



Blackburn with Darwen Borough Council Children's Services
The Safe and Secure Handling of Medication
'Overarching' Policy- Interim Guidance
In Accordance with 'NICE' Guidance



Blackburn with Darwen Borough Council Children's Services

The Safe and Secure Handling of Medication 'Overarching' Policy

Directorate:

Children's Services

Target Audience

All Managers, Deputies, Principals and Support Staff involved in the 'Safe And Secure Handling of Medicines'-In House Provision- Residential Homes and Short Break Services.

Policy Statement/Key Objectives:

Policy Statement:

Blackburn with Darwen Borough Council will ensure that medicines are used, stored and handled safely and securely, in accordance with legislative requirements and best practice.

Blackburn with Darwen Borough Council provides a range of diverse services which include Residential and Short Break Care, therefore this policy document provides the 'Overarching' policy standard which is underpinned by service specific protocols and standard operating procedures, thus ensuring a safe and secure medication handling system across children's social care services.

This policy document ensures that all legal and professional standards in the safe use and handling of medicines, including controlled drugs are followed in accordance with best practice.

Use of the word 'Child/Young Person' throughout this document

Throughout this document the words 'child/young person' is used, this refers to whoever the support with medicines is given.

Key Objectives:

Blackburn with Darwen Borough Council has a responsibility to provide choice and access to high quality care for its 'children/young people'.

For medicines management this means:

- Ensuring that the child/young person who is receiving support with medication related issues do so in a consistent, safe, correct and proper manner
- The child/young person, family member or carer will be involved as far as reasonably possible in managing their medication in accordance with their wishes, beliefs and abilities.
- Where possible the child/young person will be supported and encouraged to self-administer their medication following appropriate risk assessments that have been undertaken and the child/young person's wishes have been considered.
- All decisions and actions are always in the best interest of the child/young person.
- That all precautions have been taken to ensure that proper procedures and protocols have been followed in providing care and that any risks to the child/young person and the organisation are minimised.
- All staff are supported in working to the highest standard when involved in the provision of medicines support.
- Managers and support staff are supported by appropriate training, mentoring, monitoring and, are provided with regular feedback through competency assessments and audits.
- There are systems in place for training, and audit of the adherence to policies and standard operating procedures.
- All medicines are stored securely to minimize the potential for harm and fraud.
- Medicines are accurately and appropriately administered following the prescribers instructions.
- Recording and control of medicines is correctly performed to prevent the loss, inappropriate access to, and misuse of medicines by the child/young person, and staff.
- All staff involved in the delivery of care carry responsibility for their actions, due care must be taken when recording care given, signatures must be identifiable.

- Risks around medicines use are minimised and appropriate actions are taken to report on, and learn from incidents as they arise.
- The organisation meets its requirements as a service provider- including inspection and legal obligations
- Ensures that the child/young person's welfare and outcomes are monitored.

This Policy Document must be read in conjunction with service specific protocols, standard operating procedures and other relevant policies including children services safeguarding policies and documentation. This document provides Children's Services with the 'Overarching' policy and sets the standards by which residential and short break services must be conducted. This document provides the benchmark by which Children's Services and individual practice is measured

Implementation:

Assistance with medication by Blackburn with Darwen Borough Council Children's Services employees will only be given as part of another service provided by Blackburn with Darwen Borough Council, e.g. residential, short break services etc. - not as a standalone service provision.

Failure to comply with this- 'Overarching' policy:

1. Blackburn with Darwen Borough Council employees:

Any failure on the part of an employee to comply with the provisions of this policy will be investigated and may be construed as gross misconduct. All incidents will be investigated and lessons learned will be incorporated into policy review and Standard Operating Procedures where applicable.

Appropriate notifications will be made to Ofsted - Regulation 40 along with relevant professionals i.e: Social Worker, Child Support Officer, Residential network manager and Senior Managers.

Authorisation:

This policy document and associated Standard Operating Procedures (SOPs) have been approved and authorised by the Senior Leadership Team. The implementation of this policy document and SOPs will be audited on an annual basis. The annual audit will also include assessment of the supervision, ongoing mentoring, and competency assessment of staff and associated action plans.

Monitoring:

Compliance with this policy will be monitored by:

- Departmental management audits
- Competency assessments
- Health and safety audits
- Incident reports

Reviews:

Regular audits will be carried out to assess the safe and secure handling of medicines within all establishments. Additional data provided by audits, incident statistics and investigations will form the basis of the review process.

Standard Operating Procedures (SOPs):

Standard operating procedures provide a step-by-step description and instruction of the way all aspects of the safe and secure handling of medicines are to be carried out. This ensures that expected standards of quality are maintained at all times, as well as promoting consistency which facilitates the identification and minimisation of risks and errors.

SOPs:

- Improve governance arrangements
- Ensure practice is in line with regulatory frameworks
- Improves clarity and consistency for all staff
- Defines accountability and responsibilities and clarifies where and when responsibility can be delegated
- Act as training and competency assessment tools for new and existing staff

A wide range of SOPs have been ratified and all staff including peripatetic are required to comply with these.

Review date:

This policy will be reviewed annually.

Advice on medicines:

Advice on medicines can be obtained from:

- Dispensing Pharmacist
- Any Community Pharmacy
- The child/young person's GP
- NHS 111 service

Document Management

Title of document	Blackburn with Darwen Borough Council The Safe and Secure Handling of Medication 'Overarching' Policy in Accordance with 'NICE' guidelines.
Type of document	Working guidance for all staff who are required to administer medication within Children's Services.
Description	The 'Safe and Secure Handling of Medicines' within Blackburn with Darwen Borough Council Children's Services.
Target Audience	All Managers, deputy's principals, support staff and peripatetic staff who will be involved in the 'Safe And Secure' Handling of Medicines'-Children's Residential Homes and Short Break Services.
Approved By	Senior Leadership Team
Date of Approval	April 2016
Version Number	1
Next Review Date	April 2017
Related Documents	Blackburn with Darwen Borough Council Standard Operating Procedure- Interim Policy – will need to get ratified
Superseded Documents	Blackburn with Darwen Borough Council Adult Services Medicines Procedures 2012
Internal distribution	Service leader / Head of service and SLT
Availability	All ratified policies, strategies, procedures and protocols are published on Blackburn with Darwen Intranet
Contact Details (of main contact for this document)	Jeremy Wood (Medication Lead) & Melanie Coglan

Introduction:

Blackburn with Darwen Borough Council departments which includes Children's Services' are responsible and committed to providing such support as is necessary to enable individuals using its services to remain independent. For many children/young people, ensuring that medicines are taken as prescribed can improve and maintain their independence and quality of life. Blackburn with Darwen Borough Council employees will support children/young people to take their medicines in a safe and supportive environment.

The Services provided include two residential Children's Homes, a Short Break Adolescent Support Unit and a Short Break service for Children/Young People with learning disabilities/complex needs.

The philosophy of Children's Services is one of enabling children/young people to remain as independent as possible, and to receive assistance with their medication only when necessary. Any medication support provided is subject to a person centered medication risk assessment, care plan or short break information plan. Children's Services providing such support will ensure that medicines are handled safely and securely in accordance with this policy, associated protocols, standard operating procedures as well as legislative requirements and best practice.

This policy is applicable to all support staff, including peripatetic staff employed by Blackburn with Darwen Borough Council, who are responsible for providing any aspect of medicines support to children/young people. It is widely recognised that children's residential and short care provision are diverse and therefore need to reflect and meet the needs and requirements of all children/young people. Therefore service specific protocols and standard operating procedures have been developed to ensure that this diversity is reflected in order to provide person centered approaches to care. This 'Overarching' policy document sets out the parameters and circumstances for the safe and secure handling of medicines and also defines staff roles and responsibilities to ensure that medication management requirements are appropriately and safely met.

The Safe and Secure Handling of Medicines 'Overarching' Policy must be adhered to by all directly employed and those involved in any aspect of medicines handling or use.

All support staff engaged in any activity relating to this policy are required to adhere strictly to it as failure to do so may result in disciplinary and/or legal action

Principles of safe and appropriate handling of medicines in Children's Services:

The policy aims to ensure that the principles of safe and appropriate handling of medicines set out by the Royal Pharmaceutical Society of Great Britain are adhered to. These are:

- i. Children/young people wherever possible have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines.
- ii. Support staff know which medicines each person has and the children's residential homes and short break provisions keeps a complete account of medicines
- iii. Support staff who support and assist children/young people with their medicines are competent
- iv. Medicines are given safely and correctly, and support staff preserve the dignity and privacy of the children/young people when they give medicines to them
- v. Medicines are available when the child/young person needs them and the Registered Manager of the service makes sure that any unwanted medicines are disposed of safely. *(if appropriate)*
- vi. Medicines are stored safely and securely
- vii. Children's Services has access to advice from various pharmacists.
- viii. Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behavior.

1.2 Roles and Responsibilities:

Director of Service:

The Director(s) of Blackburn with Darwen Borough Children's Services will ensure that Medication Management Systems are in place to effectively manage the provision of medication within all appropriate areas of the department for which they have responsibility.

Head of Service:

The Head of Children's Services for residential care including short breaks (Appletrees & ASU) has the responsibility for ensuring the robustness of all aspects of the Borough Council's Children's Services Medication Management System. They must ensure that departmental protocols and procedures, for the management of medication within children's services are fully implemented throughout their area of control. Monitor the performance of their service and sections within their service with regard to the provision of medication and the compliance with this policy.

Heads of Service will delegate actions to appropriate officers within their service to ensure compliance with this policy; and will take steps to ensure the competency of the managers within their services is maintained.

Service Lead & Medication lead for Residential Children's services -Jeremy Wood

Will maintain the department's adherence to the Safe and Secure Handling of Medication 'Overarching' Policy and will monitor the performance of the residential homes including short break provision. These professionals will act as a source of advice to managers on the application of all aspects of this Policy and associated documents and will, from time to time, submit reports to relevant Senior Management Teams commenting on the continuing effectiveness of the Medication Management System.

Registered Manager:

Ofsted has an expectation that services which are regulated by them are overseen by managers who must be registered along with the provider. Both the registered provider and manager have a legal responsibility to ensure that the requirements of the following Acts and Regulations are maintained and adhered to at all times:

- Quality Standards 2015
- Children's Home Regulations 2015

With regards to the management of medicines the registered manager has the responsibility of ensuring that the service for which they are responsible for delivering complies with the Children's Home Regulations 2015, Regulation 23:

Regulation 23: Medicines

(1) The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home.

(2) In particular the registered person must ensure that—

(a) medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them;

(b) medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and

(c) a record is kept of the administration of medicine to each child.

(3) Paragraph (2) does not apply to medicine which—

(a) is stored by the child for whom it is provided in such a way that other persons are prevented from using it; and

(b) may be safely self-administered by that child.

(4) In this regulation, "prescribed" means—

(a) 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

(b) in a case not falling within sub-paragraph (a), prescribed for a patient in accordance with regulation 217 of the Human Medicines Regulations 2012(c).

Deputy Manager

- The Deputy Manager will assume the responsibilities of the Registered Manager in their absence.
- Principal staff maybe delegated specific tasks by the deputy/registered manager: An example of these would include weekly medication audits
- All support staff who are responsible for medication tasks, including the administration of medication must have received the appropriate training to enable them to undertake this role.
- Are responsible for administering, supporting and monitoring children/young people with medication as detailed in their care plan, short break information and or medication profile.
- Are responsible for monitoring children/young people who have chosen to self-administer their own medication, ensuring that regular stock audits are carried out to establish the child/young person compliance with their medication
- Are responsible when appropriate for ordering and or receiving medications including controlled drugs into the service in accordance with procedures and best practice guidance.
- Where medicines are stored including CDs are responsible for holding keys to the medication cabinet /cupboard/ trolley and ensuring that they are properly and securely controlled.
- Are responsible for undertaking regular stock checks on all medications.
- Are responsible for making appropriate arrangements in respect of any transfer of care and, that suitable arrangements are made regarding their medication. For example: liaison with the child/young person's GP and regular Community Pharmacist

Principle of good practice: Support staff involved providing support and assistance to a child/young person must only carry out duties in accordance with their role, and competency in line with this policy and associated documentation including Standard Operating Procedures (SOPS)

All support staff:

- Are responsible for ensuring that they are conversant with service protocols, policies and procedures, know where to locate documents and seek out every opportunity to keep up to date with them.
- Appropriately trained staff will have the responsibility to administer medication, there will always be a **lead** and a **witness** as part of this process. The lead will get the MAR chart and Medication profile out and will read to check that this corresponds with the directions on the labels, once this has been confirmed and agreed by both parties the lead under observation will dispense the medication. Both members of staff, will then proceed to give the medication. Once the person has been observed taking the medication (by both the **lead** and **witness**) they will go and sign the Medication Administration Record (MAR) (Only **after** observing the child/young person taking the medication should the MAR chart be signed).
- Will be involved in the booking in, administration, booking out of Controlled drugs. The lead and witness must undertake a stock count before and after administration and must sign the CD register as well as the MAR chart.
- Will be required to jointly check and sign in and out all medication
- Residential Children's Homes will always seek to obtain preprinted MAR charts from the dispensing pharmacist. In the short break service there will need to be hand written MAR charts completed.

Training and competency assessments:

In order to provide assistance with medicines to children/young people at any level, support staff must be:

- Fully aware of this policy and all associated protocols and Standard operating procedures as part of their induction and ongoing training
- Completed the Medicines Awareness and Administration Training Programme
- Have undergone formal competency assessment and are deemed competent to carry out delegated tasks

To ensure that all legal requirements and standards are adhered to and, that all staff are fully supported in their roles and responsibilities registered managers must be:

- Fully aware of this policy and all associated protocols and Standard operating procedures as part of their induction and ongoing training
- Completed the Medicines Management, Awareness and Optimisation Training for Registered Managers – Roles and Responsibilities

- Confident to competency assess care staff prior to them being delegated tasks which involves the handling and/or administration of medication.

Appendix 1 outlines Blackburn with Darwen's Medicines Management Training in Children's Services criteria, aims and objectives.(see **Medicines awareness and Administration booklet**)

Ongoing training and competency assessments:

Registered managers have the responsibility to ensure that robust systems are in existence to permit:

- Staff to remain competent in their daily practice and supporting knowledge on the safe handling, administration and management of medication
- The identification of further training needs and requirements
- Support staff to remain up to date with any policy or associated document changes or amendments enabling adherence to legal requirements and, safe practice.
- Staff to receive appropriate training on a regular basis and their practice observed to ensure that skills and competency levels are maintained. Staff are to attend refresher medicines awareness and administration training on an annual basis.
- Registered managers will ensure that this policy is discussed and reviewed at regular intervals with all staff and will form part of 1-1 supervisions appraisals, reviews and competency assessments.
- Training, competency assessments, reviews and appraisals should be carried out on an annual basis as a minimum. However it may be decided to conduct these on a more regular basis depending on factors such as absences, errors, personal and organisational training needs as well as outcomes from audits.
- If the employee fails to achieve the required competency level or, if there are any issues with the employee's medicine practices, then they will be stopped from administering medicine until they are trained and their competency reassessed.

Documentation and record keeping of training upon completion:

Registered managers have the responsibility to ensure that a completed record of training for medicines administration is documented and available for every designated member of staff. Competencies must be recorded in the staff file and, records of training must include the following:

- Medicines Awareness and Administration (At induction)
- Medicines Awareness and Administration update training (Annual)
- Medicines Management, Awareness and Optimisation Training for Registered
- Managers – Roles and Responsibilities (Annual and where applicable)

- The date the training was received
- Date of completion of Competency Assessments and ongoing supervision records

Legislation and Advisory Documents:

This policy sets the standard for the provision of assistance to children/young people, directly supported by Blackburn with Darwen Borough Council with the support and administration of their medication. The Safe and Secure Handling of Medicines 'Overarching' Policy enables compliance with the following legislation which is mandatory and will be referred to where appropriate in the policy.

Summary of legislation underpinning policy and guidance

- The Medicines Act 1968 (plus amendments)
- The Misuse of Drugs Act 1971 (Controlled Drugs)
- The Misuse of Drugs Act (Safe Custody) Regulations 1973
- The Health and Safety at Work Act 1974
- The Access to Health Records Act 1990
- The Data Protection Act 1998
- COSHH Regulations 1999 (concerns substances hazardous to health)
- The Care Standards Act 2000 (receipt, storage and administration of medicines)
- The Health and Social Care Act 2008
- The Hazardous Waste Regulations 2005
- The Health Act 2006
- The National Care Standards Commission for England (NCSC)
- Quality Standards including the Children's Home Regulations 2015.
- The Mental Capacity Act 2005
- The Deprivation of Human Liberty Act April 2009
- NICE guidelines

Confidentiality:

The sharing of potentially confidential information between Health and Children's Services professionals who actively contribute to the care of children/young people is essential. This is in order to maintain effective and safe management of medication. However only information which is deemed to improve safety and outcomes should be shared and should be in accordance with Blackburn with Darwen's guidance on the safe management of information:

1. Justify the purpose
2. Do not use personal confidential data unless it is absolutely necessary
3. Use the minimum necessary personal confidential data

4. Access to personal confidential data should be on a strict need to know basis
5. Everyone with access to personal confidential data should be aware of their responsibilities
6. Comply with the law
7. The duty to share information can be as important as the duty to protect patient confidentiality
8. An Information Sharing Consent form is in place this has been signed by the appropriate parent/carer/child/young person and or professional.

The necessity and importance of sharing confidential information must be clearly explained to the child/young person/parent/carer before they sign the consent form. They should also be provided with details as to how the information will be used, shared and with whom hence, allowing them to make an informed decision as to whether they wish to consent.

Where this is not the case and consent is not provided the refusal must be respected and clearly documented in the child/young person's individual plan. The child/young person should be made aware of any possible implications for this refusal.

Principle of good practice: Information about children/young people should always be treated confidentially and respectfully

Assessment:

Prior to, or upon immediate admission into children's services residential or short break services an assessment must be undertaken to determine whether the child/young person is able to self-medicate or requires support from staff to manage their medication.

Principle of good practice: Children/young people will be treated as individuals at all times and due consideration will be given to their age, capacity, beliefs, opinions, experience, ability, culture and any other factor that could reasonably be foreseen to have an impact on their lives. As many children/young people require both residential, short breaks and health related support, Children's Services staff will liaise with Social Workers, Child Support Officers and Parents/Carer's to ensure the best possible care is provided for each child/young person.

Levels of Administration/Support:

Self -Administration

Self-administration of medication occurs when a child/young person administers and/or stores their own medication.

Level 1- General support

General support is given when the child/young person takes responsibility for their own medication and in these circumstances the staff will always be working under the direction of the person receiving the care.

The support given may include some or all of the following:

- Requesting repeat prescriptions from the GP
- Collecting medicines from the community pharmacy/dispensing GP surgery
- Disposing of unwanted medicines safely by return to the supplying pharmacy/dispensing GP practice (when requested by the person)
- An **occasional** reminder or prompt from staff to the child/young person to take their medicines. (***A persistent need for reminders may indicate that the child/young person does not have the ability to take responsibility for their own medicines and should prompt review of their individual plan***)
- Manipulation of a container, for example opening a bottle of liquid medication or popping tablets out of a blister pack at the request of the person and when the support staff has not been required to select the medication.

Level 2 -Administering Medication:

Administration of medication may include some or all of the following:

- When staff selects and prepares medicines for **immediate** administration, including selection from a monitored dosage system.
- When staff selects and measures a dose of liquid medication for the child/young person to take.
- When staff applies a medicated cream/ointment: inserts drops to ear, nose or eye; and administers inhaled medication
- When staff applies a transdermal patch

Level 3 – Administering Medicines by specialist techniques

In exceptional circumstances and following an assessment by a Health Care Professional support staff may be asked to administer medication by specialist technique. For example:

- Buccal Midazolam
- Administration through a Percutaneous Endoscopic Gastrostomy(PEG)
- Suctioning

Following an assessment by a Health Care Professional a decision will be made regarding the amount and type of nursing input that will be required to ensure that the child/young person receives appropriate care and treatment. If a decision is made to delegate a Level 3 task to support staff it is the responsibility of the Health Care Professional delegating the task to train individuals for **each** child/young person. The delegating Health Care Professional must be satisfied that the member of staff is competent and confident to carry out the task and, this must be fully documented with a review date indicating future assessments and refresher training.

Only when staff are deemed to be confident and competent in performing a delegated task will it be undertaken by the staff in question.

The following tasks remain the responsibility of the Primary Health Care Team and **must not** be carried out by support staff.

The administration of:

- Injections
- Enemas
- Suppositories
- Pessaries
- Rectal solutions
- Blood pressure testing
- Diabetic injections
- Blood glucose monitoring
- Urine testing
- Medicated dressings (leg ulcer, pressure sores etc)

Service specific protocols identify when such a task may be a staff requirement. In order to ensure the correct and appropriate management of a child/young person's care; documentation detailing the procedures to be followed and appropriate monitoring agreed by the Health Care Team and the Registered Manager will be fully recorded in the child/young person's individual plan.

This decision will be agreed with the child/young person/parent or carer and will be documented in the child/young person's individual plan. Records of staff training in performing the task, care and treatment should be retained by the Registered Manager and member of staff and be available for inspection.

Role of the Assessor:

The overall aim of Children's Services is to continue to promote independence by encouraging children/young people to manage their own medicines as far as they are able to through support and occasional reminders. In order to facilitate independence the child/young person should be encouraged and supported wherever possible, to self-administer their own medication following a comprehensive assessment process. **(SOP 20)**

The level of support required should be assessed by appropriately trained staff such as the Manager/designated person. It may be appropriate for other professionals such as a pharmacist, GP or social worker to be involved in the process and where this is the case the assessment will be co-ordinated by the manager.

Where possible the child/young person and where applicable, their carer/family members will actively participate in the management of their medication ensuring that, shared decision making is encouraged. This will enable the concerns, beliefs and wishes of the child/young person and their families/carers to be addressed ultimately resulting in better outcomes.

The level of support required for **each individual medication** should be assessed. For example a child/young person may be able to apply a cream but may require support with use of their inhaler and, once the level of support is determined and risk assessed, a medical profile will be incorporated into the individual plan which details all aspects of their needs and requirements. The individual plan should be reviewed on a biannual basis as a minimum or more frequently as and when changes occur. (EG; An appointment with an hospital consultant). Staff should report any concerns regarding a child/young person's ability to manage their medication to the manager as an assessment may need to be undertaken earlier than anticipated.

Consent:

Valid consent must be verified and obtained by all Children's Services residential and short break services prior to initiating any treatment or personal care to the child/young person. This ensures that the rights of the individual have been upheld and maintained. Therefore a robust procedure must be in place to act in line with the wishes of the individual.

Individual plans should include the assessment of a child/young person's capacity to consent and this should be clearly documented. The child/young person must have written consent from their parent/carer and should reflect that the child/young person has consented to all aspects of the care plan including assistance with the administration of medication.

It is the responsibility of the professional completing the individual plan to obtain the consent of the child/young person's parent/carer, when it has been identified that they need assistance to administer their medication. Only a child/young person who has capacity to make this decision can give authorisation for this assistance

The Professional must explain to the child/young person and their parent/carer the type of assistance that is proposed and, their consent should be recorded on the consent form and in their individual plan. The child/young person must communicate in their own way that they agree to the support. However, this consent must be confirmed every time assistance is given (As a record on the medicines administration record). The consent form cannot be used to assume the child/young person has given consent at the time the assistance is required. Staff must ensure that the child/young person agrees to accept assistance at the time it is offered.

A child/young person must be able to get advice and support to reach an informed decision. They must not be coerced as a means to gain consent.

If a child/young person has capacity to consent to assistance but refuses to authorise this assistance, the refusal and the reasons for the refusal should be recorded on the medicines administration record. The refusal should be reported to the manager and the child/young person's parent /carer, if deemed necessary their GP can also be contacted for further guidance and support.

Consent:

(This is current advice as provided by NHS)

Consent from children and young people

People aged 16 or over are entitled to consent to their own treatment, and this can only be overruled in exceptional circumstances.

Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there is significant evidence to suggest otherwise.

Children under the age of 16 are presumed to lack capacity, but can consent to their own treatment if it is thought that they have enough intelligence, competence and understanding to fully appreciate what is involved in their treatment. Otherwise, someone with "parental responsibility" can consent for them. Children is a legal term and it includes all young people up to age eighteen.

Children aged sixteen and over are usually presumed to be Gillick competent. Children younger than sixteen can however be deemed as Gillick competent.

Gillick competent means:

For a particular decision, a young person

- understands the problem and implications
- understands the risks and benefits of treatment
- understands the consequences if not treated
- understands the alternative options
- understands the implications on the family
- is able to retain (remember) the information
- is able to weigh the pros and cons
- is able to make and communicate a reasoned decision about what their wishes are.

If a young person who is Gillick competent, asks professionals not to share information about treatment, their wishes can be honored, unless we feel there are safety issues that require us to share information

When their consent can be overruled

If a young person refuses treatment, and by doing so this may lead to their death or a severe permanent injury, their decision can be overruled by the Court of Protection. This is the legal body that oversees the operation of the Mental Capacity Act (2005).

The parents of a young person who has refused treatment may consent for them, but it is usually thought best to go through the courts in such situations.

Parental responsibility

If a child who is under 16 does not have the capacity to consent, someone with parental responsibility can consent for them, but that person must have the capacity to give consent.

If a parent refuses to give consent to a particular treatment, this decision can be overruled by the courts if treatment is thought to be in the best interests of the child.

If one person with parental responsibility gives consent and another does not, the healthcare professionals can choose to accept the consent and perform the treatment in most cases. If the people with parental responsibility disagree about what is in the child's best interests, the courts can make a decision.

In an emergency, where treatment is vital, and waiting to obtain parental consent would place the child at risk, treatment can proceed without consent (see when consent isn't needed for more information).

Who has parental responsibility?

A person with parental responsibility for a child could be:

- the child's mother or father
- the child's legally appointed guardian
- a person with a residence order concerning the child
- a local authority designated to care for the child
- a local authority or person with an emergency protection order for the child

In certain situations it may become apparent that there is a possibility that the child/young person may lack the capacity to make informed decisions and provide consent with regards to their care.

The Mental Capacity Act (2005) provides a statutory framework to empower and protect vulnerable people who may not be able to make their own decisions.

The key principles of the act are as follows:

- A presumption of capacity, unless proved otherwise - every child/young person has the right to make their own decisions

- Individuals have a right to be supported to make decisions e.g. given the right information in the most accessible way
- Individuals have the right to make unwise or eccentric decisions
- Best interests – anything done for or on behalf of someone who lacks capacity must be in their best interests **AND**
- Be the least restrictive intervention.

Record keeping:

Records are a legal responsibility in many cases and, some form of record keeping is required at each stage of the medicines cycle, in particular where the care worker has some form of input and responsibility

Accurate and robust record keeping with regards to medication is essential in:

- Maintaining communication
- Preventing errors and identifying any risks
- Ensuring a high quality of care which is continuous
- Maintaining clear audit trails

Therefore accurate and up to date documentation should be maintained with particular reference to documents such as:

Care Plans/Short Break Information Plans

A care plan/short break information plan is an agreement between the child/young person, parents/carers, professionals and managers of the service to ensure that the child/young person's daily health and care needs are met.

The following medical information should be documented in the care plan/short break information plan:

- Current list of prescribed and non-prescribed medication.
- The child/young person's GP details
- Details of the supplying pharmacy
- Any medication subsequently prescribed or non-prescribed (over the counter) which is administered should also be documented in the care plan
- Dose, Frequency and route of administration
- With regards to 'When required' medication details as to when to administer, and when further advice should be sought (duration of administration)
- Monitoring requirements
- Any allergies
- Details of any specific storage conditions
- What help and assistance if any does the child/young person require with their medication
- Details of any medication stopped including the date stopped and on whose advice and authorisation

- Completed Medicines Administration Records will be kept documenting **ALL** administration
- Details of ordering and collection of medication should be documented in the records
- Any concerns regarding medication should be documented.
- Disposal of medication should be recorded
- Any verbal advice from health care professionals, actions and outcomes as well as associated documentation should be recorded and stored in the care plan
- The child/young person's parents/carers consent for all aspects of medicines management which they have agreed to allow staff to be involved with

Medicines Administration Records (MAR)

All staff who administer medication, must record the act of administration using a Medication Administration Record (MAR) sheet

A MAR sheet is an official record and **must** be used to record all medicines received, administered, not administered and disposed of. They are suitable for use with original packs and other monitored dosage systems when providing general support. **All prescription AND non-prescription medicines should be documented on the MAR sheet. This includes oral nutritional supplements and homely remedies.**

The **MAR** must be legible and completed in indelible black ink and contain:

- The individual's personal details e.g. Name, date of birth, address
- The contact details of the person's General Practitioner (GP)
- Any known drug sensitivity or allergy **and the signs and symptoms experienced.** If the person has no known allergies, it must still be recorded as **NONE KNOWN** (Information concerning allergies including no known allergies must be confirmed with the GP)
- The name of the medicine, its strength, dose and form
- The frequency and time of each dose administered
- The route of administration
- Start date and quantities received
- Any special administration instructions e.g. To be taken after food etc.
- Any additional support that may be required to facilitate administration e.g. indication for use for 'when required' medication
- Any monitoring requirements or dates of review which are required

All staff allowed to administer medicines should be listed by name at the beginning of the MAR sheet folder with a sample signature that they will use on the MAR sheet. **Two initials must be used on a MAR sheet.**

Principle of good practice: A list of specimen signatures of staff administering medicines must be available in **all** services, and a copy retained by the Registered Manager. This list must be regularly reviewed to ensure that it is up to date.

Once administration has occurred **the staff who has provided support must immediately** initial against the following indicators on the MAR sheet to document that the act of administration has been carried out and that it has been witnessed

- The date, dose, and time
- Abbreviations listed at the bottom of the MAR chart must be used to indicate the reasons as to why administration did not occur. Examples include refusal by the child/young person, disposal of medication and away from the care setting
- Any additional information (such as the reason for refusal) must be documented on the additional information section of the chart
- **At APPLETREES** staff will also complete a prompt board, detailing which young people have medication and / or feed and at which times. This will be written in accordance with the MAR chart. The lead & witness will do this jointly and will both countersign the prompt board. Appletrees also has additional procedures in place relating to specialist techniques (see APPLETREES Guidance)
- A medication profile will also be completed which details the **likes and preferred ways of taking their medication, including in what environment.**

LONE working (inside the establishment or wider community)

If staff are working alone and are unable to get a witness from the wider Residential network they must follow the –
GUIDANCE FOR STAFF AND MANAGERS IN RELATION TO THE ADMINISTRATION OF MEDICATION WHEN LONE WORKING (Appendix 3).

Amendments to MAR Charts: This may be required when a new medication is prescribed, medication details are altered or medication is no longer required

- I. ***New medication*** – A new entry should be made on the next available box on the MAR chart.
- II. ***Altered medication*** – The existing entry should be crossed through with a **single line** and an explanation provided. The person responsible for the amendment must be clearly identifiable by initialling, dating and documenting the time of the amendment. The drug must then be re-entered on the next available box on the MAR chart
- III. ***Correction of errors*** - The existing entry should be crossed through with a **single line** and an explanation provided. The person responsible for the amendment must be

clearly identifiable by initialling, dating and documenting the time of the amendment. The drug must then be re-entered on the next available box on the MAR chart

IV. **Discontinued medication** – The entry should be crossed through with a **single line** and, where necessary an explanation provided. The person responsible for the amendment must be clearly identifiable by initialling, dating and documenting the time of the amendment

V.

Principle of good practice:

For audit purposes ALL information on the MAR chart **must** remain clearly legible and identifiable

Details of any changes and amendments must also be documented in the care plan/short break information plan

In order to reduce the risk of error it is strongly recommended and found to be safest to have printed MAR charts which are prepared by the supplying pharmacy be used. Please note that Medicines Administration Records supplied by pharmacies can differ in style and codes and may differ in appearance.

Hand written charts should only be used in exceptional circumstances and, should be completed by members of staff who have been specifically trained to do so. **In the event of a MAR chart being required to be hand written, Council only approved MAR charts will be used. (Appendix 4–please note these differ between the Short break settings)**

All handwritten entries onto a MAR (including amendments) are checked for accuracy by a **2nd trained member of staff**. Confirmation of accuracy must be documented by the checker's signature/initials on the chart.

If a printed Medicines Administration Record (MAR) is obtained from the Pharmacy, the handwritten MAR will be immediately discontinued and the balance of the medication carried forward. The hand-written MAR should be retained as evidence of administration.

Medication specific MAR charts

There may be situations where separate MAR charts are in existence for certain medications. Examples of this include:

- Medications with variable doses e.g Warfarin
- Oral nutritional supplements
- Dressings
- Level 3 administration of medication which is carried out by visiting health care Professionals i.e. the administration of insulin by district nurses.

Where this is the case a cross reference should be made on the main MAR chart indicating that a particular medicine has a separate MAR chart. This will ensure that an accurate and complete

record of information will be shared if a transfer of care is required (e.g. Hospital admission). This must also be highlighted in the care plan.

Verbal communication and orders

Verbal orders are NOT sufficient on their own and should only be accepted in exceptional circumstances once the following has been implemented:

Staff should alert managers about any verbal requests that they may have received and once aware, managers should liaise closely with the prescriber to ascertain all the details of the request.

All verbal orders must be confirmed in writing, electronically or by fax by the responsible clinician/prescriber (who has authority to prescribe the medication in question) **prior** to any administration. Once the correspondence has been received into the service a copy of it must be securely attached to the MAR chart for all carers to familiarise themselves with. The MAR chart should subsequently be amended. When the verbal request requires the issuing of a prescription this must be produced within 24 hours of the request (or 72 hours at weekends and over bank holidays)

Electronic, faxed and written correspondence, transfer of care letters and letters from other health professionals e.g. secondary care consultants

All correspondence relating to the child/young person should be documented and filed in their care plan. Any actions which may have resulted from this correspondence should also be clearly documented. Where necessary, MAR charts should be updated according to the relevant standard operating procedure.

Record keeping with reference to the Medicines Cycle

Please refer to the relevant step of the medicines cycle for further information and guidance

Record keeping with reference to Controlled Drugs

Additional record keeping requirements exist for the management of controlled drugs within residential care settings. A clear audit trail must be documented and maintained of all Schedule 2 controlled drugs entering and leaving the service (**appendix 5**). This should be recorded in an official Controlled Drugs Register

Controlled Drugs Register:

- The Controlled Drugs Register should be a bound book with numbered pages
- **A separate page must be used for each form and strength of each medicine for each child/young person**
- Entries must be in chronological order
- Controlled drugs must be entered into the controlled drugs register as soon as they are received into the service.
- No alterations or crossings out may be made in the CD register. Any corrections must be made by marginal note or footnote and signed and dated

- A record must be made in the CD register of every dose administered to a child/young person. A second appropriately trained member of staff must witness the administration of controlled drugs and both staff should sign the CD register after the dose has been administered
- The CD register should include the balance that remains and stocks should be checked after each administration.

Security of Controlled Drug records and stationary

All stationary concerning controlled drugs must remain on the premises to which it relates to and must be securely placed in the medicines room. There should only be one register in use at any point in time and, specific paper work which is used to order CD stationary must be stored in a locked drawer or cupboard which is within the medicines room.

Only authorised senior members of staff can order CD stationary from the nominated pharmacy via a signed requisition, a copy of which will be retained within the service.

Once a CD register has been completed the balance for each product must be carried over to the new register with a clear cross reference with the previous CD register. This should be clearly documented along the first line of the page (e.g. bought forward from page X on date and time). In addition to this the bottom of the completed page should also be cross referenced with 'continued on page X) This process must be witnessed by a second authorised checker for confirmation of accuracy.

Please refer to the individual steps of the Medicines Cycle for specific information on the record keeping requirements for Controlled drugs

Principle of good practice: All records should be –

- Legible
- Indelible
- Signed
- Dated
- Clear, accurate and factual
- Completed as soon as possible
- Can be easily understood by the child/young person, their family member or carer
- All records should be maintained and updated in a timely manner to ensure the safe administration of medicines.
- A record must also be made in a timely manner when medication is supplied to a self- medicating child/young person or, when they have been reminded to take their medication

The period that records must be retained: Children's case records

36.—(1) The registered person must maintain records ("case records") for each child which—

(a) include the information and documents listed in Schedule 3 in relation to each child;

- (b) are kept up to date; and
 - (c) are signed and dated by the author of each entry.
- (2) Case records must be kept—
- (a) if the child dies before attaining the age of 18, for 15 years from the date of the child's death;
 - (b) in cases not falling within sub-paragraph (a), for 75 years from the child's date of birth;
 - (c) securely in the children's home during the period when the child to whom the case records relate is accommodated there; and
 - (d) in a secure place after the child has ceased to be accommodated in the home.

Sharing of information and management of medication during transfer of care: (see transfer form **Appendix 6)**

A transfer of care occurs when the child/young person's ongoing care and treatment is moved to another service, setting or individual on a temporary or permanent basis. This can be to an external setting or to another setting within the same service. Examples include:

- Admission into children's services from an external setting/organisation
- Hospital admission
- Outpatient appointments
- Trips and holidays

It is essential that there are clear and robust procedures in place to manage and communicate any medicines related information about the child/young person when a transfer of care occurs. Accurate management and transfer of information between individuals and organisations play a key role in preventing a child/young person's safety and avoidable hospital admissions. This is because it ensures that the correct information is available for the safe and effective management of the child/young person's medication.

To make the process robust, safe and effective the following factors should be incorporated into the procedure:

- Designated and trained staff must be delegated the responsibility to ensure that accurate information is transferred and received
- Accurate and reliable information about children/young people's medicines is transferred at the **same time** as a child/young person moves between care and short break settings.
- There is the ability to audit the process to facilitate the improvement of child/young person's outcomes

- Involve children/young people and where appropriate their family/carer to determine their understanding of what medication they are currently taking, when they are taking it and why
- Ensure that all the required information is correct, accurate, factual and clearly recorded in a timely manner

Communication and sharing of information between staff within the organisation:

In order to maintain accurate, reliable and safe communication of medical information, staff, who have the responsibility must ensure that records are updated to reflect any changes to medication that may have occurred **before** their shift ends.

Following on from this, all staff who come on duty must be made aware of any changes to medication which may have occurred and, should read the child/young person's updated records to familiarise themselves with the person's current needs and requirements. This must be clearly documented and acknowledged in the child/young person's ongoing records prior to administration taking place. It will enable the monitoring, auditing and robustness of the process to be assessed, evaluated and if necessary improved.

Admission into Children's Services:

When a child/young person is admitted to residential or short break care it is essential that accurate and reliable information about their medication is transferred and arrives with the individual **at the point of admission and, leaves with them at the point of discharge**. This facilitates the ongoing delivery of care in a timely manner which is accurate, safe, effective and of a high quality which, ultimately reduces the risk of medication errors.

Therefore the child/young person and/or their parent/ carer should be requested to bring with them all prescribed and over the counter medicines that they are currently taking. Any documentation which they may have regarding their medication should also accompany them for the process of Medicines Reconciliation to be undertaken.

Medicines Reconciliation:

Medicines Reconciliation has been defined by the Institute for Healthcare Improvement as:

'The process of identifying the most accurate list of a child/young person's current medicines – including the name, dosage, frequency and route – and comparing them to the current list in use, recognising any discrepancies, and documenting any changes, thus resulting in a complete list of medications, accurately communicated'

The process of reconciliation is a three step procedure which involves the following:

1. Gaining information regarding the child/young person's medical history with the use of accurate, reliable and up to date sources of information which enables a complete list of current medication to be compiled
2. Verification of this list by checking that the medication, dose and frequency prescribed on admission are correct and are the same as those in the child/young person's medical information. Where this is not the case and discrepancies are identified they should be resolved in a timely manner
3. Maintaining effective communication through documentation of any changes to treatment and the reasons for the change, as well as the actions taken to resolve any identified discrepancies

It is the responsibility of the trained registered manager or a delegated trained individual to carry out the process of medicines reconciliation. They should make every effort to actively engage with the following individuals to gain a full medical profile as well as to improve communication between all parties involved:

- The child/young person and where applicable their family members/carer
- Where possible and required information from the supplying pharmacist
- Information from other health and social care professionals involved in the care of the person. Examples include the GP, Social worker, Consultant and District nurses.
- Individuals responsible for the transfer of care.

The member of staff reconciling the medication should obtain information from the child/young person's parent/ carer about their current medication regime. This should be compared with the medication present to determine that the medication being taken is for the child/young person, has been recently prescribed and is being taken as directed on the dispensing label.

It should also be determined whether the child/young person regularly takes any other medication which may not be documented or present at that time. This could include over the counter medicines, illicit substances, homeopathic/complementary medications or other prescribed medication.

If it becomes apparent that the child/young person is unable to communicate due to communication barriers the following options may be considered:

- Communication with the child/young person's carer and/or relatives following consent from the child/young person
- The use of translation services if appropriate
- The use of appropriate systems to support patients with disabilities i.e. if patient has a hearing impairment written communication may be used

Apart from the information available and obtained from the child/young person, reconciliation must also involve verification from reliable sources of official documentation. In the first instance this should be an up to date list of current medication provided by the GP practice or

a copy of the most recent prescription. Other sources of information may include MAR charts, recent discharge summaries (which may not have been updated by the practice as of yet) and, other correspondence from health and care professionals.

If any doubts or discrepancies arise about what medicines are to be administered the GP, or appropriate health care professional should be contacted as soon as possible. **The GP must always be contacted for further advice when the child/young person states that they are currently taking medication which is not prescribed for them (e.g. Over the counter medicines).** This is regardless of whether the service in question provides support with non-prescribed medication (Please refer to the Homely Remedies section within the policy for further guidance). In the event of an admission out of surgery hours the advice of the 100 hour pharmacy should be sought or, where required information may be gained from the out of hours GP services and recorded.

Once the procedure has been completed and the person responsible is satisfied that an accurate list of current medication has been compiled the whole process must be clearly documented in the child/young person's care plan and MAR Chart and, should include the following:

- All information the child/young person provides must be documented in their care plan.
- Child/young person's, including full name, date of birth, protocol number and address
- GP's details
- Details of other relevant contacts defined by the child/young person and/or their family members or carers (for example, the consultant, regular pharmacist, specialist nurse)
- Known allergies and reactions to medicines or ingredients, and the type of reaction experienced
- Medicines the child/young person's is currently taking including, name, strength, form, dose, timing and frequency, how the medicine is taken (route of administration) and what for (indication), if known
- Changes to medicines, including medicines started, stopped or dosage changed, and reason for change
- Date and time the last dose of any 'when required' medicine was taken or any medicine given less often than once a day (weekly or monthly medicines). Other information, including when the medicine should be reviewed or monitored, and any support the child/young person needs to carry on taking the medicine (adherence support)
- What information has been given to the child/young person's and/or family members or carers.
- Details of any unresolved discrepancies will be documented as well as what actions were taken to resolve them. All advice received and from whom will be documented

- Details of sources of information used to carry out reconciliation should be recorded in the child/young person's care plan.

The details of the individual completing the process of reconciliation including their name, job title and the date must be documented.

Hospital admission/ Outpatient appointment:

When a child/young person is admitted into hospital or attends an outpatient appointment, all medicines related information should accompany them as this allows hospital staff to determine what the patient's current treatment is. In certain circumstances it may even help in identifying any underlying issues which may have contributed to the admission or appointment. In the case of an admission, the child/young person may be requested to take their medication with them and, **in all cases** a copy of the accurate and up to date MAR chart and repeat prescription list should be provided to hospital staff.

Hospital discharge following an inpatient stay:

Upon discharge from hospital, a copy of the discharge summary will be provided to the child/young person detailing information concerning the admission. This will include a list of medication which the patient has been discharged with and will provide information about what medication has been changed, added, or omitted from the patient's treatment plan with a clear explanation.

Once the child/young person re-enters children's services, the MAR chart and child/young person's records must be updated in accordance with the organisational policy's standard operating procedure. This must be implemented in a timely manner once the medicines supplied by the hospital have been checked against the discharge summary (medicines reconciliation).

Any medication which has been discontinued should be disposed of in accordance with the policy and standard operating procedure concerning Disposal of Medication. (Please refer to Disposal of medication)

In addition to a copy of the discharge summary being supplied to the child/young person a copy will also be sent to the GP Practice enabling the practice to update the patient's medical records. It must be ensured that the medication next received from the surgery is the same as what is documented on the discharge summary. If this is not the case the GP practice must be contacted and made aware of any discrepancies hence resulting in clear communication and prevention of avoidable medication errors. All outcomes must be documented in the child/young person's care plan.

Amendments to medication following outpatient appointments:

It is not unusual for alterations to be made to an individual's medication by health professionals following outpatient appointments. In some instances this may be a verbal direction which, may be confirmed in writing at a later date by correspondence which is sent to the patient's GP. In such situations a request should be made to the responsible health professional to confirm the request in writing or other means (electronic, fax etc.) as soon as

reasonably possible. (Please refer to Record Keeping- Verbal Communication and Orders). In relation to the short break services **only** after receiving written confirmation will the child/young person be admitted to the service.

Once confirmation has been received the child/young person's care plan and MAR chart must be updated and medication no longer required disposed of according to the relevant standard operating procedures.

Furthermore it must be ensured that the medication next received from the surgery is the same as what is documented on the correspondence received by the professional who instructed the change and, if this is not the case the GP practice must be contacted and made aware of any discrepancies. All outcomes must be documented in the child/young person's care plan

Legal Classification of Medicines:

The Medicines Act 1968 defines medicines in the following categories:

GSL -General Sale List Medicines:

May be sold or supplied without the supervision of a pharmacist, from retail outlets. They are available for self-selection and restrictions normally apply on the quantity and/or strength which can be purchased.

P -Pharmacy Medicines:

May only be sold or supplied under the direct supervision of a registered pharmacist from registered pharmacy premises. They are not available for self-selection.

POM -Prescription Only Medicines:

Prescription Only Medicines can only be supplied with a legally valid prescription which has been completed by an individual who has the authority to issue such a prescription. Examples include:

- A registered doctor
- A registered dentist
- Other registered healthcare professionals who hold a prescribing qualification- **Non Medical Prescribers** (e.g. Nurses and Pharmacists)

Controlled Drugs (CDs):

The Misuse of Drugs Act 1971:

The Misuse of Drugs Act further classifies certain medicines as '**Controlled Drugs.**' These substances are also by definition controlled under the Medicines Act 1968. The controls imposed by the Misuse of Drugs Act (1971) are therefore additional to those under the Medicines Act. The purpose of the 1971 act is to prevent abuse of controlled drugs, most of which are potentially addictive or habit forming by, prohibiting their manufacture, sale or supply except in accordance with regulations made under the Act.

The level of control to be exercised is related to the potential for abuse or misuse of the substances concerned. There are extra regulations for both the prescriber and pharmacist when CDs are prescribed and dispensed.

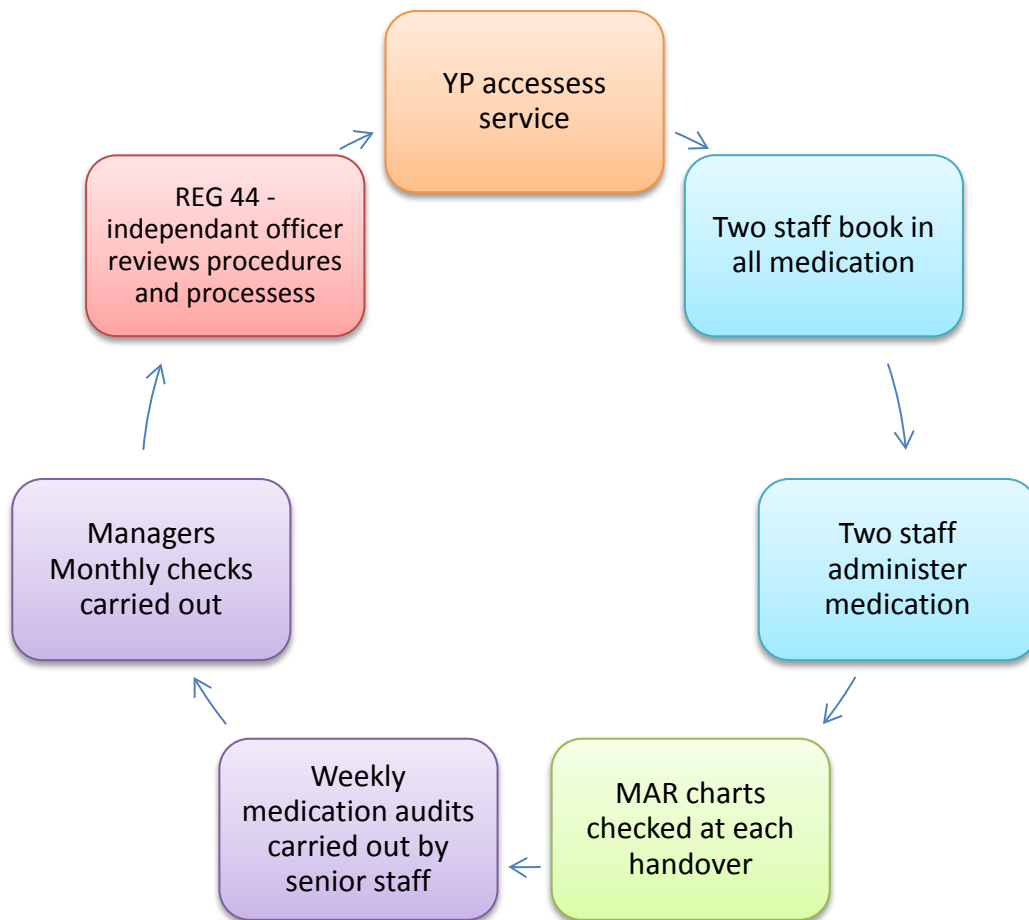
The prescribing, dispensing, storage, administration, recording and destruction of CDs is controlled mainly by:

- The Misuse of Drugs Act 1971
- Misuse of Drugs(safe custody) Regulations 1973
- Misuse of Drugs Regulations 2001
- Misuse of Drugs and Misuse of Drugs(safe custody) (Amendment) regulations 2007

Under the current regulations, controlled drugs are classified into five schedules, each representing a different level of control depending on the abuse potential. Schedule 1 has the highest level of control and drugs in this group are virtually never used in medicines. On the other hand Schedule 5 has a much lower level of control

All in house Children's Services within Blackburn with Darwen have a Standard Operating Procedure relating to all aspects of the safe and secure handling of Controlled Drugs.

The Medicines Audit Trail/Cycle:



The medicines audit trail reviews the journey of medicines from the supply to the administration of the medicine and the disposal of any waste. At each stage of the medicines trail, in house services will be required to adhere to medicines handling procedures, standard operating procedures and relevant protocols. This ensures that all aspects of the safe and secure handling of medicines trail are auditable.

Principle of good practice:

Medication which is prescribed for a child/young person remains their property from the moment of ordering to the point of destruction. The medication is only intended for that child/young person and consent must always be gained prior to implementing any stage of the medicines cycle.

All medicines are potentially harmful if not used and handled correctly; care must be taken to ensure the safe storage, administration, control, recording and disposal of all medicines

Ordering of medication:

In order to prevent waste, confusion, and missed doses of medicines, an efficient process of ordering medication must be implemented by all children's services staff. Medication may be ordered on behalf of the child/young person following the child/young person's consent which has been clearly documented in the individual plan (this applies to young people age 17 and over)

When ordering a medication on someone else's behalf, the person is acting as their legal representative. Delegated competent staff should be responsible for carrying out the process with due diligence. To improve the efficiency of the process, regular communication is encouraged with both the GP practice and supplying pharmacy. **However the task of ordering medication should not be solely delegated to the supplying pharmacy.** Furthermore it is strongly encouraged to use the same pharmacy to create a clear audit trail and maintain consistent records.

In most cases a twenty eight day cycle of medication should be ordered approximately seven days prior to stocks being depleted. This must be confirmed by checking that existing stocks are either at low levels or over stocked (Stock reconciliation). It is good practice that quantities of medicines requested do not exceed a 28 day supply; this is because of the risk of excessive stocks accumulating and the potential for waste. There may be some instances when prescribers supply a prescription for more than 28 days' supply. In this circumstance the supply must be carried forward on any subsequent MAR chart and **not** destroyed after 28 days is reached.

With the exception of ordering 'Acute' (short term), 'When required' and new or altered doses of medication, attempts should be made to order all medication at the same time. When it has been necessary to order a medication mid cycle and, from that point onwards it will be required on a regular basis, the staff should liaise with the GP practice and community pharmacy. The purpose of this is to request that the medication be synchronised to bring it in line with the usual twenty eight day cycle.

In many instances it may not be necessary to request a supply of 'when required' medication as the child/young person has not needed the medication on a regular basis. When this is the case the remaining quantity of medication may be carried over into the next cycle, providing that it is and, will remain within its expiry date. An entry should be made on the MAR chart which is in current use to indicate that when required medication has been carried over and should be completed in accordance with the relevant standard operating procedure. Where it is anticipated that medication may expire prior to it being required it may be necessary to order a further supply to prevent the child/young person missing a dose of the medication if it is required.

Specific time where no interruptions are to occur should be allocated for the purpose of ordering medication. The task of ordering medication must be assigned to individuals who have undergone training and are deemed to be competent; a minimum of two trained competent individuals should be able to order medication. The process does not require two people but there should always be someone available to cover during periods of annual leave, sickness and other absences.

Reliable sources of information and documentation such as GP repeat medication lists and MAR charts should be utilised to order a child/young person's medication. The name, strength, dose, formulation and quantity of medication should be confirmed as being the same on the repeat slip and MAR Chart. During this process, it may become apparent that certain medication may no longer be required or, has been altered. To maintain accurate record keeping, prevent waste and reduce the risks of error, the supplying pharmacist and where necessary the GP practice should be contacted to inform them of such changes. This should be done once consent has been obtained from the child/young person.

Once the process has been completed the responsible individual should name, sign and date the GP prescription request slip and a copy of the request should be retained in the child/young person's care plan.

The original request should then either be submitted directly to the GP practice or, passed to the supplying pharmacy who will then submit the request to the GP practice on child/young person's behalf. This will then initiate the process of generating an accurate prescription by the GP.

Principle of good practice: The responsibility for prescribing medication rests with the prescriber who is often the child/young person's GP in consultation with other members of the Primary and where applicable, Secondary Health Care team and the patient.

Once a prescription has been issued it is essential for the manager/designated person to see the prescription forms prior to dispensing by the supplying pharmacist. The purpose of this is to verify that what was ordered on the request slip is what has been prescribed by cross referencing the two sources of information.

Particular reference should be made to ambiguous instructions such as:

I. 'When required'

If a medication is not required on a regular basis the prescriber must specify on the prescription the dose, minimum dosing time interval and maximum daily dose. This is in addition as to in what circumstance the medication should be taken. E.g. Back pain. Furthermore all the above documentation must also be recorded in the care plan (Please refer to Record Keeping)

II. 'As directed'

With the exception of variable doses an 'as directed' instruction is not sufficient. (Please refer to Record Keeping) Clear instructions must be stated on the prescription.

Once verification has been confirmed the prescription may then go onto be dispensed by the supplying pharmacy. The verifying individual should document the following on the copy of the request slip:

- The date the prescription was received
- Name, signature and date verification was confirmed

If any discrepancies are identified the prescriber must be contacted immediately and all advice and actions taken must be clearly documented in accordance with procedures. All documentation must be retained within the care plan.

Controlled Drugs

Controlled drugs should be ordered at the same time as all other medication in accordance with the above procedure. Where possible (such as residential and short breaks services) it is good practice to confirm that the controlled drug is required in the presence of an authorised 2nd checker. In addition, an authorised 2nd checker should verify that the prescription received reflects what was originally ordered. This check should be clearly documented with the 2nd checker's name, signature and date of occurrence.

Emergency supplies

There may be circumstances when a medication may run out leading to the risk of the child/young person not receiving their medication when it is due. In such a situation every attempt must be made to obtain a further supply of the medication. Once it has been identified that there are no stocks of the required medication, care staff must inform a member of the senior team who will have the responsibility of attempting to gain further supplies.

Options to obtain further supplies include:

1. **Contacting the surgery to obtain a prescription.** During business hours this is the first point of contact. Where possible, the procedure for ordering medication must be followed however, if necessary a verbal request may need to be made, the details of which should be documented in the care plan. The procedure for receiving medication must be followed in all circumstances.
2. **Emergency supply at the request of a doctor.** There may be times that a GP cannot issue a prescription upon immediate request. In cases like these the GP may make a direct request to the supplying pharmacist to issue an emergency supply of the medication in question. If this is the case the GP is legally obliged to issue a prescription within 24 hours of the request or in the case of weekends and bank holidays 72 hours
3. **Emergency supply at the request of the patient or their representative.** When it is not possible to make contact with the child/young person's GP a direct request may be made to the pharmacist. If the pharmacist is satisfied that an emergency supply is justified they will dispense such a supply in accordance with their legal and ethical procedures and duties. Where possible it is advisable that a supply is requested from the regular pharmacy as this maintains accurate audit trails and record keeping. In addition to this the pharmacist has the right to charge for an emergency supply but in most circumstances the charge is usually waived for regular customers. Alternatively they may adjust the quantity supplied if they receive a prescription for the medication. In this case synchronisation of medication may be required.

Emergency supplies may only be requested and supplied by UK registered professionals and only for those medications licensed for use in the UK

Emergency supplies CANNOT be requested or supplied for Controlled Drugs

Where it has not been possible to obtain an emergency supply out of hours medical services should be contacted for further advice and information.

The need for an emergency supply should be clearly documented and the following information recorded:

- Why the situation arose
- What action was taken
- What was the outcome
- Any advice provided by the professionals contacted.

Depending on the circumstances and outcomes of the situation it may be necessary to complete an incident report in accordance with the relevant procedure (Please refer to Safeguarding and Incident reporting).

Receipt of medication into a Service:

When medication is received into the service acknowledgment of receipt or delivery of the medication must be documented. The sources from where children's services may receive medication can include hospital, school, parents /carers or, direct from the child/young person when entering into the service.

Staff should only collect medication direct from the pharmacy themselves when no other option is available. Where possible the supplying pharmacy's delivery service must be used or alternatively a request to the child/young person's family should be made. When this is not an option a risk assessment must be carried out. Staff must maintain the safe custody of the medication at all times and should transport the medication straight from the pharmacy directly to the intended destination. This process must be clearly documented.

Two members of staff should acknowledge receipt of the medication following a check of accuracy and quality. However where possible all services should implement this policy if there is capacity to do so.

Principle of good practice:

The service will not accept any over the counter medication which accompanies the child/young person on admission.

This medication must be returned to the child/young person's carer/family members or, destroyed once consent has been gained.

Further advice should be gained from the GP and/or pharmacist to determine the necessity of the medication in question and, what alternative options are available

ALL medication accepted into the service must be in the container which, has been dispensed and labelled by a pharmacist.

Medication dispensed and supplied from a pharmacy may be received either in its original packaging or, in the form of a **monitored dosage system (MDS)**

Original packs

Medication supplied in its original packaging is the safest method of administration.

Therefore wherever possible the health and social care team should ensure that all options have been explored to enable medication to remain in its original container.

Monitored Dosage Systems (MDS)

Monitored dosage systems are devices which are designed to simplify the administration of medication. They may be chosen as an option in circumstances where an individual's ability to administer medication may be improved with such a device. Examples include visual impairment, confusion or dexterity problems.

The option of using an MDS must only be considered following a person specific assessment which aims to identify the needs of the child/young person. This should be carried out by the supplying pharmacist. **Therefore an MDS must not be expected for children/young people who are assisted in medication administration as the main purpose for such a device is to support self-administration.**

The following should be taken into consideration when an MDS is being considered as an option:

- Not all medicines are suitable for inclusion in an MDS, such as controlled drugs and short courses of antibiotics therefore there are often dual systems in operation which can increase the risk of confusion and error.
- Medicines to be administered 'when required' PRN should not be packaged into MDS but should be supplied in original packs. This will prevent waste, errors, unnecessary administration of medication and ensure that medication stays within the expiry date.
- They are not a solution for medications such as creams and inhalers
- Certain Medicines are unsuitable for inclusion in an MDS as there is limited stability data.
- Potential interactions between medicines within the same compartments.
- Ease of identification of medication (In particular white tablets)

Exceptions to the above guidance may occur in short term break services where people who attend may have their medication in an MDS as this enables them to remain independent and self-administer their own medication.

Principle of good practice: Health and Social Care professionals should adopt an individual centered approach when selecting the best packaging option for supplying medication

Secondary Dispensing:

Taking a medicine from its original pack/container and transferring it to another container.

Examples include transferring medication into Monitored dosage systems, Multi-compartment aids and other containers.

Secondary dispensing must ONLY be carried out by the supply pharmacy

Staff are not permitted to fill any compliance aid (including Telecare devices) on behalf of a Child/young person as this is described as 'Secondary Dispensing' and must not occur under any circumstances.

Any medication which has been secondary dispensed by the child/young person and/or their carer/family member must not be accepted into the service. The medication should be returned to the child/young person's representative or destroyed following consent. (Please refer to Disposal of medication)

Principle of good practice: Staff can only administer medicines from the original container, dispensed and labelled by a pharmacist. This includes monitored dosage systems and multi-compartment compliance aids. Staff cannot administer medication from family filled multi-compartment compliance aids.

The child/young person has the legal right to expect that the medication will be prepared (dispensed) with the same skill and care that would be expected from a pharmacist

Patient information leaflets (PILs):

A patient information leaflet must be supplied by the pharmacy with each medicine, including those supplied in MDS. PILs provide information on the prescribed medicine and should also be made available to the child/young person.

In residential services PILs must be filed in a ring binder for easy access by staff - duplicates do not need to be stored.

Medicines labels:

All medication which is accepted into the service must be labelled by the supplying pharmacy. This is applicable to both original packs and monitored dosage systems. Pharmacists have a legal and ethical obligation to label all dispensed medicines to a standard laid down by the General Pharmaceutical Council. Labelling on the medication reflects the information and instructions on the prescription and provides information about:

- How much medication to take
- When to take the medication
- How to administer the medication
- Special warnings and additional advice

Therefore every dispensed medicines label should carry the following information:

- a. The name of the child/young person
- b. Name, address and telephone number of the dispensing pharmacy
- c. The name and strength of the medicine (As is written on the prescription)
- d. The quantity of the medicine supplied
- e. The precise dose to be administered (clarify if not clear)
- f. Frequency of administration
- g. Any mandatory warnings (e.g. take with or after food)
- h. The date the medicine was dispensed

For information regarding over the counter medication please refer to the Homely Remedies Policy

As previously stated instructions on labels should be clear and unambiguous, 'as before' or 'as directed' are unacceptable and should be queried with the GP or pharmacist for clarification. Instructions such as 'when required' should be expanded with a reason, e.g. 'when required for pain'. The dose range and a maximum dose should be stated. Complicated dosage instructions which would not fit onto a label should be discussed with the GP, clear instructions should be documented in the child/young person's care plan/medicines profile with reference to this on the MAR.

Labels on products for application to the skin should indicate the areas of the body to which it should be applied. This is particularly important if a child/young person who has several different creams ointments or lotions, many of which may be potent. This should be further reinforced with the use of body maps.

When the supply of medication is being received from the pharmacy due to the medication being ordered, the dispensing label and where available medication packaging must be cross referenced against the copy of the medication request slip. If the pharmacy supplies the MAR chart this must also be checked for accuracy

When the medication has been received from the hospital pharmacy the dispensing label and where available medication packaging must be crossed referenced against the discharge summary.

When the medication is received directly from the child/young person upon admission into the service the complete procedure for medicines reconciliation will be followed.

All of the above actions will maintain a clear audit trail, prevent future disputes and help verify that all the medication ordered or received has been supplied accurately and in a timely manner. The following must be confirmed and documented:

- Name of medication
- Strength, dose and formulation
- Name of the person who the medication is intended for
- Quantity supplied
- Expiry date

Once it has been confirmed that the medication received is accurate both individuals (where applicable) carrying out the process should sign and date the request slip or discharge summary and also indicate the date on which the medication was received.

Controlled Drugs

When delegated members of staff are collecting Controlled drugs from the pharmacy, formal identification (i.e. ID badge) should be presented to the pharmacist. This is due to them being required to document who the controlled drug was handed to in the CD register held at the pharmacy.

Staff may also be required to sign additional documentation by the supplying pharmacy when controlled drugs are delivered directly to the child/young person's place of residence.

Controlled drugs must be entered into the controlled drugs register as soon as they are received into residential services. The following details are to be documented on the relevant page of the register:

1. The date of receipt
2. The quantity received
3. The source of the supply
4. Once the entry is complete, both the individual who received the medication and the authorised 2nd checker should record their signatures and name in the CD register to confirm the procedure. **The running balance must be confirmed each time an entry is made.**

To ensure that they are stored according to legislation, Schedule 2 and certain Schedule 3 (Temazepam and Buprenorphine containing medication) Controlled drugs must be promptly identified and separated during the process of receiving medication.

Discrepancies

If any discrepancies (including medication which is deemed not to be fit for purpose) have been identified during the process of receiving and checking the medication, the supplying pharmacy or service should be immediately notified for further clarification. All discrepancies, actions and outcomes must be clearly documented. If medication is to be returned or disposed of the relevant standard operating procedure must be adhered to.

Where necessary and appropriate (i.e. when the patient initially enters the service) it may be necessary to contact members of the health care team such as the GP or consultant in line with the procedure for medicines reconciliation.

Controlled Drugs discrepancies

If there is a discrepancy between what has been ordered and what has actually been received immediate action must be taken to rectify the problem. A clear audit trail must remain of the CDs which have been received. **Therefore the CDs must be entered into the CD register with a clear explanation highlighting the discrepancy and its nature.**

The supplier should be contacted to resolve the discrepancy. During this time the CD must be stored in accordance with the policy for disposal and/or return of Controlled Drugs whilst awaiting resolution.

All discrepancies must be immediately reported to the manager

Storage of Medicines:

Medication requiring specific storage requirements and facilities should be identified immediately upon receipt into the service.

The medication's original packaging and patient information leaflet will provide information as to how the medication should be stored. Room temperature is considered to be 25 °C and cold storage conditions 2°C – 8°C.

Residential services (children's Residential homes, and Short Term Breaks Services)

All establishment managers must make arrangements for the safe and secure storage of medicines in line with this policy, national guidance and standard operating procedures.

During the time a **suitably qualified person** is the key holder for the medication storage facilities, they are considered to be responsible for the storage, safe keeping and security of medication.

All areas, such as the medicines room and storage facilities which are used for storing medication must not be freely accessible and will be locked and kept secure at all times.

Medicines should be stored in a locked metal cupboard or refrigerator which is **solely** reserved for the storage of medicines. Medicines cupboards should comply with the current British standard – BS2881 (1989) and should be securely fixed to a solid wall or floor.

When not in use, medicine trolleys should be lockable and stored in a locked room, fixed to the floor or wall. The trolley must also be locked when it is left unattended for short periods of time. The trolley should only contain medication which is in current use and must **not** include controlled drugs

Medicines requiring cold storage:

All refrigerators used to store medication should be solely used and designed for this purpose. They should be lockable and stored in an area of restricted access. The dimensions of the refrigerator should be sufficient to accommodate the stock levels required by the service as well as ensuring adequate air circulation.

The refrigerator should be directly wired to the supplying socket or alternative means must be implemented to ensure that it is not switched off accidentally and should be electrically maintained on a regular basis in accordance with the relevant legislation.

In house maintenance of the refrigerator should be carried out on a regular basis in line with the manufacturer's instructions and should also be cleaned at an interval of three to six months. A maintenance log should be recorded, maintained and kept for a minimum of 2 years. Annual servicing of fridges in place via contractual arrangements.

When medication needs to be removed from the fridge due to maintenance servicing it will be transferred to an alternative authorised fridge or cool box container where the monitoring of maximum and minimum temperatures will still be applicable.

Recording:

Unless otherwise stated, refrigerated medication should be stored at a temperature ranging between 2°C to 8 °C. All staff involved in the monitoring of fridge temperature should be trained and made aware of the procedure and equipment involved as well as what actions to take in the event of the temperature falling out of this range.

Fridge temperatures will be recorded with the use of a calibrated digital thermometer which may or may not be integrated within the refrigerator. The thermometer will record the maximum and minimum temperature of the fridge and will be calibrated on an annual basis in accordance with the manufacturer's instructions

The following information will be monitored and recorded on a daily basis, preferably at the same time of the day (**Appendix 7**) –

- The maximum temperature
- The minimum temperature
- The time of resetting of the thermometer (where applicable)
- Signature of monitoring individual
- Actions taken if the temperature recorded is outside acceptable range

The above information should be logged on the relevant log sheet and retained for a minimum of 2 years

In the event of the temperature falling outside the desired range, staff should notify the manager and measures should be implemented to correct the fridge temperature.

Until further advice is obtained all affected refrigerated stock will be quarantined and clearly marked. Advice can be obtained from the supplying pharmacy or manufacturer and acted upon accordingly and any medication which can be used should be removed from quarantine. Medication which cannot be used should be destroyed in accordance with guidance for destruction once consent has been gained.

Details regarding the incident and any advice received and actions taken must be clearly documented and maintained with the refrigerator maintenance records.

Room temperatures are also recorded (see Appendix 7a)

An incident form must be completed by the manager in accordance with the policy's incident reporting procedure.

Storage of Controlled Drugs in residential services: see SOP 21

The management of Controlled Drugs (CDs), including storage is governed by the misuse of Drugs Act (1971) and its associated regulations.

All schedule 2 and certain Schedule 3 (Temazepam and Buprenorphine) controlled drugs medication must be stored in a controlled drugs cabinet

Storage:

- A controlled drugs cupboard is a metal cupboard of a specified gauge with a specified double locking mechanism. (It is a commonly held belief that a CD cupboard must be a 'cupboard within a cupboard' but this is **NOT** the case.) Stand alone cupboards with a double locking mechanism that comply with the legislation are available
- The CD cupboard must be fixed to a solid wall (or wall that has a steel plate mounted behind it) with either ragbolts or rawbolts. This must be placed in the medicines room
- Suppliers of CD cabinets can confirm that a cupboard meets the legal requirements (Schedule 2 of The Misuse of Drugs (Safe Custody) Regulations 1973). It is recommended that care homes request formal confirmation when purchasing a CD cabinet.
- The keys to the CD cupboard must be kept on the person in charge and separate from all other keys. The person in charge is responsible for controlling access to the CD cupboard.
- CD cupboards should only be used for the storage of CDs. Items of value such as money or jewellery should not be placed here
- For children/young people who self-medicate it is **NOT** necessary for them to have a CD cupboard in their bedroom but a lockable cupboard or drawer is essential

- All controlled drugs awaiting return to the pharmacy must also be stored in the CD cabinet in accordance with the policy for Destruction of Controlled Drugs

Key Security:

Keys to medicine cupboards including controlled drugs cabinets, trolleys and other places where medicines are stored must be clearly identified and kept in the possession of the designated person on duty. The keys must be handed over to the next designated person on duty and recorded at handover in the establishments handover records, if they need to be left in a designated place to be collected later this must be lockable / secure and have a clear audit trail detailing the handing over of ALL sets of keys should be maintained, a record of where left to be made in the establishments LOG Book. There should only be one set of keys for medication in use and, controlled drugs keys should be kept separate.

A second set of keys should also be in existence for use in emergencies. These keys should be stored in a secure location which should only be known to senior managers. The location should be secure but always accessible. If a situation arises where medicines keys are misplaced, the person identifying the loss of keys should inform the manager on duty immediately. Whilst a search is underway to locate the keys, the emergency set of keys will be released by the Manager/Individual in possession of the spare set. The time and identity of the individual releasing the keys will be documented.

Once the emergency keys are no longer needed they will be replaced back in the secure location and a risk assessment must be carried out to determine whether the security of the medication has been breached. In addition to this it must be ensured that residents' and other people within the vicinity safety has not been compromised

An incident form should be completed in line with policy and the events concerning the incident, actions taken and outcomes must be clearly documented.

Medicines Stock Rotation:

It is the designated manager's responsibility to ensure correct storage, stock rotation and expiry date checking as new medicines are received. Medicines stock should be rotated to ensure that the stock with the shortest expiry date is used first. **Medicines must not be transferred from an original dispensing container to another container for the purposes of storage.**

Controlled Drug stock reconciliation:

Any residential establishment storing CDs must perform weekly stock reconciliation and record in CD register. The procedure must be carried out by two members of competent staff one of which must be a senior member. The accountability for maintaining the correct balance of CD stock lies with the registered manager in charge. All tablets, capsules, ampoules and patches must be counted. A visual check of liquids is acceptable. The CD register must be documented by both members of staff to confirm that reconciliation has occurred.

If a discrepancy is identified audit trails should be checked to identify any potential documentation mistakes. These include the CD register, MAR charts and order requisitions. If

the cause of the discrepancy is identified the outcome should be documented in the CD register, signed and dated. The running balance should reflect the accurate quantity and reference should be made to any supporting documentation which identifies the cause of the discrepancy. There must be no cancellation, obliteration or alteration of any entry in the CD register.

Where the cause of the discrepancy cannot be identified Senior managers need to be contacted and a decision made in relation to notifying Ofsted, Clinical Commissioning Group and /or the police .

Principle of good practice:

- A Child/young person's medication must be stored in a manner which is clearly segregated from other users' medication in all storage facilities preventing confusion and medication errors. In addition to this medication which is intended for external and internal use should also be stored in a way where the risk of confusion is reduced.
- All medicines should be securely stored and kept out of the reach of children and vulnerable individuals
- Medication should be stored in an area which is not exposed to extremes of temperature and should be stored away from sources of heat, cold and moisture
- If there is doubt as to the conditions in which medication has been stored, advice should be sought from the pharmacist
- Homely Remedies medication **MUST NOT** be stored with prescribed medication (Please refer to the Homely Remedies Policy)

It is the child/young person's choice as to where their medication is kept. However, if support staff are required to provide support with medication it should remain accessible at all times. In some cases it may be deemed appropriate to store medication securely where the young person cannot gain access. An example of this would be a security coded lockable box. A decision should be taken following a multidisciplinary discussion which should, where possible include the young person and their parent/carer. This should be fully risk assessed. The outcomes of the discussions need to be documented in the care plan and the arrangements should be reviewed on a regular basis to ensure that they remain appropriate and fulfil the client's requirements

When required medication such as inhalers and GTN sprays/tablets should always remain accessible to the child/young person at all times.

If this is considered to be a risk further advice and discussions should take place with the multidisciplinary team to determine whether a review of the child/young person's care requirements need to be reassessed.

Administration of medicines:

Administration is the act of giving medication. Any suitably trained and competent member of staff can administer medication to the child/young person and, in the case of prescription only medication it must be in accordance with the directions of a legally authorised prescriber (a prescription). Medication must only be administered to the child/young person it is intended for. In children's services the staff administering any medication must be acting in accordance with policy and must have received the appropriate training following which, they have been competency assessed.

(All appropriate personal hygiene and infection control precautions must be taken.)

Self-administration: *The child/young person stores and administers their own medication or, just stores their medication*

Self-administration of medicines is a philosophy of child/young person care which considers that children/young people should be as independent as possible and, should participate in their own care. Where appropriate, and following a robust risk assessment, children/young people should be offered the opportunity to self-medicate. It must be recognised that self-administration of medicines is not an 'all or nothing' situation. For example, some people might keep and use their own inhalers but not their other medicines. Alternatively, a person might be able to manage their medicines provided that they are assisted by support staff.

It must not be assumed that people should have their medicines automatically administered by support staff, this should be assessed at time of admission.

Some children and young people may need extra help to be able to manage their medicines. There are a number of compliance aids available to assist in self-medication; the supplying community pharmacist will be able to provide appropriate advice on these. (Please refer to Monitored Dosage Systems)

Children/young people should always be encouraged to inform staff about any changes relating to their health and medication.

Principle of good practice: A child/young person who wishes to self-medicate must be assessed by an assessor as being capable of managing their own medication. This should include the risks to the child/young person themselves and anyone else who may have access to the medicine e.g. visitors, other children/young people or staff.

Following assessment of self-administration the care plan must clearly document:

- Procedures in place for ongoing assessments of the child/young person's competency to self-administer.

- Medication storage facilities
- The roles and responsibilities of support staff
- Any additional monitoring requirements for specific medication

If a child/young person who has exercised choice of custody and administration of their own medicines is considered no longer capable of doing so, the matter should be carefully discussed with them and a written agreement to change the responsibility for medication should be obtained.

Ordering and receiving medication

There is a responsibility on Residential Services as to how medicines are received and stored once they enter into the service. This is prior to them being passed onto the child/young person as well as when the child/young person orders, receives and stores their medication themselves.

Responsibility for the ordering and receiving of medicines for the child/young person who is self-medicating must be fully documented. Where any Residential service has responsibility for ordering and receiving medication the normal standard operating procedure should be adhered to.

Children and young people who attend short break services for outreach or day care support will be expected to book their medication in and out of the service if it is anticipated that staff would need to provide assistance to the child/young person in anyway with their medication. This is regardless of whether the child/young person is responsible for storing their own medication.

Storage of medication

Residential services must provide locked storage which is securely attached to the wall or floor of the child/young person's bedroom. All storage facilities must comply with current standards. Any child/young person that has been assessed as able to fully self-administer and therefore manage their own medication will be expected to keep all medicines secure at all times; therefore it is Blackburn with Darwen policy that in addition to the locked storage provided, bedroom doors must be kept locked when the child/young person is not in their room.

Children/young people must always have access to medication which requires special storage i.e. refrigerated medications and support staff must ensure that children/young people are provided with this medication when it is needed.

Children/young people who attend work / college and have been assessed as being capable of taking responsibility for their medication will be provided with lockable storage facilities to store their medication in.

Children/young people who self-medicate have responsibility to store their medication securely. Storage facilities would be the same as for children/young people who do not self-medicate with the only difference being that they would have direct access to their medication and, would be expected to securely store non refrigerated medication within lockable boxes in

their rooms. Where possible, safe and appropriate to do so, the room must be locked when the child/young person is not present to maintain the security of the medication.

Key security

Self-medicating children/young people will have possession of the keys to their personal locked medicines facilities. In addition to this care staff will have access to the locked medication via a spare set of keys once; consent has been gained from the child/young person. This should be clearly documented in the child/young person's care plan.

The same protocol will be adhered to in the event of the loss of keys for ALL Children's services

Administration of medication

A record must be kept as to when the medication is handed over to the child/young person and, where applicable **when the child/young person is reminded to take their medication.** This will facilitate the continuing risk assessment process as well as enabling the identification of any issues such as concordance and on-going ability to self-medicate.

There is no need for staff to fill in the administration section of the Medicines Administration Record (MAR) when a child/young person self-administer medicines, but the MAR must indicate that the **child/young person** self-medicates.

Disposal of medication

The same protocol as for those who do not self-administer medication will be adhered to where, it has been agreed that the service will arrange for the safe disposal of the medication belonging to self-medicating children/young people. (Please refer to Disposal of medication) Where the child/young person is responsible for arranging disposal of their own medication, the service in question (i.e. Residential and Short breaks) still has a responsibility to ensure that medication is being handled effectively and safely and, hence should monitor and regularly audit the return of medication by children/young people as a core part of their risk and review assessment procedures. Any medication that needs disposing of needs to go in the returns bottles and be returned to the pharmacist.

Controlled Drugs

As previously stated children and young people who have been assessed and deemed to be competent in administering their own medication, which includes controlled drugs do not need to store such medication in the CD cabinet. It is acceptable for them to be stored in accordance with the standard storage requirements for self-administration as described above. However safe custody regulations must be complied with where residential services have the responsibility of keeping the child/young person's controlled drugs secure. Furthermore this is also applicable in situations where the service has responsibility for ordering controlled drugs on the child/young person's behalf. Record keeping requirements in the CD register are also to be expected when the service has the responsibility of ordering, collecting, receiving or disposing any controlled drugs. As well as documenting the receipt (including when a child/young person returns a CD for destruction to

the service) and disposal of the CD, the supply to the resident must also be documented. If the resident is entirely responsible for all of these aspects of the medicines cycle then the register does not need to be completed. (see SOP 21)

Please note: Individual doses of administration do not need to be recorded in the CD register when an individual self- administers the controlled drug.

Assisting children/young people with Administering Medication:

When an assessment has identified that the child/young person is unable to take responsibility for their own medicines and, they have capacity, the child/young person must agree to have the care worker administer medication following which the consent should be documented in the child/young person's plan. It must be clearly explained to the child/young person what level of support is to be given to them and how this support will be delivered. The child/young person's wishes and preferences must also be taken into consideration as this will increase the likelihood of the medication being administered as it was intended by the prescriber. The level of support required must also be clearly documented. If the child/young person is unable to communicate informed consent then it must be indicated formally that the treatment is in the best interest of the individual. Wherever possible the next of kin or family member should be involved in the decision and their agreement must be documented. (*Reference - Department of Health Document 'Seeking Consent: Working With People with Learning Difficulties'*). (**See SOP 20**)

<p>Principle of good practice: The process of administering medication should take into consideration the individual needs of the child/young person.</p>

In order to maintain a safe and effective environment for the administration of medication, all members of staff who participate in the task of administration have a duty to make sure that, as far as reasonably possible certain safeguards are in place during the time that this duty is being undertaken. These safeguards aim to assist medication being administered in a safe, timely and effective manner. This includes:

- **Timings of administration of medication:**

To reduce the risk of administration errors, medication which does not need to be taken at specific times should be administered during a less busy time of the day. The most appropriate time should be determined following discussions with the child/young person, pharmacist and/or prescriber.

The timing of administration should also take into consideration child/young person specific factors such as their sleeping and eating patterns. This will reduce the potential issue of an individual requiring their medication during a time which is not

convenient for them. If such a situation does arise the carer should offer the medication and, if refused, should seek further advice to determine whether it is necessary to take the medication immediately or, if the medication administration can be delayed to suit the child/young person's wishes. Other considerations which must be taken into account are the appropriateness of administering the medication before, with or immediately after food. All advice sought and actions taken must be clearly documented and, the MAR chart must reflect the accurate time of administration which is supported with a clear and concise explanation.

- **No interruptions during the administration of medication duties**

For the safety and security of all staff and children/young people Blackburn with Darwen Borough Council operate a '**no interruptions**' approach to all aspects of the safe and secure handling of medicines. Staff must not be interrupted or distracted when involved in any aspect of medicines handling.

Administering medication

Staff will only be delegated administration tasks for which they have received training and have been assessed as being competent to carry out. Please refer to appendix 1 for specific information regarding the aims and outcomes of the training provided.

Infection Control:

Prior to the administration of medication staff must robustly follow all infection control and hand hygiene requirements set out by Blackburn with Darwen Borough Council. Please refer to food hygiene / communicable diseases information for further information and guidance.

Hand Hygiene:

During the administration of oral medicines gloves need not be worn as a '**NO TOUCH**' TECHNIQUE is used. However, there may be occasions when administering medicines from a MDS/Blister Pack that gloves may be required if tablets become attached to the seal. In this case gloves must be worn in order to release the tablet from the seal. Gloves must be worn when applying creams and ointments, eye/ear/nose drops and administration guidance followed.

Contact dermatitis caused by frequent exposure to soaps and cleaners is the most common form of work-related skin disease in nurses and other healthcare professionals (HSE 2007)

Hand Care Advice:

- Always wet hands thoroughly before washing
- Ensure water is warm (neither hot nor cold).
- Do not use more soap product than recommended by the manufacturer ('one squirt is enough').

- During hand washing, thoroughly rinse off residual soap.
- Dry hands completely by carefully patting rather than rubbing with a paper towel.
- Donning gloves while hands are still wet from either washing or applying alcohol gel increases the risk of skin irritation.
- Use emollient creams regularly, especially before breaks and after finishing work. Ensure all parts of the hand are covered.

The use of gloves: As per NICE guidelines

- The use of gloves does not replace the need for hand hygiene by either hand rubbing or hand washing .
- Gloves must be worn for invasive procedures, contact with sterile sites and non-intact skin/mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions or excretions, or sharp or contaminated instruments. Some procedures not normally requiring gloves may require gloves when infection is present e.g. eye care. Gloves can have pores that may allow micro-organisms to pass through and hands should be cleaned before and after wearing gloves.
- Gloves should be single-use and changed between dirty and clean procedures and between young people.
- Gloved hands should not be washed or cleaned with alcohol hand rubs, gels or wipes.

Other aspects of hand hygiene:

As per NICE guidelines

- 1.1.2.3 support workers should ensure that their hands can be decontaminated throughout the duration of clinical work by:
 - being bare below the elbow[8] when delivering direct patient care
 - removing wrist and hand jewellery
 - making sure that fingernails are short, clean and free of nail polish
 - covering cuts and abrasions with waterproof dressings. [new 2012]
- All staff should be trained in hand decontamination and the use of personal protective equipment
- Artificial fingernails or extenders should not be worn when having direct contact with children/young people.
- The wearing of rings and wrist jewellery (including watches) during health care is strongly discouraged. If religious or cultural influences strongly condition the health

care worker's attitude, the wearing of a simple wedding ring (band) during routine care may be acceptable.

- 'Bare below the elbows' - in order to ensure that hands can be easily De-contaminated only clothing that does not go past the elbow should be worn. Suit jackets, long sleeves, wrist watches, bracelets and rings (other than a plain wedding band) should not be worn

The 6 Rights of administration

Staff are expected to confirm the 6 Rights of administration before administering any medication to the child/young person. The six rights are as follows:

- The right young person:*** A photograph of the child/young person attached to the MAR can assist in validating identity **but should not be the only method** of validation used. Photographs should be attached to the MAR and up dated at least six monthly. ***Photographs are not required in a children/young people own home.***
- ii. The right medicine**
- iii. The right route**
- iv. The right dose**
- v. The right time**
- vi. The child/young person's right to refuse**

Verification of i. – v. must be achieved by checking the labelling on the container of the dispensed medication and the MAR chart. The information on the label must be the same as the information given on the Medication Administration Record (MAR)

In addition to the above the person administering the medication should be aware and confirm the following:

- Check that the medication is not a substance that the child/young person, is known to be allergic or otherwise unable to tolerate
- Ensure wherever possible the children/young people informed consent (Consent must be documented in the care plan)
- Ensure that the medication is being given to the person named on the dispensed container
- Be aware of the children/young people risk assessment, personal child/young person care plan/profile
- Contact the prescriber without delay where contraindications to the prescribed medication are discovered or, where the child/young person develops a reaction to the medicine
- Make a clear, accurate and **immediate** record of all medicines administered, intentionally withheld or refused by the child/young person, ensuring that all written entries and the signature are clear and legible. This should be done **after each** medication has been completely administered.

- Additional information must be clearly documented further explaining and expanding on the codes used which are present on the MAR. e.g. Why the person has refused their medication.
- All procedures and documentation must be completed for the individual prior to initiating the task of administration for the next child/young person
- Under no circumstances must an entry that a medicine has been administered, refused or any other code be made on a MAR on behalf of another member of staff.
- Medication must only be administered from original containers or from containers filled by a pharmacist or dispensing doctor. If in doubt checks must be carried out prior to administering medication. **It is forbidden to transfer medication from their original dispensed container to another container in advance for administration.**
- If the medication requires preparation, care staff must follow the instructions on the container label or leaflet provided by the manufacturer, pharmacist or dispensing doctor.
- Please refer to the policy's section on Record Keeping for Medicines Administration Records for further guidance and information regarding documentation requirements following administration of medication
- The correct procedure of administration is to be implemented with the appropriate equipment according to the formulation of medication in question. This will be clearly highlighted in the annual training and competency assessments.

The child/young person's right to refuse medication

If an individual has refused their medication it should be clearly documented with an explanation on the MAR chart as explained above. The manager should be informed and, where appropriate and, following consent (which should be documented in the care plan) further advice should be gained from the prescriber and/or pharmacist. All advice, actions and outcomes must be clearly documented.

If a situation arises where the child/young person is partially administered a dose of medication (e.g. an oral formulation which is then spat out and spoiled) the MAR chart should be completed to reflect that partial administration has occurred with the use of the relevant code which is accompanied with a detailed explanation. Where deemed necessary to gain further advice, the advice sought must also be clearly recorded alongside any actions and outcomes

Any spoiled medication must be disposed of in accordance with the standard operating procedure for the disposal of medication.

Administration of Controlled Drugs:

Administration of Controlled Drugs in residential services must always be witnessed by a second individual.

Only the person who has carried out the act of administration should complete the MAR chart. A record must also be made in the CD register of every dose administered to a child/young person. The second appropriately trained member of staff, who has witnessed the

administration of the controlled drug, as well as the person who has administered the medication, must sign the CD register after the dose has been administered.

Administration of 'When required' medication:

Support staff must have access to all relevant information regarding any medication which is prescribed for the child/young person on a 'when required' (PRN) basis. Prior to administering 'when required' medication staff must familiarise themselves with the following details:

- What condition the 'when required' medication is prescribed for
- If a variable dose is prescribed, there must be a clear understanding of exactly what dose is to be administered
- The maximum dose to be administered
- The minimum time period before the next dose can be administered
- The maximum time period the medication can be administered for until further medical advice should be sought
- What should the expected outcomes be

Principle of good practice: When required medication should be offered as and when the child/young person requires it and not just during allocated times when medication is usually administered.

Medication administration away from the usual care setting:

There may be times where it may be necessary for a child/young person to be administered their medication at a location which is away from their normal care setting. Examples of this may include:

- Day trips
- Appointments
- Holidays
- Temporary admission into another organisation or service (e.g. hospital admission)

If a child/young person is temporarily absent from the setting a record indicating this should be made in their care plan. Furthermore where any member of staff is involved in the handling or administration of medication during this absence, clear, robust documentation and audit trails must be maintained at all times.

If the absence from the setting is intended to occur on a regular basis (e.g. Weekly visit to family, out with mentors or work experience) the possibility and appropriateness of simplifying the medication regimen in order to omit administration during their visit may be discussed with the child/young person, prescriber and pharmacist.

Short Break Services

Each time the child/young person enters their service, managers of Short Breaks/Respite services are expected to assess and identify which children/young people require assistance with their medication in accordance with the usual standard operating procedures. Once determined, medication must be clearly documented on a MAR which, should be completed in line with policy following completion of medicines reconciliation.

Principle of good practice:

Checks should be made with the child/young person, their Parent / Guardian and staff to ensure that there has been no recent changes to medication when re-entering the service

For planned short breaks for a pre-agreed period of time, the child/young person's parents / guardian will be asked to arrange for the GP to write prescriptions for a new supply to cover the period of the short break/respite.

Quantities of medicines received for children/young people will vary. Wherever possible the amount sent in will be just enough to cover the duration of their stay. If medicines are not brought in daily, and a separate supply is made, the service will only accept enough for the length of stay.

Day trips, outpatient appointments and other excursions:

When a support staff has been assigned the responsibility of managing the child/young person's medication during excursions, it is their responsibility to ensure that the medication remains secure at **all** times and, that it remains in their possession throughout the period of the excursion. Furthermore all medication and associated documentation such as MAR charts must be securely stored and medication must remain in their original containers. This can be achieved by transporting the medication and MAR charts in a lockable rucksack/bag or container.

Principle of good practice:

Where care workers are accompanying the child/young person and providing support with medication a MAR chart must always be completed

Each administration must be documented on the MAR chart

Medication must be administered in a manner ensuring that the child/young person's privacy and dignity is maintained at all times

Transfer of medication from one setting to another setting:

1. A clear audit trail must outline which member of staff has responsibility of the child/young person's medication whilst away from the usual setting. (Where applicable)
2. Where the responsibility of managing the child/young person's medication is delegated to another individual who is not employed by the service, their details must be clearly documented in the care plan. The identity of the person who has handed over the medication must also be recorded.
3. When the responsibility of the medication is being transferred to another service or individual who is not an employee, the medication must be checked in and out on the MAR chart upon departure and arrival back into the service.
4. Where applicable the MAR chart should indicate that the child/young person is absent for that time of administration.
5. The following information must be provided to the individual taking over the responsibility of the medication and support in administration:
 - A list of the individual's current medication
 - The medication required
 - A copy of the MAR chart (when entering another service)
 - Advice on how to administer or provide assistance with any medication
 - The time the last dose was administered and when the next dose is due

- Contact details of individuals from whom further advice can be gained e.g The service, supplying pharmacy and GP
6. All medication accompanying the child/young person must be clearly documented in their care plan
 7. When controlled drugs are transferred to another setting the transfer must be recorded in the CD register and the balance recalculated correctly
 8. Medication re-entering the service must be received in accordance with the council's policy for receipt of medication and an entry made into the CD register when medication re-enters the service.

Principle of good practice: All other staff or family members involved in the management of the child/young person's medication, should be clearly documented in the care plan and medication profile and must include their respective roles and responsibilities.
For example; other care agencies, family members or intermediate care staff

Covert administration:

Covert administration takes place when medication is concealed and administered to an individual in a way which does not make them aware of this fact and, furthermore they have not consented to the treatment

Medication must never be covertly administered to a person who has capacity and, has refused to take the medication. This is despite any negative implications of refusing the medication as it could be considered unlawful to covertly administer medication in such circumstances.

If an individual with capacity refuses to take their medication, attempts should be made to determine the reasons as to why this is the case. If appropriate and possible, the child/young person should be encouraged to reconsider their decision by providing clear advice and information with the intention of clarifying any concerns which they may have.

Covert administration must only be considered in exceptional circumstances when all other options have been explored and, it has been concluded that they are not viable solutions. Only those medications which are essential for the health and wellbeing of the individual should be covertly administered.

Prior to a decision being made to covertly administer medication, a Mental Capacity Assessment must be carried out as explained previously (**if aged over 17**) and, if it is concluded that the patient does not have capacity a Best Interest Decision must be agreed by the Multidisciplinary Team in conjunction with the patient's relatives or advocate. Any conclusions reached must take into account any advanced decisions which may have been

stipulated by the child/young person as well as any other additional legal obligations which need to be fulfilled.

All relevant information regarding the decision to covertly administer medication must be clearly documented in the care plan including, Mental Capacity Assessments, Best Interest decisions and suitability of administering the medicine with food and drink.

In order to determine suitable methods of covert administration the prescribing GP and supplying pharmacist must be part of the multidisciplinary team. This will enable a review of the medication hence highlighting ways in which the medication regimen can be further simplified. In addition to this the pharmacist will provide information regarding the appropriateness of crushing, dissolving and mixing medication. This is to ensure that the medication remains viable and fit for purpose. All advice provided must be documented in the patient's medical record.

Covert administration must be reviewed regularly as a person's capacity may change with time. The time intervals of the review must be clearly specified in the care plan and all reviews should be documented in detail. However if a change in the child/young person's condition is noted by staff in between reviews senior management must be informed, further advice sought and reviews undertaken.

Organisations which are involved in the process of covert administration should have robust standard operating procedures in place which have been assessed by legal advisors. Staff are also advised to gain further guidance from their professional organisations and registering bodies.

Principle of good practice: Any consumables such as food and drink which have medication mixed into them **MUST** be clearly separated from other child/young person's supplies to prevent the accidental consumption of medication

If a situation arises where administration of medication in a covert manner is essential prior to it being possible to hold a best interest meeting, it may be acceptable to hold informal discussions with key members involved in the care of the child/young person including; staff, social worker ,the prescriber, pharmacist and family members. However it may be necessary to gain additional advice from the organisation's legal department to ensure that all actions are within the framework of the law. Where such discussions have occurred, a formal multidisciplinary meeting must take place as soon as possible.

Please note: Administering medication in food or drink to mask the taste, or due to swallowing difficulties with the individual's prior knowledge is **not** considered to be covert administration

However before administering medication in this manner all alternative options enabling administration by conventional means should be considered (E.g. liquids, soluble or

dispersible tablets). Where this is not possible the pharmacist and GP should be contacted for further advice and information.

Monitoring and review of medication

It is the responsibility of ALL staff involved in the management of the child/young person's medication to have adequate information and knowledge about the medication, the conditions they are being used to treat and the specific circumstances of the individual in relation to their treatment. In addition to specific information concerning the individual, carers should be made aware, and have access to reliable literature which provides information about medication. This may include the following resources:

- NHS Choices
- Patient.co.uk
- The medication's Patient Information Leaflet (PIL)
- The British National Formulary (BNF)

Access to all the above knowledge and resources will enable staff to effectively monitor the patient's response to their medication and overall management of their condition and, promptly highlight any concerns or deterioration such as interactions and adverse drug reactions which they observe.

Where it is suspected that a person has experienced an adverse effect to a medication, senior staff should be informed immediately. **If the person appears to be in immediate danger the emergency services should be contacted without delay.**

Senior staff should contact a health professional, ideally the person's doctor or supplying pharmacy for further advice. Out of hours medical services should be contacted outside of normal working hours.

The nature of the concern, actions, advice and outcomes must all be clearly documented in the person's care plan.

Where it has not been possible to immediately contact the prescriber and/or supplying pharmacy they should be informed of the event as soon as possible in order for records to be updated and if required further reviews undertaken. This should be clearly documented in the care plan.

Review of long-term medication:

Due to the complex health needs and combinations of medications prescribed for the individuals within a service, it is necessary that all medicines issued on a long term basis should be regularly reviewed at reasonable intervals by an appropriate health professional such as the General Medical Practitioner (GP). This is to determine that treatments remain safe and are the most appropriate choice of medication.

It is in the interests of the child/young person that delegated staff should take steps to encourage the review of long term medication in agreement with the child/young person's

GP on a regular basis. The review must be carried out by a delegated competent health professional and the frequency should be agreed according to the requirements of the person but, must occur on an annual basis as a minimum. It may however be necessary to conduct a review sooner if there is a significant change in the individual's condition or medical needs. This may include: approaching end of life, a new diagnosis or transfer of care. All arrangements and review dates, requests for review, reviews taken place and prompts for future reviews must be documented within the Child/young person's Care Plan /Medicines Profile

The review should involve in depth discussions with the individual and/or their family members/carers to establish their understanding of their treatment and if they have any concerns or worries.

Regular Monitoring:

Some medicines that are prescribed require regular monitoring to ensure that the dose is appropriate. The types of medicines which require regular monitoring include Warfarin, Thyroxine (or levothyroxine), Lithium, Insulin and Oral anti-diabetic drugs. Monitoring is usually by a blood test at regular intervals. For those children/young people who are prescribed medicines which require regular monitoring, liaison with the appropriate person at the GP surgery must be made to establish the frequency and way in which any testing needs to be carried out. Monitoring information must be fully documented in the children/young people care plan, clearly stating the details of all testing carried out and future testing required. Dosage of medicines may change following testing, the procedure for dosage changes must be followed to ensure that any new instructions are followed.

Principle of good practice: If it becomes apparent that 'when required' medication is being taken on a regular basis the GP must be informed as this may indicate a deterioration of the condition

Disposal of medication:

All unwanted medication is legally classed as clinical waste and, hence adult services have a responsibility to dispose of any medication in a safe and responsible manner which adheres to The Controlled Waste (England and Wales) Regulations 2012.

Medication which may need disposing of include those medications which have expired, been spoilt/damaged, discontinued, or returned/unwanted.

In such situations all non-nursing services should return medication to a community pharmacy who will arrange for the medication to be disposed of safely and promptly.

Disposal of Medicines from Residential Establishments:

When the support staff has responsibility for the safe disposal of the child/young person's medication, where possible, arrangements should be made for the nominated pharmacy to collect the unwanted medication. If this is not an option, medication must be returned to the pharmacy by authorised individuals as soon as reasonably possible. Details concerning the arrangements for the disposal of medication must be clearly recorded in the child/young person's care plan outlining the responsibilities of all staff involved.

Principle of good practice: Medication is the child/young person's property, even on return to the pharmacy for the purposes of destruction.

Consent must be gained and documented in the care plan authorising staff to return medication for the purposes of destruction.

Child/young person's medication must **NEVER** be administered to other individuals and must only be handled in a manner which is within legal and ethical limits and, to which the child/young person has consented to.

Storage of unwanted medication, awaiting destruction, within Residential services:

Whilst awaiting return to the pharmacy, all unwanted medication (or medication with which there is a discrepancy) must be clearly segregated from medication which is in current use. This can be achieved by placing the medication in a tamper proof container which must be clearly identified as unwanted medication which is waiting to be returned to the pharmacy. This medication must be securely stored within a lockable cupboard/cabinet (or container for Shared Lives) which is in line with the policy for the storage of medication within residential and shared lives services.

For residential services unwanted controlled drugs should be identified as awaiting destruction as described above and must be stored in the CD cabinet in a way which segregates them from other controlled drugs which are in current use

Principle of good practice: The medication of a child/young person who has passed away must be segregated from all other medication and securely stored for a minimum of **7 days** in anticipation of any subsequent investigations conducted by the coroner.

Once a death certificate is issued the medication should be disposed of in accordance with the relevant SOP.

Record keeping and documentation:

Apart from clearly recording the details of the arrangements in place for the disposal of medication in the child/young person's care plan, the following must be documented **every time** a medication is to be disposed of:

- Name of the person who the medication belongs to
- The date of disposal
- The name of the medication

- The strength and form of the medication
- The quantity of medication being disposed
- The reason as to why the medication is being disposed
- The name, job role and signature of the individual arranging the disposal of medication
- Where applicable the signature of the person witnessing the process (In particular with CDs)
- MAR charts must clearly document when a medication is no longer in use and is being disposed of. Additional information may also need to be recorded e.g. spoiled/refused etc (see transfer of medication form-**appendix 7**)
- Details regarding any information which is provided to other professionals involved in the care of the child/young person. E.g. pharmacist and GP

Principle of good practice: When a medication is no longer required or has been discontinued the supplying pharmacist must be informed.

If the child/young person has made a decision to no longer take a particular medication the GP should also be informed in order to assess the patient and, to prevent the medication being prescribed in the future which may generate waste.

Transfer of medication:

A waste transfer note must be generated when medication is to be transferred for the purposes of destruction (**appendix7**) This note documents the name, formulation and quantity of medication which is to be destroyed. The individual collecting/receiving the medication should sign and date the record to confirm that the medication has been returned. Where possible the note should be stamped with the pharmacy stamp (i.e. When the carer is directly returning the medication to the pharmacy). The transfer note should be retained within the child/young person's care plan.

Controlled Drugs

- When CD stock is transferred to another setting or returned to the pharmacy this must be recorded in the register and the balance recalculated correctly. Whilst the medication is stored in the CD cabinet awaiting destruction the total balance should be recorded and, in addition to this must indicate the quantity of medication which is not in current use and awaiting destruction.
- If the unwanted controlled drugs are to be collected by a nominated individual from the pharmacy, they should be asked to sign the CD register to acknowledge receipt of medication.
- If a trained and competent member of staff from within the service is to take the CDs to the pharmacy, this individual must then sign the register to acknowledge that they have returned the medication to the relevant pharmacy

Disposal of medication belonging to children/young people who self-medicate

If the service has responsibility for the safe and secure disposal of the medication of those children/young people who self-medicate, the above procedures must be followed once the medication has been handed over to staff.

In situations where the child/young person is responsible for the disposal of their medication, their ability to continue to do so must be assessed and monitored through regular reviews and audits. If it is suspected that the child/young person is not disposing their medication in a timely manner it may be necessary to assess the child/young person sooner than the review date which has been documented in their care plan.

Homely remedies:

Medication which does not require a prescription and, can be purchased over the counter are classified as homely remedies when, they are purchased for the purpose of treating children/young people for the treatment of a minor ailment. The council's homely remedy protocol (**appendix 8**) must be adhered to **at all times** to ensure that the child/young person's wellbeing is maintained.

The protocol sets out clear guidance with regards to the following (**appendix 8**):

- The medication which is included in the homely remedies policy
- The conditions for which it may be used
- The dose and frequency of administration
- The maximum dose and treatment period
- Any cautions and contraindications
- Any exclusion criteria which may result in certain children/young people from not being suitable

Prior to a child/young person being administered a homely remedy confirmation must be received from their GP that it is safe to do so in conjunction with their usual medication (**appendix 9**). This written confirmation must be retained within the child/young person's care plan and must be reviewed and updated on an annual basis as a minimum (It is advisable for this to occur at the same time as their annual medication review).

However, despite the above documentation being in existence if there is ever any doubt about the suitability of a homely remedy, advice should be sought from the pharmacist and/or GP. The advice provided and where applicable the reasons for not administering the medication should be fully documented. A clear explanation must also be provided to the child/young person as to why this decision has been made.

Documentation

Once the homely remedy has been administered an entry should be made on the MAR chart documenting the child/young person's details, medication details (name, dose and formulation), time, date and reason for administration. The homely remedies stock record would also need amending and balance reduced. If / when medicines purchased the stock record needs amending and balances increased.

Principle of good practice: Homely remedies which are administered to a child/young person should be documented on the MAR chart in accordance with policy.

Apart from documenting the administration of homely remedies, records should also be maintained concerning the purchasing, storage and disposal of homely remedies (See establishment Homely record book)

Competency of staff

Only staff who have received specific training on the handling and management of homely remedies should be delegated the responsibility of participating in any tasks which involve such medicines. Staff should read and familiarise themselves with the protocol (appendix 8) and once completed should sign and date the relevant documentation to confirm that they have understood the protocol. **Only those individuals who have signed to acknowledge understanding of the policy should proceed to carry out any homely remedy activities.**

The registered manager or delegated member of staff may purchase homely remedy items to be kept in stock.

Staff working must not purchase or administer homely remedies on behalf of children/young people or offer advice about over the counter or complementary treatments.

There may be occasions when the child/young person requests care staff to purchase over the counter medicines on their behalf this is not allowed.

Homely medication is intended for the treatment of short term minor conditions and hence they should not be administered on a regular basis. If a situation arises where a homely remedy is being required or requested on a regular basis, managers should be informed and, further advice must be gained from the child/young person's GP.

Principle of good practice:

Staff must **NEVER** advise, recommend or purchase medicinal products for individual children/young people

Staff must **NEVER** administer **any** medication which the child/young person has purchased themselves, even though it may be listed in the homely remedies protocol

Only those medications which have been purchased by the service for the purposes of the homely remedy protocol should be administered when all the requirements and safeguards are in place.

Storage

Homely remedies must be securely stored in the area which is designated for the storage of medication. They should be stored in accordance with the SOP for the storage of medication (**In a lockable cabinet which is solely used for the purpose of storing homely remedy medications**). The SOP for key security must adhered to and maintained at all times.

All homely remedies must be stored in their original packaging which it was supplied in from the pharmacy and a copy of the patient information leaflet must be retained with the medicine.

The medication must be stock checked on a MONTHLY basis to ensure that sufficient supplies remain, to monitor usage and to ensure the medication is still within expiry dates. Medication is to be counted / date checked and balances recorded. A clear audit trail must be produced documenting the stock checks.

Safeguarding and incident reporting:

There is a legal and ethical obligation on all Children's social care providers to consistently maintain the rights, health and wellbeing of all children/young people under their care. This is a mandatory requirement which states the following:

'Ensuring that people live free from harm, abuse and neglect and, in doing so, protecting their health, wellbeing and human rights'

A medicines related safeguarding issue may include scenarios where:

Medication has deliberately been withheld and has not been in the best interest of the child/young person

Where medication has not been handled correctly and has not been in the best interests of the child/young person

A child/young person has been intentionally harmed through the use of medication

In **some circumstances** where the child/young person has come to harm due to an unintentional medication error.

A medication incident may be described as an incident which was not deliberate or predicted and has resulted in harm or, had the potential to lead to harm.

Principle of good practice: All medication incidents are not necessarily classed as safeguarding issues. Safeguarding is only considered when the specific circumstances related to the incident highlight safeguarding concerns.

An environment must be created and maintained by all Children's services which encourages staff to comfortably report their concerns and incidents. All employees should be aware that the purpose of the reporting process is improve care, protect children/young people and staff as well as sharing lessons learnt.

Furthermore children/young people and their family, friends and carers should also be encouraged to report any concerns or negative experiences which they may have come across. Staff should provide information to children/young people upon admission outlining how their concerns can be communicated to the relevant individuals within the service, as well as externally to organisations such as local safeguarding departments and OFSTED.

Where an incident has occurred or a safeguarding issue suspected, immediate steps must be taken to ensure that the child/young person is safe and unharmed. Where it is apparent that

immediate medical help is required the emergency services must be contacted. In other situations, depending on the nature of the incident medical advice may need to be sought from health care professionals. During normal working hours this may include the GP and/or pharmacist. During all other times out of hours medical services may need to be contacted.

Procedure to follow in the event of Medication Error

*Once error noted staff **must** escalate this to a senior staff member*



Record of incident to be recorded and statements obtained from the staff involved.



Registered Manager /Service lead to be contacted.

If out of hours the **On-Call must be notified.**



NHS Direct 111 service to be contacted and medical advice sought (Note in the event of a missed dose, no medication to be given until this advice has been gained



Action at this point will be dependent on advice given.

Staff to record advice given and act on advice; this may be administering the medication, taking no action or ringing an ambulance.



Parent / Carer to be informed



Incident form to be filled in



Ofsted Notification to be made by Registered Manager / Deputy manager



Service Leader / Head of service to be informed by senior member of Staff

(i.e Registered Manager or Deputy Manager)



Staff member involved to be removed of their responsibilities around administration of medication until further investigation carried out and advice obtained from HR.

Principle of good practice: Staff must **never** delay in obtaining advice from a health professional even if the child/young person appears well and unharmed

Staff should accurately document all details of the error, advice sought and actions taken. Line managers and senior staff must be informed immediately and where cases of abuse or neglect are suspected arrangements put in place to remove the child/young person from alleged sources of abuse.

Notification of incidents

To build safer services for children/young people Blackburn with Darwen Borough Council encourages a culture of openness. The Safeguarding system within Blackburn with Darwen Borough Council requires that all medication issues are submitted as safeguarding alerts so that incidents can be monitored and fully investigated.

Appendix A outlines the local reporting process which must be followed and adhered to at all times when a medicines related safeguarding concern, incident or near miss has occurred. In addition to adhering to the local reporting policy, OFSTED has outlined the situations in which they must be notified. These are where a medication error has resulted or contributed to the following:

- A death
- An injury
- Abuse or allegation of abuse
- An incident reported or investigated by the police

OFSTED have a notification form on line for notifying OFSTED if one or more of the above situations arise and the relevant form available on the OFSTED website must be completed and submitted to the regulator.

Principle of good practice: Regardless of who submits the notification, it is the responsibility of the registered person to ensure that the submission is complete.

Failure to submit a notification is an offence

A copy of all documentation submitted to local safeguarding departments and OFSTED should be retained within the service. Where deemed safe to do so information relating to the incident or concern should be kept with the child/young person's care plan or, another secure location.

Sometimes situations arise where conditions may exist which could result in an error occurring but the potential for error has been identified and, the error prevented. This is classified a **near miss**. The identification, documentation and investigation of near misses is considered to be essential as it can lead to the prevention of future serious incidents as, many near misses and incidents share the same or similar causes and trigger factors. The same standard operating procedure as for incident reporting should be adhered to as described above. The near miss is to be recorded on the departments accident / incident / near miss form and an email will be sent to senior managers and the CCG lead for medication matters.

Analysis and monitoring of incidents and near misses

The reporting and monitoring of all safety incidents and near misses enables the identification of the frequency of a particular type or nature of incident, near miss or concern. This allows trends to be identified which when audited; both recurrent incidents as well as single events may lead to the identification of the root cause of the incident- **Root Cause Analysis**. Once identified modifications may be implemented to reduce the risk of the incident re-occurring.

Principle of good practice: Once local investigations of incidents and near misses have been conducted and completed, feedback should be provided to the service involved in order for them to reflect and, where applicable change practice.

Audit trails:

Managers and delegated senior staff are expected to observe, monitor, audit and evidence audit trails relating to various aspects of medicines management. The purpose of audits is to ensure and determine whether the service is complying with both OFSTED standards as well as internal organisational policies and procedures. In addition to this it enables the identification of areas which may require further development and improvement hence resulting in a safe and efficient caring environment.

:

9A Providing personalised care through the effective use of medicines

9B - Managing risk through effective procedures about medicines handling

9C - Providing a service that takes into account relevant guidance as set out in the OFSTED's schedule of applicable publications

9D - Ensuring children/young people are given and understand up to date information about their medicines

9F - Provide evidence on how staff may be permitted to administer homely remedies

9G - Provide evidence that additional procedures exist to ensure the safe handling of medicines

Appendix ... encompasses the audits which fulfill the above requirements as well as, documenting enhanced information which may be presented as evidence during internal and external inspections.

Audit outcomes which lead to the identification of areas of practice requiring improvement may then be modified by implementing a specific action plan outlining clear aims, actions and time frames.

All Children's services are expected to self-assess their medicines management procedures on an annual basis as a minimum. However more frequent audits may be necessary depending on circumstances such as staff turnover, incidents, near misses as well as inspection and contractual requirements.

Principle of good practice: Areas which have been identified as requiring improvements must be audited on a regular basis (monthly) to ensure that standards are improving and once improved are maintained

APPENDICES:

- **Appendix 1**-Bwd Medicines management training in Children's services criteria and aims and objectives. (Pg 13)
- **Appendix 2 - Self –administration** (Pg 18)
- **Appendix 3** -BwD MAR chart- Appletrees and ASU
- **Appendix 4**- CD drug register photocopy (Pg 25)
- **Appendix 5** –Room/ Meds fridge temperatures (pg45)
- **Appendix 6** – Record of use of CD cabinet keys (page 46)
- **Appendix 7** –Transfer of medication (Pg64)
- **Appendix 8**- Homely remedies (Pg 65)
- **Appendix 9** – Letter to GP regarding homely remedies (Pg 65)
- **Appendix 10**- Record of homely remedies administered (Pg 65)
- **Appendix 11**-Signature list regarding homely remedies (pg 66)
- **Appendix 12** Medication file index- Appletrees
- **Appendix 13**-GUIDANCE FOR STAFF AND MANAGERS IN RELATION TO THE ADMINISTRATION OF MEDICATION WHEN LONE WORKING