any medication.

Particular attention should be made to the expiry times for medications. Frequently these are not displayed on the outer packaging of certain items such as eye drops and eye ointments therefore, as with all medications the patient information leaflet must be consulted. If in any doubt, the supplying pharmacy should be contacted for advice.

**7.** **Storage Requirements**

The following procedure must be followed when storing all medicines:

* The storage instructions of each medicine must be checked and followed;
* All medications held in the service must be kept in their original labelled containers and stored in a secure place e.g. in a locked medicine cupboard. All controlled drugs must be kept in a cupboard that complies with the Misuse of Drugs Act (Safe Storage) requirements;
* Labels on medications must contain precise details of the name, dose, strength and form of the medication, as well as the name of the user;
* Instructions such as "as directed" are not acceptable and staff should ask the GP to put full instructions on the prescription;
* Labels on medicine containers must never be changed by staff;
* Keys for the medicine cupboard (or other secure place) in which medication is stored must be held in a secure place and be separate to other keys
* The medication must only be accessible to competent staff that have satisfied approved training and are authorised to administer medication;
* For prescription-only medication, no more than 56 days' supply is held within a service but 28 days' supply is preferable. An exception to this would be for such items as the contraceptive pill where supplies lasting up to six months may be held.

When a child/young person administers their own medicines, a lockable drawer or cupboard will be provided in their room for this purpose, and this should be recorded in their risk assessment. See **11. Self Administration**

For certain conditions, such as asthma or epilepsy, it may be necessary for children/young people to always carry their medication with them. The GP will advise if this is appropriate, and it must be documented on the MAR Sheet.

Non-fridge items must be stored below 25°C according to conditions stated by the manufacturer. Information pertaining to storage requirements can be found on the packaging or in the Patient Information Leaflet provided with the medication.

See also [**10. Additional Requirements for Controlled Drugs**](#additional_req_control_drugs).

**7.1** **Medicines Requiring Refrigeration**

Medicines requiring refrigeration will be stored in a specified medication fridge that must remain locked. When medication is in this fridge, it must be maintained at a temperature of between 2-8°C. A maximum/minimum thermometer must be used to ensure this. The fridge temperatures are to be checked and the minimum and maximum reading recorded daily on the Fridge Temperature Recording Sheet (**Appendix E**). It must be remembered to re-set the minimum/maximum thermometer on each occasion. The fridge must be defrosted regularly (same as food hygiene) and a record of this maintained.

If temperature readings are not within the limits of 2-8°C advice must be sought from the pharmacist, and this raised with management for steps to be put in place for the fridge to be repaired or replaced. If necessary all stock must be disposed of as outlined in [**Section 8. Disposal**](#disposal) and a new supply obtained with as little disruption to the continuity of care of any child/young person as possible.

**7.****2 Insulin storage**

Unopened insulin is to be stored in the refrigerator. When the insulin is required, it should be left at room temperature for at least one hour prior to administration for better comfort and efficiency. Insulin can be stored safely for up to twenty-eight days or 6 weeks (depending on the manufacturer) at room temperature once, it is in use.

Some manufacturers suggest that, to prevent constant fluctuation of temperature, it is good practice to store all opened insulin at room temperature within the recommended time scales. However, care must be taken to ensure that the temperature of the room remains below 250C and that the insulin is in safe storage.

As with all other medications, it is essential to check the expiry of insulin when it is received into the home and prior to administration.

**In all cases, you must adhere to the manufacturer's recommendations for storage.**

**8.** **Disposal**

As prescribed medicines are the personal property of an individual, consent should be obtained to dispose of any medication.

Medicines must be disposed of in the following situations:

* On the advice of the pharmacist or medical practitioner;
* Equipment has rendered the items unsuitable for human use i.e., fridges or other cooling systems break down. This is not the case with all medication, and this should be checked with pharmacist or medicines management team.
* There is medication surplus to a child's/young person's requirements. If able to carry over medication within guidelines, this is encouraged with pharmacist and GP advice, to reduce waste. If quantities of prescribed medication are too high, contact GP to reduce this.
* If a dose of a drug is taken from its medicinal container and not taken by the child/young person, it must be placed in a separately labelled container and then returned to the pharmacy for safe disposal;
* A course of treatment is completed and there is surplus to requirements or the Medical Practitioner stops the medication;
* Medication where indicated on packaging or in the Patient Information Leaflet that it is to be discarded at a specific time after opening or the expiry date has been reached
* A registered company collects clinical waste. Homes should take a copy of the return receipt.

Medication, which is to be returned, will be stored in the medication cupboard, away from current medication and clearly labelled for return.

In the unlikely event, that the child/young person for whom the prescribed medication dies, the medication must be kept for at least seven days after the death, as the Coroner’s Officer will require details.

**8.1** **Method of Disposal**

Medicines must be returned to the pharmacist for disposal. A Medication Returned to Pharmacy form must be completed (**Appendix K**) and a record of all returned medicines kept in the home. The record of disposal must include:

* The child's/young person's name;
* Name, strength and quantity of medicines;
* Date of return;
* Reason for return/disposal;
* Signature of the member of staff returning the medicine;
* Signature of the person receiving the medicine.

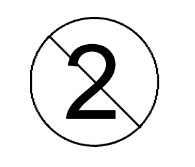
For the disposal of Controlled Drugs, see [**10. Additional Requirements for Controlled Drugs**](http://shropshirechildcare.proceduresonline.com/chapters/p_handling_medication.html#additional_req_control_drugs).

**9.** **Administration of Medication**

Medication must be administered in a way and at an appropriate time as intended by the prescriber. The prescriber's directions will be on the printed label attached to the medication. Additional information can be found in the Patient Information Leaflet provided with the medication. If there are any queries regarding the way in which the medication is to be given, the prescriber or pharmacist must be consulted for advice.

There will be an Individual Health Plan, Medical Passport and Medication Administration Record for each individual child/young person, which will include parental consent to administer prescribed or non-prescribed medication.

To avoid errors with the administration of medication, the following must be adhered:

* Medication must only be administered as per prescribed and not left out to be taken later. Medication could be given later if initially it was refused and it was appropriate for the young person to still take, following advice from pharmacist/ prescriber
* When not in use the medication cupboard must be locked, and the key held in a secure place;
* If regular medicines are in short supply this must be acted on immediately to ensure continuity of care;
* A record must be made on the MAR chart directly after administration. If for any reason medication is not given or refused, the reason for this must be marked clearly on the MAR chart. A key at the top of the MAR chart shows the correct symbol to use. Regular refusals must be recorded in the individuals care plan and communicated to the GP for advice. What is considered regular is determined by the medication – e..g its importance, impact, dose
* Administering staff must confirm the identity of the child/young person that is to have the medication. Staff will check the photograph displayed on the MAR form and ensure it is the young person they administrating medication. Havenbrook staff will also view the daily book where a photograph is displayed. Havenbrook staff will also ask the young person their date of birth, and address. Under no circumstances should medication be given if there is uncertainty as to the young person's identity;
* Staff should follow the 6 R’s of administration [as per the NICE Guidelines](https://www.nice.org.uk/guidance/sc1/ifp/chapter/when-staff-give-medicines-to-people-in-care-homes)
  + Right Resident (Child)
  + Right Medicine
  + Right Route
  + Right Dose
  + Right Time
  + Resident’s (Child’s) Right to Refuse
* The MAR Sheet should be also be used to check the medication that is being given matches the information on the MAR Sheet - the child's/young person's name, medication, its dose and frequency against the name, medication, its dose, and frequency on the medication label. The two must mirror. If there is any discrepancy, clarification must be sought from the prescriber before medication is administered;
* All staff should note how each medication that they deal with is given i.e. orally, inhaled etc.
* You must ensure that the correct device is used for the process, i.e. British Standard stamped measuring spoons/oral syringes. You must adhere to the manufacturer's recommendations if devices are to be used for single use only, which will be displayed with the symbol on the right. [Further guidance is available via the Medicines and Healthcare products Regulatory Agency](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/743384/Single_use_medical_devices_leaflet_250918.pdf)
* Any queries must be dealt with by liaising with the appropriate authorities i.e. GP, pharmacist;
* Controlled drugs must be administered involving two members of staff, one to administer and one as a witness. A record must be made on the MAR chart **and** in the Controlled Drug Register. (See also [**10 Procedure for the Administration of Controlled Drugs**](http://shropshirechildcare.proceduresonline.com/chapters/p_handling_medication.html#additional_req_control_drugs))
* If a medication error should occur, it must be reported to the On Call Manager immediately. (See [**15 Medication Error**](http://shropshirechildcare.proceduresonline.com/chapters/p_handling_medication.html#med_error) for the procedure to follow);
* Staff should be aware of the medication they are administering, monitor the condition of the child/young person following administration and call the GP or out of hour’s service if there is concern about any change or adverse effects from the medication. Staff should record the details on LCS, observation, in the young person’s placement plan or Short Break plan, MARs and tell the supplying pharmacy. The individual Risk Assessment must be updated to reflect the risk associated with the medication that has had an adverse effect.
* A child/young person's medication must never be given to another child/young person, even if the medication is identical.

**9.1** **Administration Procedure**

The following procedure must be followed when administering all medicines:

* Identify who is the lead person on shift for administering medicines; this responsible person must be signed as competent to administer medication ([**see 2. Staff Training**](#staff_training)) and hold a First Aid Certificate ;
* Know the uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications, clarification should be obtained from the Pharmacist/GP as necessary;
* Be aware of the child's/young person's Health Plan and child's/young person's Risk Assessments relating to medication or medical treatment;
* Check that the instructions on the label of a medicine are unambiguous and clearly understood. Instructions such as "as directed" are not acceptable and staff should ask the GP to put full instructions on the prescription;
* Check how the medicine should be taken. For example, should it be swallowed whole or dissolved in water? Should it be taken by mouth or by another route?
* Make sure that the person in front of you is the person whose name is on the medication and the records. A photograph will be held on the MAR chart to aid identification where care workers are unfamiliar with the young person; every effort should be made to obtain a photograph from the parents, Emergency Duty Team and carers. However, consent is always required for this and is refused should be respected.
* Check the records to ensure that the dosage has not already been given and that the person is not allergic to the medication;
* Carefully check the label on the medication, and administer the correct amount. Use British Standard measuring spoons/oral syringe if you are dealing with liquids. Don't guess or use a teaspoon as this is not necessarily a 5ml measure;
* Make sure you are giving the medication at the right time. Medicines must be taken at the prescribed intervals to get maximum benefit from them and to ensure that an overdose does not occur;
* Check the date of expiry is still valid;
* Have water ready to offer to aid the administration of oral medication;
* Offer the medication;
* Check that the individual has swallowed any medication they take by mouth;
* Immediately make a record on the MAR chart of all medication administered or non-administered. It is the responsibility of the person administering the medication to complete and sign this record;
* Controlled drugs must be checked by more than one person, before, and after it has been administered. In this case always ensure that someone will be available at the appropriate time. The GP/Pharmacist should advise if a medication is a "controlled drug" but always check if in doubt;
* If a Young Person refuses medication, staff must inform the Registered Manager who will decide whether a Medication administration incident form is completed.
* The MAR Sheet should be:  
    
  a) be legible  
  b) be signed by the children’s home staff  
  c) be clear and accurate  
  d) be factual  
  e) have the correct date and time  
  f) be completed as soon as possible after administration  
  g) avoid jargon and abbreviations  
  h) be easily understood by the young person, their family member or carer.

Any of the following instances must be reported to On Call and the Registered Manager and the relevant health service i.e. ShropDoc or General Practitioner to seek advice. If ever you feel this is a medical emergency 999 should always be prioritised.

* Regular failure, including refusals, by a child/young person to take a prescribed medicine,
* a child or young person overdose
* an incorrect administration is given
* an adverse reaction to any medication occurs

Information regarding the above instances must be recorded on the MAR chart and parents or carers must be telephoned to inform them of the young person’s refusal of medication. N.B. If you become aware or suspect of a young person not taking prescribed medication whilst not in your care then contact the health care professional i.e. Pharmacist for advice.

In the event of a medical emergency, and the situation warrants, staff must dial 999 for an ambulance.

A record of any of the above events are retained on the care notes/care plan/MAR chart as appropriate.

**9.2** **Additional Notes for Administering Medication**

Pour liquid medication from the side of the bottle away from the label so as not to obscure name and direction.

Staff involved in medical treatment must take extreme care to avoid contamination by blood, bodily fluids or excreta.

Disposable gloves must be worn when dealing with open wounds or when in contact with any bodily fluids, and when applying topical medication, such as creams or ointments, and including nose or eye drops.

When medication is administrated in school hours, every effort must be made to request the school to administer the medication. Should the school refuse, the school should request the parent/carer to attend school to administer the medication. Staff must record the outcome in LCS, observation and on the back of the MAR.

**9.3** **As Required Medication**

In the case of medication prescribed to be taken, “as required” or "when necessary" or "when required" (PRN) the maximum dosage in twenty-four hours and the necessary time interval between dosages must be annotated on the MAR chart.

Clear instruction must be obtained from the prescriber as to the indications for the medication and under what circumstances it may be administered. It must be agreed between the child/young person and care team as to how this medication will be requested and/or offered. As with other medications, a check must be made that another member of the team has not already administered a dose.

The outcome of the medication should be recorded and monitored and if it is revealed that PRN medication is being administered frequently then a referral to the GP must be made.

PRN protocols are advised to be in place to capture all the following information:

* Medication name, dose, strength, form to be included
* Maximum dose that can be administered
* Side effects of the medicine
* What the PRN medication is for
* How the person presents when they require the PRN medication
* Person-centred steps of what actions are taken before the PRN medication is administered
* What outcome is expected from the medication
* What to do if the outcome is not achieved
* Review dates of the medication
* The specific directions of when to give variable doses.

**9.4** **Crushing Tablets**

It must not be assumed that it is safe to crush tablets, open capsules, cut tablets or to disguise medication in any other way. Where a child/young person has difficulty in taking a particular medication e.g. a large tablet, advice must be sought from the pharmacist who may be able to suggest an alternative formulation of the medication e.g. a dispersible tablet to the prescriber or if cutting the tablet safely using a tablet cutter to halve the tablet is appropriate. If an alternative is not available, the pharmacist may be able to suggest other methods appropriate to that medication. The Care Homes Medicine Management Team at the CCG (Clinical Commissioning Group) can also advise on this.

**10.** **Additional Requirements for Controlled Drugs**

Designated and appropriately trained staff only, must administer Controlled Drugs. A second, appropriately trained designated member of staff must witness the balance before and after administration of Controlled Drugs.

Controlled Drugs administered by staff must be stored in a metal cupboard, which complies with the [Misuse of Drugs (Safe Custody) Regulations 1973](https://www.legislation.gov.uk/uksi/1973/798/made). This includes the use of a heavy gauge metal cabinet with a double locking mechanism.

Receipt, administration and disposal of Controlled Drugs must be recorded in a (bound book) Controlled Drug Register and this process checked and signed by a second care worker. A running balance, also checked by a second care worker, must be maintained weekly.

Controlled Drugs must be disposed of by returning them to the pharmacist. All returns must be recorded in the Controlled Drug Register and a signature of receipt obtained.

The person administering the medication and the witness will check the balance of Controlled Drugs on each administration. In addition to this, the Registered Manager must make a check of the balance of Controlled Drugs on a weekly basis.

If there is any doubt as to whether a medication within the home is a Controlled Drug, advice must be sought from the pharmacist or prescriber.

**11.** **Self-Administration**

All children/young people who are deemed responsible to keep and administer their own medication should be allowed to do so within a risk management framework. Other relevant professionals may need to be involved in the process. Factors such as the following need to be considered.

* Does the person understand and accept their need for the medicine and the effect of not taking it?
* Does the young person understand the risks or consequences if the medication is not taken?
* Is the person motivated to remember to take their medication?
* Is the person able to manage time in relation to taking medication?
* Does the person understand the instructions for taking/applying the medication?
* What are the benefits of self-medication, and what are the risks?
* Does the person understand and accept the requirements of the safe storage of medication, packaging and labelling.
* Are there any risks to others?
* How will staff know whether the person has taken the medication?

Where a self-administration shows to be a possibility, the Assessment Tool for Self- Assessment (**Appendix F**) must be completed by the Registered Manager to ascertain the ability of that child/young person to self-administer.

Documentation must be made in child's/young person's Health Plan and on the MAR chart that they are self-administering.

In circumstances where the child/young person keeps, their own medication the home must provide fan appropriate personal lockable drawer/cupboard or refrigerator.

It may be possible for the child/young person to partially, self-administer for example with the use of an inhaler.

The child's/young person's ability to administer their own medicines must be reviewed every two weeks or sooner if the need arises. This will be achieved by way of verification of amounts of medication and discussions with the child/young person. If at any time, the child/young person is at risk from misuse of medication, administration of the medication will be by the care staff. This will be noted in the Health Plan and on the MAR chart. If staff obtain medication for a self-administering a child/young person the quantities of medication handed over to the child/young person should be recorded.

**12.** **Rights & Preferences**

It is the right of the child/young person receiving care to achieve maximum benefit from their medicines. To facilitate this right, care staff, prescribing doctor, pharmacists and any other person involved in their care, must communicate and work together. The Mental Capacity Act 2005 must be considered with all aspects of care.

The child's/young person's choices and preferences must be identified and considered within a risk management framework. A record of the preference must be kept and documented in their Health Plan.

**12.1** **Consent**

Children’s Homes staff should not administer medicine to young people without their knowledge. Children/young people have the right to refuse to take their medication. They must also give their consent for medication to be administered to them by care staff and for medication to be disposed of when it becomes obsolete for any reason. A record of the discussion and the way in which the child/young person has given consent must be made prior to any of these occurrences and reviewed regularly where necessary. If the child/young person chooses not to take their medication, care staff must not insist but must record the refusal as in [**Section 9. Administration of Medication**](#admin_of_med)**.**

If there is any doubt about the child's/young person's capacity to consent this must be tested appropriately using the principles of the Mental Capacity Act where the young person is aged 16 or over. It is the responsibility of the person administering the medication, to reasonably assess the person's capacity to consent.

Consent may be described as being the voluntary and continuing permission of the young person to receive a particular treatment or medicine, based on an adequate knowledge of the purpose, nature, likely effect and risks of that treatment or medicine. Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for himself or herself.

**Permission given under any unfair or undue pressure is not consent; neither can consent be implied by the young person's behaviour**

In order for care staff who are authorised to handle medicines within the home to administer medication, consent must be obtained. For young people over the age of 16 staff should follow the procedure below. Staff must be reasonably sure the young person has the capacity to consent:-

Explain to the young person, what the medication is for, the potential complications, the possible side effects and their management to the young person.

To enable the young person to make their decision you must be ensured that the manner, style and pace of discussion is appropriate to the young person's:

* Level of understanding;
* Culture and background;
* Preferred ways of communicating;
* Needs;
* Answer any questions in an appropriate way making sure the information given is correct;
* Give the young person verbal and/or written information on the medication if requested;
* Give the young person the opportunity to ask questions or seek clarification of any information they have been given;
* Seek feedback from the young person to ascertain their level of understanding;
* Give the young person time to reflect on the information and if necessary or requested, invite other members of the multi-disciplinary team, or the young person's carers, family and an advocate if appropriate to provide support;
* Give the young person time to read the information and encourage them to question anything they do not understand before giving or declining consent;
* Reassure the young person that they can change their mind at any stage and make clear the implications of this in an unemotional manner;
* Make a record the young person's decision.

If there is any doubt about the young person's capacity to consent this must be tested appropriately using the principles of the Mental Capacity Act.

It is imperative to recognise when you need help and/or advice and seek this from appropriate sources.

**12.2** **When a Young Person Cannot Give Consent**

There may be times when a young person over 16 is unable to give or refuse consent because they lack the capacity to do so. Capacity is issue, decision and time specific so the young person's ability to give consent must always be time specific. If the young person cannot:

* Understand the information relating to the medication;
* Retain that information long enough to make a decision;
* Use and weigh it to arrive at a decision; and
* Communicate their decision.

Then they are said to lack capacity for that decision alone. Where the person lacks capacity to give consent, medication can only be given where it is in the young person's best interests. This decision must be made in line with the Mental Capacity Act (MCA) and in particular by following the statutory checklist.

**13.** **Non-Prescribed Medication**

There may be circumstances where medication held in the home has not been prescribed by a medical Practitioner.

**13.1** **Homely Remedies**

Staff must read **Appendix M**, Non-Prescribed Medication ‘Good practice guide for when a young person is not feeling well’ before Homely Remedies are administered. The questions on the guidance will help practitioners to identify ways they may support the young person with their ailment. The outcome must be recorded on Young Person’s Daily Record, LCS Case Notes, and notify the parents where applicable.

A homely remedy is a medication used for a minor ailment, such as toothache. The Homely Remedy is bought over the counter and may be administrated without a prescription. For the purpose of this document, the term Homely Remedy relates to an agreed list of medicines (**Appendix G**) which will be kept in the home for the administration to a child at the discretion of a care worker who has been trained in the safe handling of medication. For homes where the children/young people are living for very short periods only, the use of Homely Remedies may not be appropriate. In this case, Individual Person's Purchased Medication (see below) may be a preferred option. Staff are required to seek permission from parents/carers to administer Homely Remedies listed in **Appendix G** or obtain written confirmation from a GP or an appropriately qualified Health Care Professional.

Homely Remedy medication is recorded via the following:

* Each medication per child is on a Homely Remedy MAR Sheet (**Appendix C1**), and a list of all their homely remedy medication is recorded on Homely Remedy Medication Central Record ([**Appendix D**](http://shropshirechildcare.proceduresonline.com/client_supplied/appendix_c_mar_guidance.doc)**1).**

**13.1.1** **Protocol**

Normally, no medicine will be administered to a child/young person without a written prescription, which has been signed by an appropriate prescriber. However, with the agreement of the GP, a limited list of homely medicines may be purchased and kept within the Home or purchased when needed and may be administered by registered care workers who have undergone the required training.

The specially compiled list must only contain items which are available to purchase over the counter at a community pharmacy and must not be labelled with a specific child's/young person's name if they are to be administered to more than one child/young person.

No creams or ointments must be included in the list to prevent the risk of cross contamination.

In order to prevent ambiguity no combination remedies such as Lemsip must be included in the list.

**13.1.2** **Procedure**

* The medicines must be stored safely and separately from prescribed medication;
* Care should be taken to check whether the medicines would interact with regular medication;
* Young people should not be given certain medicines or products (for example, paracetamol should not be given as a homely remedy if a young person is already prescribed paracetamol)
* Care should be taken to check for any previous doses on the MAR chart before administering any medication;
* The medicines will be reviewed regularly and on admission of a new child/young person;
* Administration must not exceed 48 hours without medical advice being sought;
* Administration of any homely remedy must be recorded immediately on the MAR Sheet by the person administering, documenting the date, dosage, time given, and signature of the care worker and indicating the reason for administration;
* Regular requirement for a homely remedy must be reported to the medical practitioner in case of an underlying ailment;
* Any symptoms that do not respond to a homely remedy must be reported to the medical practitioner;
* The homely remedies used and the symptoms treated should be kept to a minimum i.e. one remedy per symptom;
* The Patient Information Leaflet (provided with the medication) and an up-to-date copy of the British National Formulary for Children (BNFc) should be consulted for additional information;
* A record of homely remedies purchased and appropriate disposed of must be made on the Homely Remedies Central Record (**Appendix D1**). For disposal, see [**Section 8 Disposa**l](#disposal)**.**

**13.2** **Individual's Own Purchased Medication (IOP)**

Occasionally medicines or certain foods may interact with prescribed medicines or have other detrimental consequences i.e. chocolate for a diabetic person.

Non-prescribed medication may be purchased for individual children/young people providing that a check has been made with a healthcare professional that it is safe for the child/YP to take and that the purchased medication will not interfere with any prescribed medication.

In the interest of the care and safety of the child/young person, parents and carers from outside of the home will be encouraged to notify a senior member of staff if such medicines or other provisions are bought for the child/young person.

Medicines purchased for individuals, by the home or any other person must be clearly labelled with the individual's name and that only administered to that person.

A record of these medicines should be maintained and if administered by staff must be included on the MAR form in the section entitled *'over the counter medicines'* and in the Health Plan.

Simple products such as sun protection creams and Tunes throat lozenges are not included in the homely remedy policy and may be purchased and kept within the home at the discretion of the care team.

**13.3** **General Sales Medication**

Non-medicated applications such as sun cream may be bought on an individual basis and used without reference to a doctor or pharmacist. Any concern over the application or possible allergic reaction of such items should be discussed with the GP or Pharmacist.

**14.** **Children/Young People Movements**

**14.1** **When a young person enters a Children’s Home**

On moving into the home all efforts must be made to ensure that enough information has been obtained for staff to safely administer any medication to the child/young person, including information regarding any allergies and intolerances to medicines or their ingredient. This information must be accurately recorded on the MARs and shared with the teams providing care to the young person.

**14.1.1 Medicine Review**

This may include a prompt to the GP and other health care professionals if applicable, to instigate a medication review. Medication is reviewed on a six monthly basis however, the young person’s safety should be the most important factor when deciding how often to do the review.

Staff should maintain professional vigilance and report any concerns to the relevant Health Care Professional that might prompt a review of the young person’s medication.

Staff will provide the information that is needed by the lead health care professionals to support the medication review, including:-

1. The purpose of the medication review
2. What the young person )and/or their family members or carers, as appropriate and in line with the young person’s wishes) thinks about the medicines and how much they understand
3. The young person’s (and/or their family members’ or carers’, as appropriate and in line with the resident’s wishes) concerns, questions or problems with the medicines
4. All prescribed, over-the-counter and complementary medicines that the young person is taking or using, and what these are for
5. How safe the medicines are, how well they work, how appropriate they are, and whether their use is in line with national guidance
6. Any monitoring tests that are needed
7. Any problems the young person has with the medicines, such as side effects or reactions, taking the medicines themselves ( for example, using an inhaler) and difficulty swallowing
8. Helping the young person to take or use their medicines as prescribed (medicines adherence)
9. Any more information or support that the resident (and/or their family members or carers) may need.

A record of a medication review must be recorded on the MARs.

**14.2** **Temporary Absence**

In circumstances when a child/young person will be temporarily absent from the service and medication needs to be administered during the absence, the Registered Manager of the service must:

* Ensure a risk assessment for the absence and the medication leaving the home
* Ensure that adequate supplies of the necessary medicines are available to the child/young person in the place that they are visiting;
* Ensure that such medicines are held in suitable containers and are appropriately labelled with the name of the child/young person, the medication name, dosage, dates and time of administering;
* Assure themselves that any persons who will be responsible for the administration of the medication during their absence have been provided with written clear directions and advice on the administration. This may include the time of the last dose of medication administered;
* It must be assured that the information has been made available and is understood by the person who is to administer the medication;
* Ensure that a note is made on a MAR sheet that details their absence;
* Make a record of all medication leaving the service with the child/young person using **Appendix I** Young Person Temporarily Absent.
* Make enquiries as to the time of any last dose of medication where this is appropriate.

**14.3** **GP/Healthcare Visit or Appointment**

When a child/young person requires a visit to a healthcare professional such as a GP/nurse/pharmacist as much information as possible for the consultation to take place should be taken. The visit and the outcomes following the visit must be recorded on the Health Plan.

**14.4** **Admission to Hospital**

When a young person is admitted to hospital, it is important to establish who has Parental Responsibility, to ensure they are contacted and consistency of information being shared.

When a young person is admitted to hospital, the quantity and type of medicine going with the young person must be documented on the MAR chart and [**Appendix I**](http://shropshirechildcare.proceduresonline.com/client_supplied/medication_recieved.doc)Young Person Temporarily Absent.

When liaising with the hospital consider the following points:

* What medication of the young persons is the hospital requesting?
* What medication has been issued to the hospital?
* What was the last dose administered to the child/ young person?

**14.4.1 Discharge from hospital**

Following the young person being discharged from hospital ensure that **Appendix I,** is completed and the MAR chart updated with any changes to the young person’s medication which have been communicated to you by the healthcare professional on discharge.

## **14.5 Movement to a different setting**

Staff should ensure that when a young person is moving to a different setting a copy of the Placement Plan, which includes all current health arrangements, along with a photocopy of the MAR Sheet and [**Appendix I**](http://shropshirechildcare.proceduresonline.com/client_supplied/medication_recieved.doc)Young Person Absent is transferred with the young person when they move from one care setting to another.

Staff should ensure that all information about a young person’s medicines, including who will be responsible for prescribing in the future, is accurately recorded and transferred with a young person when they move from one care setting to another.

**15.** **Medication Errors**

Should an error occur it must be reported to the shift leader on duty and on call immediately. Any recording error should be crossed through but not completely obliterated. It may be necessary to contact 999, the child's/young person's GP or the out of hours service, ensuring all the information regarding the error is available.

Details of the error must be recorded on [**Appendix J**](http://shropshirechildcare.proceduresonline.com/pdfs/medication_admin_incident.pdf) **- Medicines Error and Near Miss Report Form** and noted on the children’s Daily Record, in the accident book and child's/young person's notes. If the child/young person has a serious adverse reaction then ring 999 and request an ambulance, again ensuring the information regarding the error is available.

All medication errors are reviewed by the management team, and will decide any action is required. Examples would be the staff member being removed from giving medication or re-do training as per [**Section 2. Training**](#staff_training).

15.2 To reduce the chance of errors occurring staff should follow guidance in [**Section 9. Administration of Medication**](#admin_of_med)and additionally must:

* Keep their knowledge up to date;
* Avoid distractions whilst giving out medication.

If in any doubt, do not give the medication until clarification has been obtained.

A copy of the Medication Incident/near miss report should be sent to the Service Manager, Adoption, Fostering & Residential Services, Children’s Placement.

Each young person receives a copy of the Young Person’s guide, which explains the complaints procedure and advocacy service. Parents and/or Carers or those with Parental Responsibility will receive a copy of the Statement of Purpose that explains the complaints procedure.

**16.** **Authorised Inspection**

Every location where medication is stored is open to inspection by an authorised OFSTED inspector. Medication, records of their receipt, administration, disposal and any other relevant documentation must be readily available on request of the authorised inspector.

It will be the responsibility of the Registered Manager to seek advice and support for medicines management. This is likely to include close working with other organisations such as the Shropshire CCG primary Care support who may be in the position to offer an annual audit carried out by Care Homes Medicines Management Officer.

**End**