



Derby City Council

MEDICATION POLICY

Children's Homes

People's Directorate

Children and Young People's
Services

Policy Statement

POLICY PURPOSE

1. This policy outlines the approaches to managing medication for children's homes within the Children and Young People's Services of the People's Directorate. It also describes the directorate's commitment to enable and safeguard the wellbeing of the child, young person, employees and anyone else that could be affected.
2. Care must be taken to ensure prescribed medicines are only administered to the individual for whom they are prescribed. Medicines must be administered in line with a medically approved protocol. Records must be administered in line with a medically approved protocol. Records must be kept of the administration of all medication, which includes occasions when prescribed medication is refused.
3. Regulation 23 of The Children's Homes (England) Regulations 2015 requires the registered person to ensure that they make suitable arrangements to manage, administer and dispose of any medication. These are fundamentally the same sorts of arrangements as a good parent would make but are subject to additional safeguards.
4. Children who wish to keep and take their own medication should be supported to do so safely. Employees should be mindful that children holding their own prescribed medication must only use it for themselves in accordance with the prescription.
5. Medicines play an important part in helping child / young person to remain independent. It is important that the child / young person takes their medicines, and should always be helped to manage their own medication where this is possible and appropriate in order to retain their independence. This will be done through the use of medication assessments.
6. Treatment and care should be personalised, based on the individual's needs and preferences. Child / young persons are all individuals and as such this policy must be applied with regard to the individual's beliefs, wishes, experience and ability. Employees should be aware of the individual's cultural background and other factors that impact on their lives and incorporate this into a person-centred approach to care.
7. As all medicines are potentially harmful it is important that employees who provide care are confident about their role in the management of medication. This policy intends to clarify the range of duties that can be undertaken in relation to medicines by employees. It advises how these duties and tasks can be undertaken safely and in accordance with best practice.

8. The fair blame guidelines are an important concept of this policy. All employees have an important role to play in risk identification, assessment and management. To support employees in this, the directorate tries to provide a fair and consistent working environment and does not seek to apportion blame. We hope this encourages a culture of openness and willingness to admit mistakes. Employees therefore are actively encouraged to report any situation where things have, or could have gone wrong. Information, training counselling and support will be provided for any employee that finds themselves in such a situation. The directorate sincerely wishes to learn from events and situations so that management processes can be continuously improved.
9. The policy has been reviewed and revised to reflect the general duties of the Children's and Families Act 2014. This describes the importance of the Education, Health and Care plan, EHC; a legal document that describes a child or young person's special educational, health and social care needs. It explains the extra help that will be given to meet those needs and how that help will support the child or young person to achieve what they want to in life.
10. The policy also reflects the NICE good practice guidelines on 'Managing Medicines in Care Homes' (2014), the Royal Pharmaceutical Society's principles (2007) that underpin safe handling of medicines in social care, Regulation 23 of The Children's Homes (England) Regulations 2015 and the tools developed by the National Care Forum.
11. Employees will deal with matters relating to social care only. They are not responsible for making decisions of a health-related nature. Medical advice must be sought from the child / young person's GP or other member of the primary care team, or any other relevant health care professional.
12. Employees will not undertake invasive nursing procedures or other tasks that are defined as health related and not social care. There may be exceptional circumstances when an employee has received training and is deemed competent, in line with guidance from this policy. This includes those tasks that family or carers might undertake having been shown and supervised by the looked after nurse. It should be made clear in the placement plan which tasks employees may undertake.
13. In the event of an issue being identified relating to medication that is not reflected in this policy, appropriate advice and guidance should be sought from the line manager, health professional, Health and Safety Adviser, in-house pharmacist or the out of hours Careline Team, who will take steps to clarify the situation.

Policy application

14. This policy applies to council employees, child / young persons, and services where placements of children or young people are made within the private, voluntary and independent sector. Where the term 'employee' is used within

the policy this refers to all those persons working in any of the aforementioned work settings or roles.

Commitment to best practice and legal compliance

15. The Directorate is committed to meeting its legal obligations and national standards under:

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

16. The Children's Homes (England) Regulations 2015. Regulation 23 Medicines

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).

17. The NICE guidance on managing medicines in care homes provides recommendations for good practice on the systems and processes for managing medicines. The guidance is for people and organisations involved with managing medicines in care homes. It is anticipated that health and social care registered managers will need to work together to ensure that the child/ young person benefits from the good practice recommendations in this guideline. Areas covered by the guidance are prescribing, handling and administering medicines to child/ young persons living in children’s homes and the provision of care or services relating to medicines in children’s homes.

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

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

Principles

Self-Administration

Children who wish to keep and take their own medication should be supported to if they are able to do so safely. Staff should be mindful that children holding their own prescribed medication must only use it for themselves in accordance with the prescription.

19. At the point of access to social care, a medication assessment, which forms part of the placement plan, must be carried out to assess the child/ young person's ability to self-administer their medication. This process must ensure that the child / young person understand that medicines must be kept safely and that appropriate lockable facilities are provided to do this.
20. The assessor should determine who else may be involved. This should be done individually for each child / young person and should involve the child / young person and their family member or carer or employee with the training and skills for assessment. Other health and social care practitioners should be involved as appropriate.
21. At all subsequent reviews of the child / young person's placement plan, the person undertaking the review must check whether adjustments need to be made to the medicines management arrangements.
22. Self-administration of medicines is not an 'all or nothing' situation. A child / young person can play an active part in maintaining control of their medicines (active participation) for example informing employees that their medication is due whilst there still is the need for the employee to assist a child / young person in taking the medicine. For example a child or young person may not be able to measure an accurate dose of liquid medication but once the dose is prepared, can pick it up and take it without the help of the employee.
23. Registered managers must ensure that records are made and kept when child / young persons are supplied with medicines for taking themselves or when medicines are reminded to take their medicines themselves.
24. Employees undertaking assessments should liaise with the community pharmacist to ensure that where possible, the medicines are dispensed in containers that the child / young person can open / access to retain independence. Also the use of compliance aids should be considered to enable child / young persons to remain independently responsible for their own medicines where appropriate.

Supporting with medicines administration

25. Where appropriate, child / young persons will receive relevant information about their medication.
26. Where child / young persons are unable to self-medicate safely, an assessment will be undertaken to determine the most appropriate method of supporting a child / young person, this could be by active participation or offering full support with administering medication.
27. All placement plans will identify whether, and at what level, the child / young person requires help to take their medicines.
28. All employees supervising the taking of medication will be responsible for ensuring that the medicines are administered strictly in accordance with the instructions of the prescriber.
29. Doses must not be varied or changed without written medical authority. Such changes must be recorded on the MAR sheet and the child / young person's placement plan.
30. Employees cannot action verbal instructions from a prescriber to change or initiate treatments for prescribed medicines. Written and signed confirmation, by secure fax / email if necessary, must be received from the health professional before any alteration is made.
31. In all care settings where it is agreed that employees will assist child / young persons with taking medicines (prescribed and non-prescribed) the medicines must be administered from the original package in which they were dispensed by the pharmacist or supplied by the manufacturer, adhering to the instruction on the label/ leaflet.
32. Medicines must never be 'secondary dispensed' i.e. taken out of their original container or package and put into another container for someone else to administer to the child / young person at a later time unless planned and authorised by a health professional.
33. Medicines must only be given to the child / young person for whom they have been prescribed, labelled and supplied. They must not under any circumstance be given to another child / young person.
34. Employees must never alter labels, dosage or time of administration of prescribed medicines. If labels become detached or are illegible, the medicine in the container must not be given and the prompt advice of the supplying pharmacist or out of hour's health help line should be sought.
35. Where possible side-effects of medicines have been communicated by the prescriber or pharmacist to an employee, they must ensure that this information is shared with all employees as appropriate and recorded on the child / young person's placement plan. If an employee notices side-effects then

they can contact the pharmacist, prescriber or Out of hours health help line to seek advice and report this to their manager.

36. Crushing of tablets or the opening of capsules unless specified is not advocated, as it is an 'off licence' use of the medication. However, with written authorisation from the GP, this is acceptable practice (Refer to off licence and covert guidance).
37. Medicines must not be forcibly given. This includes the crushing of tablets etc. into food or drinks in order to deceive. (Refer to covert medication guidance).
38. Medicines must never be used for social control or punishment.
39. Home care employees will not assist child/ young persons to take medication, prescribed or non-prescribed, unless it is part of a comprehensive placement plan.
40. In all care settings, employees must only assist with the administration of medicines when they have been trained and deemed competent to do the task. They must be instructed in the application of this policy and undertake training and observed competency assessment prior to engaging in the administration of medicines. On-going refresher training should also be provided.

Roles and Responsibilities

As a social worker or assessor:

41. The council assumes that all child/ young person are able to manage their own medications and where this is not possible will ensure that all child/ young persons are given the same opportunities to be involved in decisions about their treatment and care and they get the support they need to help them take a full part in making decisions and documenting these in the care plan.
42. An initial assessment (placement plan) will be undertaken which will identify whether the child/ young person requires support and at what level. This will be recorded on the medication assessment tool and shared with the appropriate provider.

For placements out of the council:

43. Where a child or young person may be placed, the council requires registered managers to ensure their policies; procedures and processes meet the standards set within the council's medication policy. This can be achieved by adopting the council's policy or by demonstrating the same standards within the provider's own policy.

44. The council will ensure registered managers' policies, processes and local arrangements are in place, are reviewed and make clear who is accountable and responsible for using medicines safely and effectively across all settings.
45. The council will monitor provider organisations' management of medicines through the contracting arrangements.
46. The council requires all registered managers to comply with the council's incident reporting process for identifying, reporting, reviewing and learning from medication errors.
47. The council requires all services to comply with the Derby and Derbyshire Safeguarding Children Procedures.

As a provider of placements:

48. The council will ensure a medicines policy is in line with current legislation and the best available evidence.
49. The council will ensure all those involved in medicines management are trained and deemed competent in line with current national training standards, the requirements of the regulators and those of the child/ young persons.
50. The council will ensure that employees who do not have the skills to administer medicines, despite completing the required training, are not allowed to administer medicines.
51. The council will ensure that all medicines records and information complies with the council's data protection policy and guidance.
52. The council will ensure that all medicines-related errors or near-misses are identified, reported, reviewed and investigated following guidance within this policy.
53. Child/ young persons can use advocacy and independent complaints services where they have concerns about medicines.
54. The council will ensure that medicines prescribed for a child/ young person are not administered to other child/ young persons.
55. The council will ensure that all medicines administration records are up to date and accurate.

Training standards

Assessment Criteria

34. Support children and young people who manage their own medicines or treatment to do this safely.

Unit 312- Supporting children and young people in residential childcare to manager their health.

3) to be able to support children and young people to manage their own health needs, as appropriate to their age and level of understanding

Regulation 26 of the Childrens Homes Regulations 2001 requires that care home staff must have the qualifications, skills and experience necessary to carry out their duties.

Support and Information

This document has been written with support and advice from Dr John Grenville, Secretary of the Derbyshire Local Medical Committee, Alison Holmes, Epilepsy Specialist Nurse and the SDCCG medicines management team.

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Document control

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Administration of Medication

Essential Practice

A: Essential Practice for Registered managers

In all situations, the following rules must be applied.

Registered managers must consider the following in a medicines administration process:

The 6 Rights of administration:

- **Right Child/ young person**
 - Check child's name against the placement plan, medication and MAR sheet.
 - A photograph of the child must be present to confirm identity. This should be taken upon admission to the care setting dated and reviewed or updated annually
 - Registered managers must ensure that medicines prescribed for a child are not used by any other child.

- **Right Medicine**
 - Check child/ young person's name against the medication label, packaging and contents, all must match.
 - Check strength is correct (strength is the amount of drug in each dose form)
 - Check there have not been any recent changes to the medication
 - Check the dosage instructions before giving medication
 - Check expiry dates, the medication has not exceeded its expiry date
 - Check for any additional labels and warnings

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

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

- **Right Time**
 - Check that the dose time is clearly identified on the MAR sheet and / or the medication label. For example, '*Take one tablet in the morning*'

clearly identifies when this medication is to be given. However *'take one tablet daily'* leaves this open to interpretation, unless the dose column on the MAR sheet is marked as to identify the time.

- Check for any additional labels, warnings or specific instructions such as 'before food'.

- **Right of the Child/ young person to Refuse**

- The child/ young person has the right not to take the medication (see further guidance – Child/ young person's right to refuse medication)

Do not give the medication if one or more of the above rights is incorrect. Seek further guidance, initially from your line manager.

Before giving medication:

- Inform the child/ young person that their medication is due
- Wash hands and any other utensils before use.
- Follow the 'six rights'
- Use disposable gloves when appropriate.
- Check for allergies.
- Check verbally that the child/ young person has not already taken or been given the medication.
- Check the dose has not already been administered by checking the MAR sheet or if in an MDS (monitored dosage system) that the medication is there. If there is a discrepancy, consult managers, community pharmacist or the NHS Out of hours health help line.

When giving medicines:

- Only administer medication from labelled bottles, containers and compliance aids.
- Don't give medicines from unlabelled or illegibly labelled bottles, blister packs or containers.
- Don't transfer medication from their original containers.
- Don't prepare medicines or drugs in advance of administration. Once prepared they must be used immediately or discarded.
- Don't leave medicines unattended for child/ young persons to take at a later time.
- Don't handle medications directly when administering as far as is practicable.
- Don't give discoloured solutions, disfigured tablets, substances etc. These must be stored safely and returned to the pharmacist (see guideline 7).

When administering liquids:

- Shake the bottle by gently turning it upside down several times.
- When pouring, hold the bottle with its label on top so that the liquid falls away from the label.

- Pour into a measured dosage container appropriate for the volume of the drug to be given and appropriate to the requirements of the child/ young person.
- Measuring devices include a graduated medicine cup, medicine spoons or an oral syringe and bottle adapter.
- When using a graduated medicine cup, ensure that the cup is placed on a flat surface and the liquid is poured into the cup and observed at eye level.
- If the medication is refused, the liquid medicine must never be poured back into the original bottle. It should be signed off as refused and disposed of safely.

When the medication has been given:

Complete the records for each individual child/ young person as soon as the medication has been taken by the child/ young person. The record must include the following information:

- Exactly what was given (name, strength and form of the medication).
- When it was given (time, date)
- Who administered the medication and/ or the correct code dependent on the MAR sheet used.

Child/ young person's right to refuse medication

When an individual expresses a choice not to take a prescribed medication, the following actions should be taken:

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

Omitted Medication

If a dosage of a regularly prescribed medication is intentionally omitted by the responsible person, for any reason e.g. not giving the laxative because the child/ young person has developed diarrhoea, the following action must be taken:

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

B: Essential Practice for Child/ young person in Care Settings

Registered manager

- The homes manager (registered manager) has overall responsibility for :
 - Ensuring compliance with The Children’s Homes (England) Regulations 2015 regulation 23 Medicines, the eight principles of the RPSGB and the NICE guidelines on Managing Medicines in Children’s homes.
 - Ensuring systems and procedures around medicines management are implemented and followed.
 - Determining the best system for supplying medicines to each child/ young person in a personalised way based on the child/ young person’s health and care needs, with the aim of maintaining the child/ young person’s independence wherever possible.
 - ensuring this is done by monitoring and auditing the systems and procedures in place by:
 - Undertaking the monthly process of ordering and booking in the prescribed medication supplied by the community pharmacy against those items ordered.
 - Undertaking weekly audit of controlled drugs (if kept) child/ young person against the register.
 - Carrying out monthly audits of the completed medication cycles on the MAR sheets.
 - Undertaking monthly audits of homely remedy stocks.
 - Ensure all staff are competent and medication training is up to date
 - Carrying out annual medication competency assessments of all staff involved in the administration of medication.
 - Overseeing the reporting of medication errors and ensuring appropriate action is taken to prevent further errors occurring.
 - Ensuring that every child/ young person has a medication assessment and an individualised medication information sheet in place.
 - Engaging in the medication administration process by carrying out a medication round at least once weekly in the establishment.
 - Making a referral to safeguarding if the safeguarding threshold is reached
 - Reporting to Ofsted any untoward medicines-related incident (see guidance on medication incidents and fair blame).

Designated persons

- This is anyone deemed by the registered manager to be competent to carry out medicines management duties.

- These employees will complete medication training prior to being given this responsibility (theoretical and practical competency assessment). The responsibilities of the designated /responsible person on duty include:
 - assisting with the ordering of medicines
 - assisting with the monthly process of booking and checking of prescribed medication received from the community pharmacy against ordered items.
 - liaising with healthcare professionals where necessary
 - the receipt and registration of medicines.
 - the safe storage and custody of medicines
 - monitoring supplies and appropriate levels of stock of medicines including homely remedies.
 - undertaking the administration of medicines
 - accurate record keeping
 - complete and continually review assessments with child/ young persons to determine whether they are able to self- administer medicines.
 - continual checking of MAR sheets after each round and 'red dot' procedure. (see 'Record of administration' below)
 - completion of medication incident report forms in accordance with the policy
 - safely managing the disposal and return of medication

Ordering Medicines

- Homes should ensure that at least two employees have the training and skills to order medicines, following the system required by the supplying community pharmacy. In exceptional circumstances ordering can be done by one employee.
- Registered managers should retain responsibility for ordering medicines from the GP practice and should not delegate this task to the supplying pharmacy.
- Previous usage of the medicines should be reviewed before ordering and checking stock.
- The children's home should manage and maintain records of medicines requested for child/ young persons in order to check all items ordered are required, correctly received and that no inadvertent change to the medication ordered has been made on arrival of the prescription or medication.
- The children's home must retain up to date records of current medication provided for each child/ young person and ensure that stock levels for each person are kept at an appropriate level to avoid running out. Equally, medicines should not be stockpiled or over ordered.
- Protected time should be allowed for the ordering of medicines, in particular for the monthly order.

Receipt of medicines

- Medication received from the pharmacy supplier must be checked against the record held by the children's home of items ordered to make sure that all medicines ordered have been prescribed and supplied correctly.
- Protected time must be given to employees when booking in medications, particularly the monthly cycle.
- All other medicines (prescribed and non-prescribed) brought into the home, from whatever source i.e. those from the child/ young person's home, discharge medicines from hospital, those brought from another children's home or those brought in by friends/ relatives, must be recorded at the point of admission.
- This information should be obtained from the label on the medicine, not from verbal instruction from child/ young person/ carer.
- If in doubt, or where there is any contradiction in dose or directions, consult the prescriber.
- For respite and short stay child/ young persons, this procedure must be undertaken at each admission.
- Where medicines received for a child/ young person differ unexpectedly from those received for the same child/ young person in the past, the home should check with the GP or pharmacist before giving the medicine.

Storage

- A lockable drawer or similar facility must be provided for child/ young persons who self-medicate.
- Where medicines are administered these must be stored in a lockable medicine cupboard of solid construction.
- The keys to the medication must not be left in the vicinity of the cupboard but must remain in the possession of the designated person or person delegated with the responsibility of administering medicines.
- Where facilities exist, medicine cupboards must be housed in the room that has been provided for use as a medical room. The temperature of this room must not exceed 25 degrees centigrade. A daily record must be taken and if temperatures are found to be outside this range, the community pharmacist must be contacted for advice.
- Any specific storage needs indicated on the label e.g. storage in a cool place, must be followed.
- Any medicines that are required to be stored in a refrigerator should be held in a separate locked refrigerator used only for this purpose. The temperature of the fridge should be monitored daily, using a max/ min thermometer and the temperature recorded (normal range is between 2 and 8 degrees centigrade). If temperatures are found to be outside this range, the community pharmacist must be contacted for advice. The refrigerator should be cleaned and defrosted regularly.
- For controlled drugs storage, see separate guideline.
- When medicines are to be transported around the home it must be done in a secure manner, using a lockable medicines trolley. Employees must never leave the trolley unattended without ensuring that it is securely locked.

For storage of controlled drugs see separate guideline.

Administering Medicines

- Protected time must be given to the member of staff administering medication.
- Where child/ young persons have been assessed as self-medicating, the employee will need to indicate this on the MAR sheet. Regular reviews should be undertaken.

Use of 'Runners'

- The manager carrying out the administration of medication may sometimes request the care assistant to administer medication. This is not deemed good practice but if occurs the following procedure must be followed:
 1. Upon this request the care assistant **must** sign the back of the relevant MAR sheet, stating clearly that they understand which child/ young person they are going to give the medication to. They must write the date and time of administration, child/ young person name and the care assistant must print their name and sign with a full signature, not their initials.
 2. The manager will then prepare the medication for the care assistant to administer.
 3. Once the medication has been given to the child/ young person, the care assistant along with the manager must initial the front of the MAR sheet in the appropriate space. The care assistant signs to confirm that the medication has been taken. The manager signs to confirm they have prepared the medication.

Time of Administration

The time of administration should be carefully considered and respond to child/ young person's need and wishes. A personalised approach should be taken rather than focusing on rounds based on meal times. However, thought should be given to situations such as when medicines are required in advance of food and where medicines have specific dosage times. For example, the administration of products such as eye drops or inhalers may not be appropriate to be administered at the dining table.

Record of Administration

- A Medication Administration Record (MAR) will be used for each individual.
- Following administration of the medication, the home care provider must complete the Medication Administration Record (MAR).
- They will put the appropriate code in the top box and initial the lower box (under the correct date and dose time).

- They should use the codes on the MAR sheet; R, P, A, X (see definitions below).
- The MAR sheet will last for up to four weeks. No more than one overlay can be attached to each form.
- If a gap is discovered on the MAR sheet where a signature for administration should be, it is good practice for a red dot to be put where the signature belongs. This would then trigger an incident report form to be completed within 24 hours by the person who was identified as making the error.

Definitions of MAR sheet codes:

R= Verbal reminder: Asking a person if they have taken their medication or reminding them that it is time for them to take it.

P= Prepared only: Handling the medication in some way, either by shaking a bottle of liquid medication, mixing soluble medicines, taking tablets out of containers (but not having to put them into peoples' hands), pouring liquids into measuring cups or onto a spoon, or squeezing a tube of ointment for use so that the child/ young person can take the medication themselves.

A= Assisted/ Applied: Placing medications in the child/ young person's mouth, applying medications onto the child/ young person's body, instilling drops, pressing inhaler devices or supporting the use of a spacer device.

X= Refused / Other: A child/ young person refuses to take their medication or the medication is not given for whatever reason.

See guideline for further detail of MAR sheet procedures

Return of Medication

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

Further Advice

You must never ask the child/ young persons to confirm either their own name or that of another child / young person. Only other staff and the MAR sheet photo ID can confirm this.

Care assistants must never pass the medication on to another care assistant to give.

Medication must never be prepared in advance of administration. You must always check that the child / young person is and ready and willing to accept their medication.

Retention of records

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

Administration of medicines away from the children's home

- When going on holiday, specific arrangements should be made for the period of the holiday and the medicines are to be given to the child/ young person or the person who will be caring for them during the holiday.
- Where a child/ young person is undertaking a planned activity (e.g. day trip) and needs to take medication with them, this should be dispensed into a suitable container labelled with the name of the child/ young person, the name and strength of medicine, and the date and times that the medicine is to be taken by the designated/ responsible person.
- Where the designated/ responsible person is accompanying the child/ young person on the activity, they should take responsibility for giving them the medication.
- Where they are not to accompany the child/ young person, they must ensure that the employee or any other adult who will be responsible for giving the medication has clear verbal and written instruction on what to do and signs for receipt and return of the medicine.
- Where the child/ young person is going on an activity organised by another organisation, the homes manager must satisfy themselves that that organisation has procedures in place that will ensure the child/ young person safely receives the correct medication.

Admission to hospital

- If a child or young person is admitted to hospital then the remaining supply of medicines should be taken with them or an alternative quantity following liaison with the hospital. This will be documented on the MAR chart as well as the amount of medicines returned with the child/ young person.
- The way in which communication will take place following admission to hospital must be established in advance to ensure any changes made to a child/ young person's medication are acted on promptly.

- Any information which may be relevant to the care or treatment of the child/ young person must be communicated to the hospital.
- The registered manager or designated person must request that any changes made to the child's/ young person's medication are communicated directly to the home in written format (usually via a discharge sheet).

Guidelines

GUIDELINE 1: When Required Medication – PRN

Definition of PRN – Is shorthand for an expression, rendered in Latin –“Pro Re Nata”, which translates as “as need arises” and is used to communicate that administration is intended to be “as necessary” only.

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

Quality standard:

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

- To receive PRN medication in accordance with the prescriber’s directions
- That ‘medicines will be used to cure prevent disease, or to relieve symptoms but never to punish or control behaviour

Staff can expect:

- To receive training in the administration of PRN medication.
- Only to administer PRN medication supported by clear prescriber directions in the form of written instructions or a ‘faxback’ form.

Procedures:

Provider Managers will ensure:

1. Written instructions or a “faxback’ form’ are in place for a specific named individual. Examples of written instructions include: explicit directions on a pharmacy label; and; explicit instructions contained in a letter, secure email or note from the prescriber.
2. The need to administer PRN Medication will be reflected in the registered managers placement plan.
3. For PRN medication written instructions, placement plan, ‘faxback’ form or secure email will detail:
 - a. Name of child/ young person and prescriber details
 - b. Describe the medication and route of administration
 - c. The condition or indication for which the medication needs to be administered and what the medicine is expected to do.
 - d. Dose to be given
 - e. Maximum dosage per 24 hour period
 - f. Minimum time intervals between doses
 - g. Name of prescriber. This could be a non-medical prescriber (NMP) who has liaised with a GP but in this situation there must be a name belonging to the NMP as well as the GP’s name who has authorised the NMP to sign the ‘faxback’.

4. The written instructions, 'faxback' form or copy of email must be kept with the MAR sheets.
5. Will need to monitor the administration of PRN and take appropriate action such as seeking medical advice if continual administration is taking place to seek a medication review.
6. PRN medication prescribed for managing behaviour requires an individual protocol and must be reviewed on a three monthly basis in a multi-disciplinary review meeting.
7. Checks should be made of the stability of the medication, checking appropriate storage and use-by dates.
8. Training should be updated as appropriate. Managers must keep a record of employees trained in their current workforce. Employees receive a certificate of competency to perform the procedure. Training records must be kept.
9. Employees are not asked to administer PRN medication or any other medication if they have not received the appropriate training. They can act as a witness where required or identify the child/ young person to relief employees or managers who have been trained.
10. The administration of PRN medication should be clearly recorded on the MAR sheet with the actual dose administered .
11. Medication prescribed to the child/ young person and for PRN use must be readily available and stored appropriately.

Note for Managers

If a child/ young person is taking 'When Required' (PRN) Medication, it can be carried forward at the end of the month to the next month and does not have to be discarded providing:

- The medication is still being prescribed by the doctor at the same dose and frequency
- The medication is in an original pack with an expiry date so it can be checked that the medication is still in date. Examples include paracetamol tablets, salbutamol inhaler, senna tablets etc.
- The children's home will have to indicate the quantity of medication brought forward to enable a stock check to be carried out.

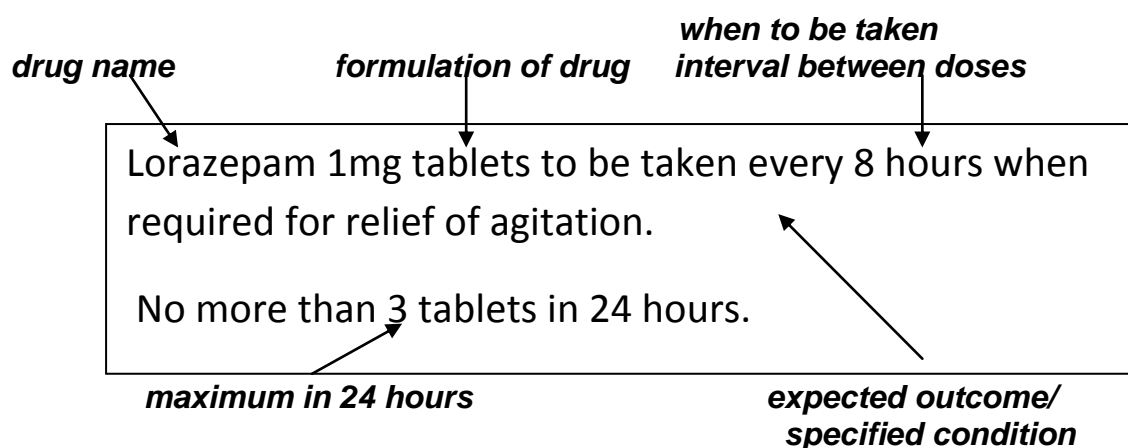
Please note that the **home** will also have to consider how it handles repeat prescriptions for 'when required' medicines because if the stock of medication is carried forward, they will need to ensure that this medication is not requested along with the other repeat medicines, to ensure that the medication is not prescribed and

not dispensed. This will enable a cost effective approach and reduce the wastage and costs of medicines.

All those who may administer medication:

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

Good practice pharmacy label highlighting specific instruction regarding PRN medication



GUIDELINE 2: Medication Incidents and Fair Blame

Outcome: If a medication administration error occurs or the correct procedures are not followed which could result in an error occurring, it should be reported to the provider manager and a medication administration incident form will be completed and acted upon to prevent the error recurring.

Quality Standard:

Those administering medication should expect:

- Not to be asked to administer medication until trained and deemed competent
- To receive training in accordance with the national standards as part of their induction.
- That the manager identifies, through achievement and development process, if refresher or update medication training is required.
- Carers and pharmacists to comply with the medication policy by presenting medication in suitably labelled and packaged containers.
- To be supported by colleagues, child/ young persons, relatives and managers when they are administering medication by creating an environment which enables employees:
 - to undertake this task free of any expectation that they will undertake any other duties,
 - be free of interruptions by child/ young persons.

General Principles:

- A fair and consistent working environment that does not seek to apportion blame.
- Staff are encouraged to report any situation where things have or could have gone wrong.
- The full facts must be reported within 24 hours of the error occurring or being discovered and the root cause of the medicine related incident must be determined.

Procedures:

Employees will ensure:

- That medication is presented in clearly labelled appropriate container with a pharmacist's label.
- That a medication administration record sheet is completed by the pharmacist and is at the child/ young person's home or at the establishment.
- That the MAR sheet is completed accurately.
- That any incidents of non-compliance are recorded on the MAR sheet. Where this becomes habitual this should be reported to a manager.



- That they concentrate on the important task of administering medication to the exclusion of all other duties and distractions.
- That they report any instance of a medication error immediately to their manager and if required, seek medical advice from the child/ young person's GP, Out of hours health help line or from the community pharmacist.
- That they assist the manager with the completion of a medication incident report form. A copy will then need to be sent to the departmental health and safety adviser, and also to the departmental pharmacist.
- That they discuss annually in an achievement and development session their medication training needs; such as if they require updating or refreshing.

Provider Managers will ensure:

- That employees receive appropriate medication training and /or refresher training as identified.
- That employees feel confident about their role and responsibilities and feel that their line managers will reinforce the importance of the task with child/ young persons and carers.
- That medication policies and procedures and forms are audited annually or at the point where there is a change in medication.
- Homes managers maintain an awareness of the quantities of medication in stock and ensure that excess is not kept.
- That procedures, policies and training in a supportive workplace environment are intended to reduce the risk of medication error and the associated risks to child/ young persons and employees.
- That errors must be reported (see appendix for Medication Incident Report Form). Failure to do so could result in serious consequences for the child/ young person and for the individual employee.
- That employees who report errors immediately will be supported.
- That all members of staff have an important role to play in risk identification, assessment and management. To support staff in this, the department tries to provide a fair and consistent working environment and does not seek to apportion blame. We hope that this will encourage a culture of openness and willingness to admit mistakes. Staff are therefore actively encouraged to report any situation where things have, or could have gone wrong.
- When errors are reported or identified, the appropriate manager will undertake a fact-finding audit with the intention of ensuring remedial action.
- If it is found from the investigation that employees have not followed guidelines and safe practice or have acted illegally, maliciously, negligently or recklessly in line with their duty of care, an investigatory interview may be undertaken in line with Derby City Council's disciplinary procedures.
- Medicines-related incidents should be reported to the local safeguarding committee as per the threshold guidance.
- Ofsted and each other relevant person is notified without delay if there is any incident relating to a child which the registered person considers to be serious as per 'The Children's Homes (England) Regulations 2015.

- Registered managers should have a clear process for reporting medicines-related safeguarding incidents under local guidance and safeguarding processes.
- Reviewers of the medication incident will use the Derby City Council tool to identify the level of consequence and severity of the incident and subsequent actions that are required to be taken by the manager or provider.

How to use the Consequence/Severity Tool

		Likelihood 				
		1	2	3	4	5
Actual Harm to Child/ young person		Rare	Unlikely	Possible	Likely	Almost certain
Impact 		This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so unless practice is altered	Might happen or recur occasionally unless practice is altered	Will probably happen/recur OR History of incidents/repeated incorrect doses	Will undoubtedly happen/recur, possibly frequently AND History of repeated incidents/systems not followed
1	Negligible(No harm) Near miss or harm prevented	Example 1 $1 \times 1 = 1$				Example 2 $1 \times 5 = 5$
2	Minor (minimal harm) Child/ young person required extra observation or minor treatment					
3	Moderate (short-term harm) Child/ young person required further treatment or procedure			Example 3 $3 \times 3 = 9$		
4	Major (permanent or long-term harm) Child/ young person required permanent or long-term treatment					
5	Catastrophic Child/ young person died as a direct consequence of the error/ incident			Example 4 $5 \times 3 = 15$		

MULTIPLY THE TWO NUMBERS TOGETHER TO GET A FINAL SCORE WHICH WILL INDICATE GUIDANCE ON ACTION TO BE TAKEN

Risk Scoring / Outcome

- 1-3: Low risk:** Discussion one to one with line manager
- 4-6: Moderate risk:** Observed medicine administration during supervision
Documented discussion one to one with line manager
Consider need for attendance on medication training course
Consider safeguarding referral
- 8-12: High risk:** Observed medicine administration during supervision
Documented discussion one to one with line manager
Consider need for attendance on medication training course
Systems review by manager
Consider safeguarding referral
Managing Individual Capability
Consider immediate suspension from administration of medicines until competency restored.
- 15-25: Extreme risk:** Observed medicine supervision during supervision
Documented discussion one to one with line manager
Attendance on medication training course
Systems review by manager
Managing Individual Capability
Consider immediate suspension from administration of medicines until competency restored.
Report to Ofsted and consider referral to safeguarding

GUIDELINE 3 : Controlled Drugs

Definition of Controlled Drug: Controlled drugs are those drugs defined in the Misuse of Drugs (Safe Custody) Regulations 1971, as 'dangerous or otherwise harmful drugs'. The regulations specify requirements for storage and record keeping. In order to meet legal requirements that govern controlled drugs, each residential establishment must be equipped with facilities for the safe storage of such drugs.

Outcome: Controls which apply to drugs in this class must be strictly followed.

Quality Standard:

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

- To safely receive their controlled drug in accordance with the prescriber's directions.

Staff can expect:

- To be made aware either by the packaging or by the pharmacist, that they are dealing with a controlled drug.
- A controlled drugs register to be present in every establishment.
- These standards apply to children's home establishments only (including day centres).
- These drugs are not classed as controlled drugs when in the child/ young person's own home and there are no differences in administration of these drugs compared to other drugs when the child/ young person is in their own home.
- The following guideline is best practice in a Children's home and not a legal requirement. The Children's homes are expected to follow this guidance as best practice within the establishment.
- If there is any doubt as to whether or not a medication within the home is a controlled drug, advice must be sought from the pharmacist or prescriber.
- Examples of controlled drugs are

Methylphenidate
Oral amphetamines
Cocaine
Diamorphine (Heroin)
Methadone

General Principles:

Storage:

- The structural requirements in relation to cabinets and rooms for the safe storage of controlled drugs must be met by Regulation 3(3) Schedule 2 of The Misuse of Drugs (Safe Custody) Regulations 1973.
- A cabinet meeting these requirements can be secured within a wall mounted locked cupboard or placed upon a wall of solid construction within a locked room.
- The cupboard must be attached to a solid brick wall or if such a wall is not available in the storage room, it should be fitted to a wall that has a steel plate mounted behind it. It should be attached using either rawl or rag bolts.
- In no circumstance must the controlled drugs cabinet remain free standing.
- The controlled drugs cabinet key must be kept apart from the keys for other medicines. The key must be kept in the possession of the designated person or their deputy and must never be left in a drawer or suspended from a hook. The controlled drugs cabinet must never be removed from the premises.

Receipt of Controlled Drugs:

- The pharmacy supplier will inform you that a controlled drug has been dispensed and supplied. You will be asked to sign and complete a Controlled Drugs delivery note. A copy will be retained by the Pharmacist and a copy by the home.
- The Controlled Drugs must be booked into the CD register (which must be a bound book with numbered pages) and locked away into the CD Cupboard by two people as soon as they arrive at the home, recording the following information:
 1. Date on which the drug arrived in the establishment
 2. Name of person requiring the drug
 - 3 The quantity received
 4. Form in which the medication has been received
 5. A separate page must be used for each child/ young person and each strength if the same drug is used
 6. The type of drug must be specified at the top of each page
 7. The index of the register must be completed
 8. Two signatures of those booking in the drugs must be recorded

Administering and recording:

- All procedures for general administration apply.
- Administration shall be by the designated person and witnessed by a second person (an employee) who has been instructed in the 'administering and recording of controlled drug procedures'. This can be a trained carer who is aware of/ understands what they are checking.
- The witness must oversee the whole of the process. Both persons will sign the medication administration record (MAR) sheet as well as the controlled drug register.
- An entry must also be made in the establishment's controlled drug register which shall contain:

1. Entries must be made at the time of administration
2. Amount of drug removed for return to the pharmacist
3. Date of return
4. Removal for return by and witnessed by
5. No cancellation, obliteration or alteration must be made; correction must be dated and a note in the margin or footnote
6. Entries must be in ink
7. The book must not be used for any other purpose
8. The book must be kept at the establishment
9. A separate page must be used for each child/ young person and drug and strength.

Returning controlled drugs to the pharmacy:

- The CD must be returned to the pharmacy for destruction.
- This return should be recorded in both the CD register and the 'returns' book showing:
 1. Date the CDs were sent to the pharmacy
 2. The amount sent
 3. The remaining balance with the signatures of the two people responsible (in CD register).
 4. The signature and name of the person from the pharmacy to whom the CD was handed (in the returns book).

Procedures:

- If a child/ young person wishes to have help to administer their controlled medication, this must be in their placement plan.
- Where administration is by a health professional, they must complete the entry on the administration record and in the controlled drugs book, witnessed by the responsible designated employee for that establishment.
- All controlled drugs will be marked with 'CD' on the original manufacturer's packaging, but not on the pharmacy labelling. If in doubt, seek advice from your line manager, pharmacist or 'out of hours' health help line.
- Some controlled drugs do not legally have to be entered into the controlled drugs register. However, these drugs must be stored in the same way as other controlled drugs that are entered into the register. As good safeguarding practice, we require all administration of this category of controlled drug to be double signed and recorded in the controlled drug register. Seek pharmaceutical advice if unsure of the classification of medicine.
- Some drugs are exempt from the storage regulations (Midazolam). However it is again good practice to store it in a CD cupboard unless it is being used as rescue medication.

GUIDELINE 4: Problems with Medication

Outcome: The medication is given safely and correctly

Quality Standard

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

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

Staff can expect:

- To receive training on sources of advice and drug administration procedures
- Only to administer medication that is properly labelled and packaged by the pharmacy

What sort of difficulties can employees encounter

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

General Principles

Dealing with a child/ young person's medication is an important task. When employees are booking in, checking or administering medication they should give it their full attention and should be free from all other responsibilities and directions.

In a children's home setting, ignore the telephone, doorbell and the requests of child/ young persons and colleagues.

In the event of an untoward incident that colleagues cannot deal with, take a few seconds to lock the medication away; take the key with you.

Procedures

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

- Contact the child/ young person's GP or pharmacist to seek clarification. Send a 'faxback' to get the correction in writing.

- If the difficulties are encountered out of hours, contact the out of hours health help line, or an out of hours pharmacy.
- If you are unable to get the assistance or advice you need contact a line manager.
- If a child/ young person's medication is missed for any reason or you find a MAR sheet not signed, don't guess- seek advice from GP, pharmacist or line manager.
- If the medication is given to the wrong person, it is very important that employees seek advice immediately from a GP, pharmacist or Out of hours health help line if out of hours. If you are unable to get the response that the situation warrants, you should contact the hospital A&E department.
- Follow the medical advice given and as soon as is practicable inform a line manager.
- Complete a medication incident report form.
- It is important that employees have the opportunity to evaluate the events leading up to the incident in order that systems and practices can be reviewed and/ or adjusted to ensure remedies are in place to avoid a recurrence.

GUIDELINE 5: Off Licence Medication

(Crushing of tablets and the opening of capsules)

Definition of 'off licence' - Drugs may be used outside the terms of their product licence, e.g. in children or for an unlicensed indication. If a tablet is crushed or a capsule opened, its use is then outside the product licence i.e. the pharmaceutical company cannot then guarantee the quality, safety and efficacy of the medicinal product.

Outcome

The medication is available to those who cannot swallow whole tablets or capsules, where a suitable liquid product is not available. An unlicensed product should not be used where a product available and licensed in the UK could be used to meet the child or young person's special need.

Quality Standard

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

- To receive the medication in a form that is acceptable and in accordance with the prescriber's directions.
- To be given sufficient information about the medicines prescribed so that they can make an informed decision.

Staff can expect:

- To only be asked to crush tablets or open capsules after medical guidance confirmed in writing by the prescriber.
- To be given guidance on how to crush the tablet/ open the capsule with complete directions on how to administer.

General Principles

- Prescribing unlicensed medicines may be necessary where:
 - a) There is no suitably licensed medicine that will meet the child or young person's need.
 - b) Or where a suitably licensed medicine that would meet the child/ young person's need is not available.
- In most cases there are alternative options to crushing tablets and opening capsules. For both child or young person and carer safety, these will often be more appropriate. It should be determined if there is a licensed liquid preparation available.
- Employees should not crush a tablet without the advice of a pharmacist as this can cause medication to be ineffective and may breach regulations.
- The opening of a capsule or crushing of a tablet before administration will in most cases render its uses to be 'off licence'. If a GP advises that a tablet

should be crushed, then they should be asked to put it in writing with detail about the volume of water or type of food this must be added to.

- Under the Medicines Act 1968 only medical and dental practitioners can authorise the administration of 'off licensed' medicines to humans.
- Consequently the manufacturer may assume no liability (or refuse to accept liability) for any ensuing harm that may come to the recipient.
- A tablet should only be crushed/ capsule opened with the written authorisation of the prescriber or formal directions of the label, for example 'to be crushed and added to 10-20ml water'.

Procedures

Provider managers will ensure:

1. The child or young person's GP and/ or pharmacist are contacted so that all other alternative forms of medication are explored by the medical team before the decision is made to crush a tablet or open a capsule.
2. Written instructions or a "faxback" form are in place for a specific named individual.
3. The written instructions or "faxback" form must be kept with the MAR sheets.
4. The child or young person's swallowing difficulties are continually assessed and appropriate action is taken if there are any changes, with the potential of swapping back to tablets/ capsules.

All those who may administer medication:

1. Ensure they have received appropriate training
2. Only crush tablets or open capsules if there are specific written instructions from the prescriber or a signed "faxback" in place for the individual child or young person.

GUIDELINE 6: Return of Medication for Disposal from a Children's home

Outcome

When disposing of medicines and removing medicines classed as clinical waste, children's home registered managers should have a process for the prompt disposal of:

- Medicines that exceed requirements
- Unwanted medicines (including medicines of any resident who has died)
- Expired medicines (including controlled drugs)

Children's homes

- Clinical waste is treated as household waste.
- Medicines that are no longer needed should be returned to the community pharmacy for disposal.

Quality Standard

The situations where medicines might need to be disposed of include:

- A child or young person's treatment is changed or discontinued- the remaining supplies of it should be disposed of safely (with the child or young person's consent).
- A child or young person transfers to another care service- they should take all of their medicines with them, unless they agree to dispose of any that are no longer needed.
- A child or young person has refused the medication.
- A child or young person dies. The child or young person's medicines should be kept for seven days, in case the coroners or courts ask for them. The medicines can be disposed of when the death certificate has been signed.
- The medicine reaches its expiry date. Some medicine expiry dates are shortened when the product has been opened and is in use, for example eye drops.

General Principles

1. Surplus, unwanted or expired medicines should not be stored in residential care settings.
2. They cannot be used for anyone else. They should be disposed of as soon as possible.
3. All disposal of medicines must be clearly documented (see below).
4. Medicines for disposal should be stored in a tamper proof container within a cupboard until they are collected or taken to the pharmacy.
5. Where medication is in a monitored dosage system, this should be returned intact to the pharmacy.

6. When disposing of transdermal patches (eg. fentanyl/morphine), fold the patch in half ensuring the side which attaches to the skin is folded in on itself.

Procedures

Children's home Manager Registered managers:

1. Should be checking stock levels as good practice as part of the monthly re-ordering process which will allow identification of medicines no longer required and an evaluation of quantities of 'when required' medicines. Large establishments will probably find it necessary to return unwanted medicines every month.
2. Homes managers must ask the local community pharmacist to check the stocks of medicines on a regular basis. Any medicines for destruction must be signed for and taken away by the community pharmacy.
3. Should have a medications returns book in place. Managers are responsible for checking what is being returned and this should match the information in the returns book.

All those who may administer medication:

1. Ensure they have received appropriate training.
2. The following information should be entered into the medications returns book:
 - Date of disposal
 - Name of child or young person
 - Name, strength, dose and form of medicine
 - Quantity being disposed of
 - Reason for returning medication (e.g. dropped, refused)
 - Name and signature of the staff member making the record
3. Should keep records of medicines (including controlled drugs) that have been disposed of, or are waiting for disposal.

GUIDELINE 7: The Medication Administration Record (MAR)

Outcome: Any involvement in a child or young person's medication (reminding, preparing, or assisting), must be recorded on a Medication Administration Record (MAR) chart. This document serves as a legal safeguard for child or young persons and staff, should anyone be asked to justify their actions

Quality Standard

The Care Quality Commission's Essential Standards of Quality and Safety Outcome 9 (Regulation 13) Management of Medicines require registered managers to:

1. Have arrangements in place for recording when it is not possible for a person to self-administer their medicines.
2. Have records of when medicines are given to the person.

By doing so this ensures compliance with section 20 regulations of the Health and Social Care Act 2008.

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

- The child or young person to receive their medication in accordance with the prescriber's directions.
- There to be a record of which medication was administered by whom and at what time of day.
- There to be a record of any missed doses and reasons for this

Staff can expect:

- A MAR chart to be in place for the social care worker to refer to when involved in the administration of medication to a child or young person.
- The paper based or electronic MAR sheet to be:
 - legible
 - signed by the home staff
 - clear and accurate
 - factual
 - have the correct date and time
 - completed as soon as possible after administration
 - avoid jargon or abbreviations
 - easily understood by the child or young person, family or carer

General Principles

1. The purpose of a medication administration record document is to enable staff (and child or young persons if appropriate) to trace the use of a medicine (including prescribed creams, eye/ear drops and homely remedies) from the time it is requested to the time it is administered or destroyed.

2. The GP should be contacted to determine any allergies or intolerances to medicines or their ingredients. This should be accurately recorded on the MAR sheet and shared with the team providing care.
3. The MAR chart primarily acts as a source of information so that staff and appropriate professionals can find out who administered a certain dose when and by whom. The care provider should keep a record of medicines administered by visiting health professionals on the child or young person's MAR chart.
4. The records will be an aid to correct administration of medicines, although they do not necessarily ensure that a person has actually swallowed a dose that has been offered.
5. Medication administration records also help to ensure that all staff are aware of the quantity of medication present and will reduce tendencies to over order repeat prescription medicines.
6. Responsibility for providing MAR charts rests with the care provider. In children's homes these will be supplied automatically when the medication is dispensed. In home care community pharmacists can be asked to use the Derby City Council MAR chart. It is the responsibility of the provider organisation to supply the community pharmacist with blank MAR charts.
7. In home care the MAR chart should be supplied by Derby City Council for use by the community pharmacist. In some cases the community pharmacist may choose to use their own MAR charts. This is acceptable but caution must be taken as the codes and requirements for signing will differ on these MAR charts.
8. The use of eMAR (electronic MAR sheets) is an acceptable alternative and individual arrangements with community pharmacists will need to be agreed.
9. Care registered managers should update records of medicines administration to contain accurate information about any changes to medicines.

Procedures

1. In addition to checking the medicines delivered, the information on the MAR charts must be checked for accuracy. Particular attention should be taken to ensure that any medicine changes during the previous month are reflected on the new MAR. Ensure that quantities of any carried over 'when required' medicines are entered onto the new MAR.
2. Any change to a prescription or prescription of a new medicine by telephone must be supported in writing (secure fax or secure email) before the next dose is given. The fax back tool can be used to do this.

3. After administration, the MAR chart must be completed with the signature of the employee and the appropriate code. There must NEVER be any gaps present on the MAR chart.
4. If the medication is not given for any reason (e.g. medication not available to be given, child or young person refuses medication, or health care professional advises not to give the dose), it should be marked with an X as per Derby City Council's MAR sheet (other MAR codes may vary) and a log must be made on the reverse of the MAR chart, detailing the date, reason why it was not given/ taken and the signature of the employee.
5. Any changes in dosage or discontinuations of medication should either be signed for by the GP (on the MAR chart) or covered by a written letter/ faxback that should be kept with the MAR chart
6. Each MAR chart will be in use for a month. If using the Derby City Council MAR, after two weeks an overlay must be attached to the existing MAR chart so that recording can continue for a further two weeks. The name of child or young person, date of birth and date of administration must be written onto the overlay to avoid errors if it becomes detached.
7. The completed MAR chart must then be sent to the home care manager by home care assistants and kept for 3 years. In a children's home it must also be kept for 3 years.
8. The MAR sheet should be used to record any prescribed medication as well as any homely remedies approved by health.
9. Any PRN or variable doses must be clearly recorded on the MAR sheet with the actual dose administered (one or two).
10. A cross reference should be added to the child or young person's MAR chart when a medicine has a separate administration record . For example 'see Warfarin administration record'.

Use of fax back tool

The Derby City Council 'fax back' tool or any alternative proforma documenting the same information should be used in the following circumstances if the information on the MAR sheet is not complete:

- clarification of medication to be administered
- clarification of dose of medication
- clarification of directions of the medication
- specific directions if being asked to crush a tablet or open a capsule
- confirmation of discontinuation of a drug
- clarification on any other discrepancy on MAR sheet/ label of medicine/ directions stated by child or young person or child or young person's family

- help produce a PRN protocol of a 'when required' medication

If the community pharmacist cannot help with clarification, the prescriber should be asked to complete the protocol and send (via secure email or fax) to the social care provider. It should then be kept with the MAR sheet.

GUIDELINE 8: Procedure if no MAR sheet available

Outcome

Medication should be administered correctly and timely.

Quality Standard

- The child or young person, family, carers and advocates can expect the medication to be given in accordance with the prescriber's directions.
- There should be no delay in treatment if no MAR sheet is present.
- Procedures should be followed to ensure the administration of the medication can be recorded on a MAR sheet as and when the medication is given to the child or young person.

General Principles

- If a MAR sheet cannot be supplied by the community pharmacist or hospital pharmacist, the following procedures should be followed to enable the dose to be administered and recorded on a MAR sheet.

Procedures

- A council produced MAR sheet should be obtained if no current MAR sheet exists.
- The medication must be transcribed exactly as it appears on the pharmacy label, ensuring the quantity, drug name, strength of medication, form of medication, the dose and any specific directions are clearly handwritten onto the MAR sheet.

Example of a transcribed label:

28 Aspirin dispersible 75mg tablets	→ <i>Quantity, Drug name (full), strength, form</i>
Take ONE daily	→ <i>Dose, how to take and how often</i>
Take with or after food	→ <i>Additional instruction, caution or warning</i>

- A date should also appear on the MAR sheet making it clear when this treatment was started.
- The MAR sheet and medication to be administered must then be passed to a colleague for a second check to confirm all of the details are correct.

- Two signatures must appear next to the handwritten item and only when these two signatures are present, must this medication be administered.

GUIDELINE 9: Expiry dates of medication within social care settings.

Waste can be caused by:

- inefficient prescribing or re-ordering systems
- inappropriate prescribing
- poor compliance (not taking the medication as prescribed by the GP)

In the past, home registered managers and health professional may have adopted a number of system approaches to managing medicines that may in themselves create waste. For example, home staff returning tubs of topical preparations back to the supplying pharmacy every month and ordering new ones. The NICE guidance on Managing medicines in care homes, march 2014 concluded that provided the medicine is still currently prescribed, is within its expiry date and the manufacturer's literature does not specify a short shelf-life, when the product is opened, there is no requirement for the medicine to be disposed of early and it should be carried forward to the next 28-day supply cycle.

General Points:

- Make sure communication between GP and pharmacy are clear.
- Use child or young person's 'own drugs' before ordering new supplies whenever a child or young person is accepted into a care setting.
- Request 'prn' (when required) medication to be supplied in original packs rather than in a monitored dosage system (e.g. blister pack).
- If medicines are missing or medicines are on prescriptions that are not required for this month's cycle, raise with the GP surgery.
- Every pharmaceutical product has an expiry date that is stated on the packaging. The use of the product past its expiry date may result in a lower active ingredient or changes to the product that may cause child/ young person discomfort or a safety hazard due to microbial contamination or toxic degradation of products.
- Where employees are uncertain of the shelf-life of a particular medicine once opened, they should check the information supplied with the medicine or contact a pharmacist for advice.
- Over time, labels may fade or peel and essential information may be lost. In such cases advice should be sought from the supplying pharmacy and the product replaced if necessary.
- Record the opening date of liquids, eye drops, creams and ointments on the dispensed product.

Infection control best practice advice for the use of external preparations such as creams and ointments in all care homes includes the requirement that:

- All creams should be used for a named resident only.
- Gloves must be worn when applying creams and ointments.
- Expiry dates should be checked at each use.

Preparation	Unopened and stored in accordance with manufacturer's guidance	Opened and stored in accordance with manufacturer's guidance
Tablets and capsules packed in manufacturer's blister strips - where expiry date is intact	Manufacturer's expiry date	Manufacturer's expiry date
Loose tablets and capsules in medicine bottles	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.
Liquids - where in pharmacy brown glass bottle	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.
Liquids - where in original manufacturer's bottle	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL) or 12 months, whichever is sooner
Creams and ointments	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL) or 12 months from opening, whichever is sooner.
Ear drops	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL)
Eye drops/ eye ointment	Manufacturer's expiry date	28 days from opening unless otherwise stated
Inhalers	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL) Inhaler holders and spacers should be washed weekly or according to the manufacturer's instructions and replaced at least annually.

GUIDELINE 10: Household Remedies

Household remedies are those from an agreed list that may be kept as stock or purchased as necessary. All medicines should be deemed to be age appropriate for use in the child or young person and should not be used for more than 2 days without seeking professional advice.

Preparation	Dose	Comment
Antiseptic spray	As indicated	Creams should not be used as they are more likely to become contaminated over time
Gaviscon suspension/ Mucogel suspension	As indicated for indigestion	
Paracetamol Suspension 120mg/5ml Maximum of 4 doses in 24hours	As indicated for pain relief or to reduce a fever	Doses may be repeated 4-6 hourly as needed. Check child/ young person is not already on preparations containing Paracetamol. Check amounts given in previous 24 hours and ensure dose has not exceeded the stated max dose.
Paracetamol Soluble tablets Maximum of 4 doses in 24 hours	Soluble tablets 500mg Over 12 years: 500mg- 1g (max 4g in 24 hours)	Doses may be repeated 4-6 hourly as needed. Check child/ young person is not already on preparations containing Paracetamol. Check amounts given in previous 24 hours and ensure dose has not exceeded the stated max dose.
Sting relief spray	As indicated	Creams should not be used as they are more likely to become contaminated over time
Sunscreen and after-sun products	As indicated	
Sweets (non-medicated) e.g. Tunes	As indicated for cough, cold and sore throat	

Procedure

- Registered managers must obtain written consent in advance from parents/ guardian to allow them to do so.
- Registered managers must follow the same recording procedures as those for prescribed medication.
- The homely remedies must be stored safely and separately from prescribed medication.
- Care must be taken to ensure the medicine does not react with any regular medication.
- Administration should not exceed 48 hours without medical advice being sought.
- If a homely remedy is to be administered it should be signed out of the homely remedy book which is used as a record of purchased items and stocks
- Then administration of any homely remedy must be recorded immediately on the MAR sheet by the person administering, documenting the date, dosage, time given, signature of the carer and indicating the reason for administration.

Note

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

GUIDELINE 11: Covert administration of Medication

- Any decision to administer a medicine covertly must not be considered routine and may be reached only after assessing the care needs of the child/ young person as an individual - it should be child/ young person specific
- A medicine may only be administered covertly when it is in the best interest of the child/young person, that is, the medicine is necessary in order to save life, or to prevent a deterioration in the child/ young person's physical or mental health, or to ensure improvement in the child/ young person's physical or mental health.
- A medicine may only be administered covertly following discussion and agreement with the medical and social care staff responsible for the child/young person's care and the child/ young person's family and / or carers and advocates. The discussions and agreement must be documented in the care plan placement plan.
- In addition, the mechanics of crushing medicines may alter their therapeutic properties rendering them ineffective and the medicine would not be covered by their product licence. Medicines should not routinely be crushed unless a pharmacist advises that the medicine is not compromised by crushing and crushing has been determined to be in the child/ young person's best interest.
- (See guideline in Adults, Health and Housing medication policy).
- A young person under the age of 16 is deemed to be capable of consenting to treatment if, in the opinion of the medical practitioner attending him or her, he or she is capable of understanding the nature and possible consequences of the treatment. It follows that where a young person under the age of 16 refuses a medicine and is deemed able to understand the nature and possible consequences of that refusal, then the medicine must not be administered covertly, even if the parents agree.
- Where a young person under the age of 16 is deemed incapable of understanding the nature and possible consequences of the treatment, then the medicine may be administered covertly, provided parental consent is obtained or consent of the adult who has parental responsibility is obtained. If this consent is not forthcoming, for example, where the parent or adult with the parental responsibility is absent or is not thought to be acting in the best interests of the young person, the medicine may be given covertly if it is thought to be essential by the medical and nursing staff responsible for the young person's care and wellbeing.
- Children of 16 or 17 are presumed to be able to consent for themselves, but the parents or those with parental responsibility may override the refusal of a child of any age up to 18. In exceptional circumstances, it may be necessary to seek an order from the court. Child minders, teachers and other adults caring for the child cannot normally give consent.

GUIDELINE 12: Rescue treatment of epilepsy

Outcome:

This guideline has been written to enable employees to administer rectal diazepam or midazolam oromucosal (by buccal administration route) solution in a safe and professional manner. The aim is to provide support, reassurance and protection to both employees and child/ young person involved.

Quality Standard

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

- A reduced risk of prolonged seizures and the ability to recover if possible in the setting where they are residing.
- To receive rectal diazepam or midazolam oromucosal solution in accordance with the prescribers directions.
- The method of administration and management of the epileptic seizure to be specific as per the guidelines.

Employees can expect:

- To receive training on epilepsy awareness
- To receive specific training on the use of rescue medication from a suitably qualified person (epilepsy specialist nurse)
- To receive refresher training within a one year period.
- To be retrained regarding each individual child/ young person if specifically required.

General Principles

1. Individualised emergency epilepsy plans must be written by a health professional and must specify the type, duration, method of administration and management of the epileptic seizure and the point at which rectal diazepam or midazolam oromucosal solution should be administered as well as when an ambulance should be called. The emergency epilepsy plans should be updated by a health professional annually.
2. Carers must be informed if rectal diazepam or midazolam oromucosal solution is administered.

Procedures:

Employees will ensure:

1. They have received epilepsy awareness training and specific training on the administration of rectal diazepam and/or midazolam oromucosal solution.

2. They are familiar with the individualised guidelines in the child/ young person's emergency epilepsy plan.
3. They do not leave the child/ young person unattended at any time until a healthcare professional has arrived or the child has recovered from the seizure or is with parents/carers.
4. That they do not administer rectal diazepam alone. One employee will administer the medication whilst the second employee acts as a witness.
5. Midazolam oromucosal (by buccal administration route) solution can be administered by one trained and competent employee alone.
6. The MAR sheet has been signed to indicate the drug has been administered.
7. They consider where administration is taking place; other people may need to be removed from that area to maintain the dignity of the child/ young person.
8. They do not wear sharp or protruding jewellery when administering rescue medication and their nails must be kept short.
9. They wear appropriate personal protective clothing including disposable gloves when administering rectal diazepam.
10. They seek medical attention and advice for the child/ young person after the seizure has stopped if necessary.
11. Employees have a duty of care to report any difficulties faced whilst administering rescue medication

Manager/Registered managers will ensure:

1. The need to administer rectal diazepam or midazolam oromucosal solution will be documented in the placement plan. The needs assessment will have the signed agreements of the informal carer and members of the multi-disciplinary team.
2. Guidelines are written and agreed for each specific named individual by a member of the health team. The guideline must be verified by a health professional every year. Specific training is supplied from a suitably qualified person before implementing the emergency epilepsy plan. Training must include epilepsy awareness.
3. The homes manager must ensure that suitably trained and competent employees are on shift to look after any child/young person who has epilepsy.
4. A register of employees who have undertaken this training must be kept in the medication room.
5. A list of employee training records and copies of any certificates must be kept on site.
6. Accurate records of administration must be kept.

