London Borough of Hounslow
Specialist Children's Services
Medication Policy for Westbrook Short Break Unit

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Date: 30.01.25 & 10.02.25

Signature:

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1. INTRODUCTION

1.1 The principle that underpins this medication policy is to ensure that the safe handling, administration, storing, disposal and recording of all medicines or health procedures is given utmost priority and consideration.

1.2 The policy aims to safeguard the interest of both service users and staff. The purpose of this policy is to provide a clear and workable framework to enable care staff to assist or enable service users to take as much control as possible with their personal prescriptive or non-prescriptive medicines.

1.3 Staff may be involved in a range of tasks relating to medication; therefore, it is essential that adequate training is given on a regular basis. Staff have a duty of care to ensure that medicines are correctly handled, it is essential that the training offered reflects the expectations of the task. There may be a need for a specific health need to be met within the service users care plan. These health needs may require procedures that are described as invasive, therefore requires more specialist training.

1.4 The registered manager has a responsibility to ensure necessary health procedures / protocols are followed and understood by staff to ensure individual confidence and competencies in handling medicines are maintained to the highest standard. All staff that receive specific training in the handling of medication are known as "Designated Persons", only staff that are assessed as being competent to perform such tasks will be able to fulfil such a role. It is vital that staff are trained according to the needs of the service user, as well as the expectations set by the establishment in which they work.

The registered manager of the home and the staff that are accountable for the administration of medicines should therefore: -

a. Always act in such a manner as to promote and safeguard the interests and well being of the children and young people in their care.

b. Ensure that no action or omission on their part, or within their sphere is detrimental to the interests, condition or safety of service users.

1.5 The aim of the policy is to ensure that all professionals involved within the prescribing, dispensing and administration of medicines is achieved by working within a multi-agency framework. Working within a safe framework, ensures that individuals health needs are monitored, reviewed and handled correctly in partnership with the child / young person and their families.

1.6 It is essential that service users are given as much control over their health plan needs as deemed appropriate to age, behaviour and disability. A risk assessment framework needs to be implemented seeking the advice from the community pharmacist, health authority pharmacist, and medical practitioner / paediatrician, ensuring that an individual is responsible in taking full control to self-medicate.

1.7 The policy is intended to comply with the legislative requirements, specifically related to:-

- National Minimal Standards
- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Children Act 1989
- The Care Standards Act 2000
- The Royal Pharmaceutical Society of Great Britain
- The Children's Homes Regulations 1991
- The Data Protection Act 1998
- The Health and Social Care Act 2001

1.8 Designated staff and those responsible for the prescribing and dispersal of medicines should at all times act in a respectful manner which is sensitive to that individual's health needs. As well as following practices which are in line with the Data Protection Act 1998.

1.9 Staff under no circumstances should use medication as a threat or as a sanction to achieve a desired reaction.

1.10 The administration of medicines is an important aspect of the work. It requires adherence to and compliance with this policy.

2 Self-Administration of Medicines

2.1 Services users have the right to self-medicate and therefore care establishments are required to actively promote this. At the time of admission an assessment should be made in consultation with the community pharmacist, Medical Practitioner, LAC nurse and parents / carers to determine the young persons ability to manage all or part of his/her own medication safely.

2.2 The registered manager has a responsibility to ensure that a risk assessment is carried out within a multi-agency framework.

2.3 Service users should be encouraged to be responsible for their own medication, therefore care staff may need to use gentle reminders, prompts and preparation techniques to assist the service user take as much control as possible. The assessment of need in relation to individuals health needs should be defined within the service users care plan or health action plan.

2.4 Where a risk assessment has determined that it is not safe for a child / young person to take full responsibility of their health needs, he/she is to be informed that "designated persons" within the establishment will assume responsibility for storing, administering and recording medicines. It is essential that such decisions are reviewed regularly, as circumstances will inevitably change.

2.5 Whilst it is desirable that a service user should be encouraged to maintain control over their medicines, it is not appropriate for a child under the age of sixteen to collect medicines from a pharmacy unless accompanied by a carer or guardian. This however does not mean that they will not be able to exercise control over their medication.

2.6 The establishment needs to make every effort to work towards a child/young person taking

full responsibility of their medication. This will endeavour to promote independence with a view to prepare the service user to leave a supportive care environment to one of independent living out in the community.

2.7 Where it has been assessed as safe for a service user to take full control over his/her medication, the establishment needs to provide a lockable draw or cupboard for this to be stored securely and safely.
The registered manager of the home needs to implement a safeguarding protocol in an event that designated persons of the home need to gain access.

2.8 The service user that is self-administering does not need to record their administration of medicines on a MAR (Medication Administration Record) chart, however staff that have been identified as designated persons need to record such self-administration on a MAR chart. It is important the registered manager and designated persons are able to monitor and review how effective a service user is being in relation to being responsible and compliant for their own medication.

2.9 In partnership with the service user, their family, medical practitioner and pharmacist, other forms of dispensing medicines should be considered, if this aids a young person to actively take control of their medication. Other forms of dispensing can be in the form of calendar blister packs, or if a risk assessment has identified that using a monitoring dosage system is in the best interests of the young person, then this should be actively implemented. *It is important to recognise at this stage that mixing certain types of medication into one container can have certain reactions to other types of medication. Therefore, careful consideration and consultation within a multi-agency framework is to take place prior to implementing and handling.*

3 Receipt of Medicines

3.1 All Medicines brought into the home whether this be in the form of prescriptive or over the counter medicines need to be recorded in accordance to the units recording procedure.

3.2 Where medication is travelling from one environment to another it is essential that medicines are packaged in childproof containers or appropriate packaging. It is vital that medication is stored appropriate to temperature specified and is managed safely during transit. Medicines should be supervised at all times by an appropriate adult and handed over to an designated person in the care home responsible for the storing, recording and administration of medicines. The designated person within the care home should also ensure when handing over any medication to other agencies or the service users family that safe handling protocols are followed, as detailed within the establishments procedure.

3.3 If medication cannot be checked immediately against the pharmacists labels and the establishment's records, then <u>all medicines</u> must be locked away in a safe and secure place, until such time a designated person are able to verify such medicines. It is recommended that the checking of medicines be completed as soon as it is feasible to do so. This should be in line with the establishment's procedure. This ensures designated persons have adequate time to responded to any discrepancies, as well as ensuring a checking procedure is followed prior to direct administration of medicines.

3.4 All medicines entering the home must be initially checked and the following information needs to be recorded:

- Name of service user for whom medication is prescribed or purchased.
- Date of receipt.
- Name, strength, dosage and frequency of medicines to be administered.
- Quantity received.
- Signature of the designated members of staff receiving medicines.
- Note any special requirements i.e., after or before food.
- If at any time the service user leaves the establishment, or the establishment offers a day care or respite service, the quantity of medicines being returned needs to be recorded.

4 Labelling of medicines

4.1 It is essential for a designated person to administer medicines correctly; all labelling must have a pharmacists printed label containing the following information:

- Service users name
- Date of dispensing
- Name and strength of medicine
- Dose and frequency of medicine
- Expiry date (Taken from suppliers packaging)

4.2 In the case of multiple containers, each container should be labelled. For medications which have an inner container and an outer box (e.g. eye drop bottles, creams and ointment tubes) the label should be applied to the item instead of, or as well as, the outer container.

4.3 It is important to recognise that all medication has a shelf-line expectancy, therefore staff must be aware of the expiry dates on each medicine before administering. For other medicines such as eye drops, creams and ointments, all have an expiry date. However, it is important to document and record the expiry date of such medicines from the point of opening, this will differ from the pharmacist label expiry date. These types of medicines once opened hold a shorter shelf-line expectancy i.e. 3 month / 6 months therefore designated persons or parent / carers need to record the date at the time of opening on the pharmacist label.

4.4 If the pharmacist label becomes detached from the container, or is illegible, prompt advice from the medical practitioners must be sought. Until verification of medicines can be confirmed, the original container should not be used.

4.5 Cautionary and advisory labels for dispensed medicines provide additional information to service users and staff, which can improve understanding and compliance. A guide to these labels is published in the British National Formulary (BNF). Pharmacists should include this information on labels for dispensed medicines, where appropriate. A patient information leaflet (PIL) must be supplied with each medicine, as this holds necessary information about the prescribed medicine and should be available to the service user and staff.

4.6 Labelling of individual medicines need to be clear and precise, therefore it is important that the prescriber avoids using instructions such as ‘as before’ or ‘as directed’. It is vital

that the written prescription includes the dose and frequency of administration to ensure that the correct treatment is administered and to reduce the risk of errors. When the administration route is other than oral, it is important for the route to be clearly stated.

4.7 For medicines that are prescribed as 'as required', medication should be presented clearly and include the dose, frequency and dosage interval including the maximum daily dose.

4.8 Designated persons responsible for the handling of medicines, as well as other connecting agencies that may also be accountable for individual medicines, must never alter pharmacist labels. *There are two exceptions to this rule;* **1:** Recording the 'date' when opening medicines such as creams and ointments. **2:** Noting on the label to 'refer to a GP fax', as the pharmacist label instructions may differ from the information you hold on the service users MAR card. It maybe that the service users medication has been reviewed, therefore dosage could have decreased or increased before the change to the pharmacist label had occurred. It is not sufficient that staff accept telephone instructions from a medical practitioner, any alterations pertaining to the medication must be confirmed in writing.

5 Administration

5 All medicines are individually prescribed for each service user, and therefore are the property of the named service user. Under no circumstances should such medicines be used for the administration of any other service user. These medicines must be reserved for the treatment of the named person only.

5.2 The responsibility for administering medication on a day-to-day basis is that of the 'designated person' assigned responsibility for that shift. The responsibility for carrying out more complex treatment requiring more specialist nursing skills such as intravenous injections, bladder washouts and complicated dressings lies with the Health Authority Visiting Nurse.

5.3 In cases where medical procedures known as 'invasive' is part of an individual health plan, such as rectal and vaginal preparations or gastronomy procedures. The registered manager of the home has a responsibility to ensure that such procedures are accessible to the staff required to assist. Hand in hand to this, is ensuring staff receive essential and specific training. Only if staff have received training and are deemed competent and confident in such procedures, will the establishment view this as part of their role and expectations in assisting service users meet their individual health plan.
It is a requirement that TWO staff members are present when administering all medications at the Service.

5.4 With all injections the Community Nursing Team is responsible for training service users and where that is not possible, staff can assist in this area once necessary training has been given. Staff must be deemed competent and confident before undertaking this task.

5.5 Staff are to ensure that good hygiene is maintained when assisting with such medical health care needs. Staff must as a matter of course, as well as to avoid cross-contamination wear disposal gloves and always wash their hands prior to checking or administering any medications or invasive procedures. Staff must routinely wash hands, wear an apron and gloves before handling any medicines or assisting with invasive procedures. Staff need to be aware that vulnerable young people are more susceptible to virus and infections, therefore such medical

procedures are to be treated with care. Registered managers of establishments need to ensure that such guidelines for hygienic handling of medication are written within the unit's procedure.

5.6 Prescribed medication should be given as far as possible at the same times each day, unless there are specific instructions stating otherwise. Where there is more then one dose of medication to be administered in a day, the dose should be given at regular appropriate intervals. Medicines in tablet or capsule form are most effective when swallowed whole, and each service user needs to be encouraged to do so. If a service user struggles to swallow their medication whole, it may be worth considering whether the medicine is available in another form such as liquid or dissolvable tablet form. All medicines need to be taken with liquid.

5.7 Registered managers need to ensure that the administration of all medication is carried out safely. This may mean that the unit adopts a procedure where all medication is administered in an allocated room i.e. medication room. For service users that self-medicate an agreement needs to be reached on where the most desirable place is for medication to be taken. An area / room needs to be private, as well as an area which has limited access to other services users. Identifying specified areas will hopefully eliminate tablets that may have been dropped to one area. Such control measures will reduce the risk by other service users mistakenly taking medicines that are not prescribed to them.

5.8 Ideally medication needs to be administered directly from the containers / blister packaging at the time of administration. Only if a risk assessment highlights a need to adopt another procedure such as dossetting medicines prior to administration, the establishment needs to consider other factors within that risk assessment (refer to section 2.9). It is a requirement that two staff assist in the administration of all medications including homely remedies. The establishment have adopted this additional safeguarding measure following a historic medication error. Two staff will therefore assist with all handling and administration of medication, therefore also requiring two signatures.

5.9 When administering any medication designated persons must follow:

- Refer to the service users care plan or health action plan for more information about the service users preferences.
- Medication to be administered in allocated area / room.
- Medication must be administered in accordance with the prescribers instructions. Follow any special requirements i.e. before or after food.
- Select the MAR chart for individual service users.
- Designated person(s) to follow good hygiene standards.
- Designated persons are to administer directly from the containers/packaging, this will only differ if a risk assessment has highlighted an alternative method of administration.
- Check the prescribed dose has not already been administered.
- Notes any changes in treatment. (This should have been detected at the time of receipt of medication).
- Select the medication required.
- Check the pharmacist label on the packaging/container against the information on the MAR chart.
- Confirm the service user's identity.
- Administer the medication.
- Enter initials or appropriate code on the MAR chart immediately after each administration.

Note: If a service user refuses, spits out or vomits their medication, designated persons must never force a service to take their medication. If a service user spits out or vomits after administration, staff must never re-administer.

Staff must adhere to the following protocol:

- Record on the MAR chart using the appropriate code, what has happened.
- Record any useful information on the MAR chart.
- Advise and seek advice from the service users general practitioner / paediatrician / NHS helpline (111).
- Inform the service users parents / carers.
- Monitor the service user closely, seek medical attention if the service user health deteriorates or becomes concerning.
- Complete a comprehensive incident report and present it to the Designated Safeguarding lead as soon as it is practicable to do so.

5.10 If there is a discrepancy between the Medication Administration Record Card (MAR) and the label on the container, do not administer until the discrepancy has been resolved. Remember such a discrepancy should be detected at the receipt of medication stage. It is highly recommended that procedures allow for a checking protocol, this will allow discrepancies to be dealt with in sufficient time prior to administration.

5.11 Medication should not be administered covertly; this meaning disguising or concealing the tablet/capsule for example, in food. If such a method is necessary to support a service user take their medication, this needs to be agreed within a multi-agency framework. A risk assessment needs to determine whether using this method will have any other contra-indications. It is important to remember that if certain medicines come into contact with other substances, this can then have a reaction on how effective the medicine will be. Young people at Westbrook can be given their medication with yoghurt or juice if we are verbally explaining to the young person that they are having their medication. This is not assessed as a covert administration of medication. This has been confirmed by OPUS pharmacy.

6 Recording

6.1 It is a statutory requirement that all medicines received, administered and disposed of are recorded. The Medication Administration Record chart (MAR) is a working document, which needs to include all prescribed medicines. The MAR chart may also be used to record other medicines administer e.g. non-prescribed medicines. The MAR chart must hold clear, concise and correct information, which needs to be signed and dated to record the administration of all medicines.

6.2 The signature of the designated person and or the staff assisting/witnessing the administration of medicines, must be linked to a specific medicine. This will facilitate audits, and therefore ensuring good recording systems are being followed.

6.3 Even though it is not a requirement to check MAR charts with a medical practitioner, it would be considered an element of good practice that a GP verifies changes, particularly when changes to doses or discontinuation of medicines occur. In cases where hand-written charts are not checked by the GP, it is strongly recommended that a second trained member of staff checks such records.

6.4 Children establishments where service users are prescribed medicines on a regular basis may find printed MAR charts beneficial. Community pharmacists maybe able to produce printed MAR charts, however this will only include information that the pharmacist has dispensed. Therefore, other medicines that a service user may need will not be available on a printed MAR chart. The registered manager will need to consider what the most suitable form of record keeping is, which reflects the nature and effective running of the unit. It is not a legal requirement that MAR charts are printed, however there is greater potential for errors when charts are regularly re-written by staff. Therefore, the registered manager needs to ensure that a safety checking protocol is written into the units procedure.

6.5 It is essential that records are kept to a standard which holds clear, accurate and up to date information on each service user. Therefore, when assisting in such medical procedures the protection of designated persons and services users are given utmost importance.

6.6 A number of trained staff will be responsible for the handling of medicines; therefore it is essential that the recording systems used are universal. Staff need to receive adequate training to consolidate their understanding on using consistent recording methods. The registered manager needs to monitor such recording systems to ensure that staff are not becoming complacent, that records are properly completed, legible and current.

6.7 When implementing a unit medication procedure, it is important that a recording protocol is put into place when designated persons are in receipt of any medication, this can be either prescribed or non-prescribed medicine.

As detailed in section 3.4 'Receipt of Medication' the following information needs to be checked and recorded.

- Name of service user for whom medication is prescribed or purchased.
- Date of receipt.
- Name, strength, frequency and dosage of medicines to be administered.
- Quantity received.
- Signature of the designated member of staff receiving medicines.
- Note any special requirements i.e.; after or before food.
- If at any time the service user leaves the establishment, or the establishment offers a day care or respite service, the quantity of medicines being returned needs to be recorded.

6.8 Individual Medication Administration Records must be kept on each service user that takes prescribed and non-prescribed medicines. The following information needs to be recorded:

- Name of service
- Name of service user
- Date of Birth
- GP's name and contact details
- To record any known allergies / sensitivities and any other previous therapy.
- A section to record 'As Required' medicines and 'Once Only' medicines.
- To record any special dietary requirements associated to the administration of medication.
- A section to record ongoing prescribed medication, detailing each medicine separately.
- With each medicine designated persons must record the **right person, the right medication, the right dose, the right time, the right route, date commenced, date discontinued and designated staff's signature.** (Clear guidance and training on completing MAR charts correctly needs to be part of designated staff's training).

6.9 Other information that needs to be recorded on an individual medication record chart is as follows:

- For any reason that medication has not been administered. Designated staff are to record the Date, Time, Medicine and reason for not following the service users health plan. Designated staff are to sign once recorded.
- Staff are to use the specified codes on the chart to explain the circumstances / incident for medicines not being administered. i.e.: **R=** Refused, **V=** Vomited, **L=** Patient on Leave etc.
- To record any medicines that are being disposed off / no longer required.
- To record any home remedies.
- To record any external preparations that have been discontinued.

(Clear guidance and training are to be implemented within the establishment's medication procedure, to ensure that a standard of recording is maintained.)

- ***Please refer to the section on Controlled Drugs as a separate recording and storing procedure needs to be implemented.***

6.10 The registered manager of the establishment needs to keep a register of staff signatures (including agency staff deemed competent) to ensure that signatures can be easily identified. A register of signatures should include:

- Date
- Full printed name
- Designation
- Signature (in full)
- Signature (initials)
- Name of agency (if applicable)

6.11 For service users who self-administrate (take responsibility of their own medicines) the fact that they do so should be recorded. If medicines are obtained on their behalf from the pharmacist this should be recorded. Staff must ensure that records are kept monitoring and review the service users ability to manage their own medicines.

6.12 Please refer to sections 'Receipt of Medication and 'Labelling of Medication' as this gives information on recording discrepancies and other considerations when handling medicines. It is important to remember that it is not sufficient to accept telephone instructions from a medical practitioner, any alterations pertaining to medicines must be confirmed in writing by fax and recorded on the MAR chart. In circumstances where written confirmation is not available, however staff accept verbal instructions from a medical practitioner, a written protocol needs to be set up in each establishment for recording messages received from a general medical practitioner, this then must be verified in writing as soon as is feasibly possible.

6.13 Service users confidentiality and privacy should be respected at all times. If records are kept on an IT system, or if staff need to divulge any confidential information to other professionals, staff need to be away of the Data Protection Act 1998.

6.14 In relation to children's establishments, medication records must normally be kept for at least fifteen years from the date of the last entry.

7 Storage & Security of Medicines

7.1 The responsibility for establishing and maintaining a system for the security and safe keeping of all medicines stored is that of the registered manager. The decision of where to store medicines should take into account the size and nature of the establishment and the types of medicines that will be supplied. Areas that are not classed as suitable include kitchens, bathrooms, toilet and sluice or next to heaters.

7.2 Where staff have designated responsibility for handling medicines on behalf of the service user, there must be a designated place for storing medicines that is secure. Access to such medication storage areas must be restricted to authorised staff only. The designated place must be maintained at a temperature appropriate for the storing of medicines.

7.3 There must be sufficient room to store nutritional supplements, prescribed dressings and other equipment associated to the health needs of the service users. Care must be taken to ensure that medical items are stored off the floor and appropriately organised, labelled and maintained. Storage areas must be kept clean and tidy at all times.

7.4 The choice of medication cabinets must comply with the relevant British and ISO Standards. Cabinets should be of suitable size and constructed with a quality lock. The security of medicines should not be compromised by being used to store other non-clinical items.

Separate areas must be identified for:

- Medicines for internal use
- Medicines for external use
- Medicines requiring cold storage
- Medicines that are described as a Controlled Drug

7.5 Storage cupboards must be kept locked at all times when not in use. When unlocked, this area should not be left unattended at any time.

7.6 A separate, secure and dedicated refrigerator should be available in the establishment to be used exclusively for the storage of medicines requiring cold storage. The temperature of the refrigerator should be monitored daily when in use. The ideal temperature range is between 2 and 8 degrees centigrade. Staff should have a clear understanding of the action to be taken if the temperature is outside the normal range.

7.7 There must be a clear procedure in place to ensure the security of keys for the medicine areas/cupboards is restricted to authorised persons only. Medication cupboard keys should not be part of the master key system of the establishment. Key security is an integral part of handling medicines safely therefore controlled measures need to be put in place to prevent unauthorised access, or keys being lost or miss-placed.

7.8 Loss of keys must be reported immediately to the senior management team and investigated. This includes situations where it is believed a designated person has mistakenly taken the keys home in error on a previous shift.

7.9 If a decision is made to use a medicine trolley, its construction should be of suitable material and of a size that is appropriate to the needs of the establishment. The identified trolley must be fit for its purpose, meaning that it must be able to store medicines for each service user separately. The trolley must have sufficient capacity for all medicines to be locked away in an emergency. If a mobile trolley is used to store medicines, it must be locked and fixed to the wall in a designated place when not in use.

7.10 Service users managing their own medicines should wherever possible retain custody of their own medication. A suitable locked receptacle, drawer or cupboard needs to be provided. (Please refer to Section 2 for other considerations that need to be taken in order to safely support service users to self-administrate). It would be considered good practice that an agreement with each service user is drawn up, highlighting the responsibilities of managing their own medicines. This should include safe keeping the security of their medicines, key responsibility, that staff will review their effective management of their medicines and an understanding that designated staff may need to gain access to their medication cupboard/draw should a problem arise.

7.11 Service users that have a combination of different types of medicines must where possible be grouped together and clearly labelled. This ensures that staff are not having to retrieve medicines from different areas, reducing an error that a particular medicine may be forgotten or be placed with another service users prescription. *There are two exceptions to this rule;* **1:** certain types of medication will need to be stored at different temperatures. **2:** a particular type of medicine may be described as a 'controlled drug', therefore will need to comply with the Misuse of Drug (Safe Custody) Regulations 1973. When implementing an establishment's procedure, storage of different types of medicines needs to be considered, to ensure correct administration of all medication takes place.

7.12 The registered manager of the establishment must review the security of storage areas each month.

7.13 If an establishment chooses to use Monitoring Dosage Systems (MDS), careful consideration needs to be given to storage. Adequate lockable storage must be provided at all times for medicines supplied in MDS containers. Lockable storage must also be provided for medicines during the change over period when new supplies are received from the pharmacy. The registered manager and designated care staff that are responsible for the administration of medicines in MDS packaging need to be aware that if a controlled drug is incorporated into an Monitoring Dosage System, then the whole box is subject to the Misuse of Drugs (Safe Custody) Regulations. Therefore, guidance must be sought from the supplier of the medicines, and careful consideration needs to be given when devising a protocol for the storage and administration of controlled drugs stored within a Monitoring Dosage System.

7.14 In care establishments where designated staff are required to administer medicines, a Control of Substances Hazardous to Health (COSHH) Regulations assessment should be undertaken of those medicines that must be handled. Examples include external applications such as steroids, cytotoxic medicines such as methotrexate. The purpose of such an assessment is to provide staff with adequate understanding of personal risk; safe practice to be followed; and what to do should a member of staff come into direct contact with the product.

7.15 Complimentary medicines and household remedies may be requested by service users and facilitated by designated staff. However, staff should not initiate or promote such medicines for service users, unless written approval is obtained from a medical practitioner, the service user, and parent or carer.

8 Control Drugs

8.1 The Misuse of Drugs Act 1971 is the legislation governing Controlled Drugs and the National Minimum Standards recommend that these regulations be followed. The Children's Home Regulations 2001 do not include any additional requirements for recording controlled drugs, it is however recommended in specialist establishments and secure units as a matter of good practice.

8.2 The majority of controlled drugs are prescribed on NHS prescription forms for individually named service users. 'Stock' controlled drugs can only be ordered if the organisation has obtained a Home Office Licence.

8.3 Controlled drugs for service users who are not self-medicating must be stored in cabinets that meet the requirements within the Misuse of Drugs (Safe Custody) Regulations 1973. This specifies the quality, construction, method of fixing and security of the cabinet.

8.4 The CD's cabinet preferably should be made of steel, with suitable hinges, fixed to a wall or the floor with rag bolts (these bolts should not be accessible from the outside of the cabinet). Ideally the safe/cabinet should be within a cupboard or some other position to avoid easy detection by intruders. Control measures for the safe handling and storing of keys to the cabinet needs to be incorporated into the establishment's procedure.

8.5 The cabinet that has been specified for the storing of controlled drugs, should only be used for that purpose and not for the purpose of storing other medicines.

8.6 If service users are self-administering their own supply of controlled drugs, this can be stored in their personal lockable cupboards. The registered manager of the establishment needs to ensure that a thorough risk assessment and monitoring protocol is put in place. This is to be completed in partnership with the service user, medical practitioner and parent/carer, such measures ensures that the overall care and protection is given to the service user and others.

8.7 The recording of controlled drugs needs to be recorded in a specified bounded book. The following recording protocol needs to be followed:

- On any controlled drug entry, two members of staff initial the register, one of which would be a witness.
- Within the bound book, a separate page is to be used for each form and strength of each drug.
- Two members of staff are to record the medication that arrives into the establishment. The second member of staff is to verify the information on the pharmacist labels against the information detailed in the CD's register.
- Must have the drugs to which the entries relate specified at the head of the page.
- Must show drugs obtained and drugs supplied.
- Must be kept on the premises.
- Be available for inspection
- Records must be kept for two years from the date of the last entry.
- Controlled drugs that need to be disposed of need to be returned to the dispensing pharmacy. A separate record of any drugs returned needs to be recorded. (It would be good practice to obtain a signature of receipt from the pharmacist).
- Recording must be legible, using the appropriate section.
- Errors: Do not obliterate records, put a line through the error and asterisk. Designated staff are to record what the error was and sign and date the section. Wrong section errors should be re-inserted in the correct page. Do not try and cover up errors but be clear about the mistake and record as such. This ensures that clear records of handling medicines are maintained.

- Staff are to refer to the 'British National Formulary' (BNF) to distinguish which medicines are classed as a controlled drug.

8.8 In some care home establishments, care staff may face situations where they will need to deal with substances that will need to be removed from the service users possession. If staff are handling non-prescribed controlled drugs, staff can only take possession of them for the purpose of handing them over to the police for disposal. Care establishments need to have a written protocol in place, detailing guidance on what to do if service users are in the possession of schedule 1 or schedule 2 drugs.

9 Discrepancies and authenticity of prescriptions

9.1 The prescriber is expected to write full instructions on the prescription that should be reflected on the labelled container by the pharmacist. Blank PF10/GP 10s or other prescription pads must not be retained in the establishment.

9.2 If the establishment is a long stay care home, it is essential that the manager/designated person verifies the prescription forms, checking the items that were ordered before they are submitted to the pharmacy.

9.3 It is important to recognise that GP's prescribing 'controlled drugs', the prescriptions are handwritten. There could be scope for tampering with the prescription, this therefore is fraudulent behaviour and needs to be treated as such under the criminal justice system.

9.4 It is the responsibility of the manager / designated person to sign the exemption declaration at the back of the prescription, on behalf of the service user, if the service user is unable to do this themselves.

9.5 A 'fax' of a prescription does not fall within the definition of a legally valid prescription. The faxed prescription is therefore deemed to be not written in indelible ink, and the fax does not have an original signature of an appropriate practitioner. A fax can however confirm that, at the time of receipt a valid prescription exists.

9.6 If designated staff detect a discrepancy against the pharmacist labels, and the information recorded on the service users MAR chart. It is important that staff actively respond to clarify a discrepancy as soon as possible. When staff contact the medical practitioner, they may instruct a verbal order regarding a change to medication. Due to legal restrictions, designated staff cannot action a verbal instruction to initiate treatments with a 'prescription only' medicine. A written confirmation of the change needs to be requested by fax to substantiate the change. A written protocol should be set up in each home for the recording of messages received from a medical practitioner.

9.7 Written guidance needs to be established in each establishment, detailing what staff need to do if a discrepancy is discovered. Dealing with discrepancies should also be part of staffs training and induction to the storing, handling, administration and recording of all medicines.

10 Non-prescriptive medicines

10.1 Non-prescriptive medicine is another name for homely or household remedies, which refer to medicines available over the counter in a community pharmacist.

10.2 A service user who is assessed as being responsible and capable in making clear decisions about their health and wishes to choose their own remedies for minor ailments should be supported in this decision.

10.3 If the service user regularly uses the same pharmacy, the 'prescription medication register' (PMR) will allow the pharmacist to give appropriate advice about the selection of other non-prescriptive medicines.

10.4 The above statement also applies to the purchase and use of homeopathic and herbal remedies. The use of complementary / alternative treatment should only be undertaken with the express agreement of the service user or person who is authorised to speak on the service users behalf. It would also be good practice to seek the advice of a medical practitioner about the ongoing use of homeopathic or other herbal remedies. Continual use of more natural forms of medicines could still have contra indications to individual's health, therefore advice should always be sought.

10.5 If a service user is taking prescription medicines, advice should always be sought from the pharmacist and general medical practitioner about any potential interactions between the non-prescription medicine and the service users prescriptive medicines. Written confirmation from a medical practitioner must be obtained, this ensures that no contra indications to individual's health will occur as a result.

10.6 There is a recognised duty of care by staff, to be able to make an appropriate response to symptoms of a minor nature, e.g. toothache. It is important when implementing the service users care plan or health action plan, that such health needs are considered. It is good practice to consider an eventuality where over the counter medicines may need to be purchased. An agreed type of medicine can then be recommended if such a circumstance should arise. The same protocol needs to be followed in ensuring that any over the counter medicines does not have any adverse reactions to an individual health or any contra indications to the prescriptive medicine. Therefore, good planning and pre-empting of situations is essential.

10.7 The registered manager can purchase a wide range of medicines for the use within the care home as homely remedies, this however must be subject to careful control. An agreed list should be complied in conjunction with the service user's general practitioner, the pharmacist and the home.

10.8 A locally agreed list of homely remedies should only include those that can be purchased over the counter from a community pharmacy, preferable from the one contracted to provide pharmaceutical advice to the home.

10.9 Guidance procedures for the administration and recording of non-prescriptive medicines need to be established by care home establishments. On the MAR charts there is a section for 'once only medicines' and a section for recording 'home remedies', guidance should state the difference. It is a recommendation that if non-prescriptive medicines are going to be used on a long-term basis or along side prescriptive medicines then the section 'prescription (regular medicines)' should be used. This avoids designated staff making errors when identifying what medicines each service is taking.

11 Monitoring dosage systems

11.1 There is an increasing use of monitored dosage systems (MDS) within care homes. The community pharmacist, in conjunction with the care home manager should assess the overall needs of the care home and its service users when deciding how medicines should be dispensed.

11.2 It is essential to minimise any possible drug administration errors by reducing the number of steps in the administration process. Individual medicines to be administered must be clearly labelled with the patient's name and medication details right up to the time of administration. The best method of achieving this is to retain the medication in their original containers bearing the pharmacist label. This ensures that the prescribers instructions are followed directly to the point of administration.

11.3 In some care homes the preparation of individuals medicines are bulked together in one container. This practice is condemned on the grounds that it increases the risk of error in treatment, both of product and dose. It is considered inappropriate to mix either different batches of a particular product or different expiry dated products. (Also refer to Section 7.13)

11.4 Tablets or capsules, which cannot be identified and readily distinguished from each other, should not be placed together in a monitored dosage system. Labelling should enable identification of individual medicines to be made.

11.5 There may be circumstances in which the size of the home presents problems, or it is assessed that using a monitoring dosage system is in the best interests of the service user. In these cases, further discussions with the medical practitioner, community pharmacist or pharmaceutical advisor needs to take place.

11.6 It is important to recognise at this stage that mixing certain types of medication into one container can have certain reactions to other types of medication, this meaning that only certain types of medicines would be suitable for an MDS. Therefore, careful consideration and consultation within a multi-agency framework is to take place prior to implementing a monitoring dosage system. When the registered manager of a care establishment is considering what system to use for the dispensing and administration of medicines, the following should also be considered:

- Wastage of drugs
- Implications associated to altering prescriptions and dosages
- Expiry dates of medicines repacked by a pharmacist into an MDS will be affected.
- 'As required' medicines will also need to be packed into an MDS, therefore this will lead to wastage

11.7 For medicines suitable for inclusion in a MDS, the pharmacist seals each dose of tablet(s) or capsule(s) into a separate compartment in the dosage system depending on the dosage regimen required for individual service users.

11.8 If a Monitoring Dosage System is to be used within the establishment, then appropriate storage cabinets also need to be considered. (Also refer to information detailed in Section 7.13)

12 Treatment outside the home

12.1 In some circumstances service users in residential care establishments will obtain certain medicines from hospitals; particularly those receiving treatment in specialised clinics dealing with mental illness, eye conditions, diabetes etc. In some cases, the hospital outpatients department will make regular supplies. Other prescriptions may only be for a short period and will be continually supplied by the service users general practitioner. These medicines should also be recorded, following the procedure for the storing, recording and administration of medicines.

12.2 Where a service user is discharged from hospital directly to a residential home, it is usual for a seven days treatment to be given to the service user. The general practitioner would therefore need to prescribe further supplies of medicines if they are needed.

12.3 Steps should be taken by the pharmacist to ensure the continuity of supply of medicines to a service user where that person spends time in two or more places, e.g. school, day care, respite service or with other relatives.

12.4 Where a service user goes out on a regular basis e.g. lunchtimes and requires medication at that time, the pharmacist and general practitioner should be asked to assess whether an alternative preparation is available to avoid those times.

12.5 If medication is to be administered when out in the community, a separate container of medicine or dispensing containers should be requested by liasing with the pharmacist and medical practitioner. It is important to assist service users to administer their medicines safely, and the establishment needs to implement a protocol for administering medication out in the community. A service users daily medication regime should not restrict or hinder their choice to access community activities. Designated staff should not use other items to hold medicines in when taking young people out of the home, such as envelopes. Appropriate entries in the Medication Administration Records are to indicate the medicines that the service user has taken out of the home.

13 Disposal of medicines

13.1 Medicines are the property of the service user and should only be used for that purpose. If a service user is transferred elsewhere the medication must go with them. Medication should not be stored in bags or lying around unattended, all medicines need to be handed over to another responsible adult and records should state that transaction.

13.2 Care should be taken to ensure that medicines are removed and disposed of when appropriate. Particular attention should be taken of medicines with a short shelf-life, and these should be noted in the home's medication book.

13.3 Medication should be disposed of when:

- The expiry date is reached.
- When the course of treatment is completed or discontinued

- Where a dose of medication is taken from the dispensed container, but not taken by the service user. It should be kept by the responsible person of the establishment in a separate labelled container, and then returned to the pharmacy for safe disposal.

13.4 When a service user dies and they are taking prescribed or non-prescribed medicines, by law all medicines must be retained for seven days following the death, in case they are required for by the Coroner's Office (in England and Wales)

13.5 All medication that is disposed of must be recorded on the service user's individual medication chart by the designated member of staff and witnessed. The witness could be the pharmacist, another member of staff or service user. The records should state:

- Date of disposal / return to the pharmacy
- Name of service user
- Name of medicine(s)
- Time
- Strength
- Quantity of medicine
- The form of disposal
- Two signatures.

13.6 <u>On no account should the staff in care establishment dispose of unwanted medicines.</u> Most medicines are defined as special waste under the new Environmental Protection Act, April 1990, which came into effect in 1992. Designated staff should therefore follow the below methods of disposing medicines:

- All medicines no longer required should be returned to the pharmacist. The pharmacist will ensure that medicines are disposed of in the correct manner.
- Such medicines must be stored in a designated restricted area until they can be returned to the pharmacist.
- Spent syringes and needles must be placed in a rigid sharp box for incineration without recapping the needle.

13.7 On no account should individually dispensed medicines be retained and used for service users other than those for whom they were prescribed or purchased.

13.8 Further advice on disposal should be sought, when necessary, from the pharmacist or local waste regulation authority.

13.9 In an event where accidental spillage's occur, staff need to be aware of how to safely clean up the area following unit procedures. Who to inform, where should this incident be recorded and what to do if the service user requires additional medicines.

14 Adverse drug reaction reporting

14.1 Any adverse drug reaction (ADR) or suspected ADR should be reported to the general practitioner and or supplying pharmacist. Reactions to medicines for individual service users should be discussed before further administration of the drug in question is continued. Adverse

drug reactions would normally be reported to the Medicines and Healthcare Products Regulatory Agency through a yellow card scheme. General practitioners, pharmacists and nurses can submit a yellow card report. All medicines and records relating to medicines should be readily available for inspection, a report will be sent to the home following the inspection. Where possible the home should share this report with connecting medical agencies.

15 Drug alerts / safe protocols

15.1 In the event of medication being recalled, the supplier will be able to provide the home with further information.

15.2 The registered manager has a responsibility to responded to any 'medical alerts' and take reasonable steps to discontinue its use or action recommendations in the report.

15.3 In care establishments where staff are required to administer medicines, a Control of Substance Hazardous to Health (COSHH) Regulations assessment should be undertaken before handling. Examples of those medicines include external applications such as steroids, cytotoxic medicines such as methotrexate. The purpose of such assessments is to provide staff with an understanding statement of personal risk; safe practice to be followed to minimise risk, and what to do should a member of staff come into direct contact with the product.

16 Training of staff

16.1 All staff responsible for the handling, administration, storing and recording of medication are required to receive adequate training in order to facilitate that task competently.

16.2 Staff entering the care environment may have little or no medical background; therefore, it is essential that the training offered enables staff to understand the importance of handling medication safety according to policy and procedure. As stated in the DoH guidance 'Any suitable trained member of staff in health or social care can administer medicines that have been prescribed, by an authorised prescriber, for an individual service user'.

16.3 The Learning Disability Award Framework (LDAF) is a nationally recognised qualification framework that allows for the accreditation of training and knowledge within the learning disability and care sector. This framework should be used to consolidate staffs training and understanding when handling all medicines. Staffs training and knowledge should also be linked with National Vocational Qualification level 3 as a recommendation set out by the National Minimum Standards.

16.4 Registered managers within care establishments need to ensure that an assessment of competency in handling medicines is established, monitored and reviewed.

16.5 Staff deemed competent in the handling of medication is known as 'designated persons'. Registered managers have a responsibility to hold a signatory list of all staff that are a designated person responsible for medicines. Designated persons are also responsible for the safe handling of medication keys; training as well as unit procedures should have a system of securing the safe handling of keys.

16.6 In order to ensure the appropriate training is implemented the following considerations need to be in place:

Organisation / Managers should:

- View the handling of medication within the wider context of meeting the health needs of those they support.
- Support and promote self-medication.
- Promote the importance of medication handling within the organisation.
- Ensure that policies regarding medication are in place and reviewed regularly.
- Understand the basic legal framework regarding medication.
- Work within risk assessments to support medication handling.
- Work within a multi-agency framework regarding medication
- Ensure that designated persons have the competence and confidence to undertake their responsibilities.
- Understand and promote the values underpinning the support required to assist service users with their medication.
- Having a 'no blame policy regarding genuine errors.

Designated persons should:

- Recognise the importance of following policies and procedures.
- Understand the values underpinning the support required to assist people with their medication.
- Support self-medication
- Have a basic understanding of the drug they are handling. *What's it for, side effects.*
- Understand the basic legal framework regarding medication.
- Understand what to do in the event of a problem relating to medication.
- Understand the importance to work as part of a team, within a wider multi-agency context.

16.7 Staff should understand the basic principles when handling medicines, and training needs to incorporate this. This is as follows:

The right person
Gets
The right medication
At
The right time
In
The right dose
Using
The right route
Following
The right procedure
And ensuring
The right records are maintained

Young people also have the Right to Refuse their medication. Designated staff administering medications must be confident in the processes to follow should a child refuse their medications.

16.8 Robust policies and procedures can aid staff's understanding and duty of care when handling medication. However, policies and procedures cannot cover every eventuality or problem. There will always be a need for staff to use their common sense and discretion when handling medicines, and the ethos of the managerial role should support these actions.

16.9 A patient information leaflet (PIL) must be supplied with each medicine. Patient information leaflets is a good source of information about the drug staff will be handling. Once staff understand the medicines in which they are handling, staff can then actively support service users understand their health plan. Staff should be encouraged to contact community pharmacist when additional information is required. Another good source to obtain more up to date information is obtained within the six monthly BNF publications.

16.10 Designated staff that will be responsible for procedures that are known as invasive, such as gastronomy feeds, enemas and rectal diazepam will need specific training by a community nurse. Invasive procedure training should be offered to staff on a yearly basis and a trained nurse should facilitate this.

16.11 All staff are to hold a First Aid certificate, and this training is to be maintained on three yearly basis.

16.12 All staff that are registered as a 'designated person' in the handling of medicines need to undergo an induction programme. The medication induction programme should consist of the following:

- *It is important to note at this stage that a timescale will not be specified, it is essential that individual staff feel supported and able to comply with policies and procedures competently. Therefore, the unit manager will need to assess each individual staffs level of abilities and understanding in fulfilling the role of a 'designated person'.*

16.13 Staff are to be given a medication induction pack – This to include information detailed in Section 16.6 & 16.7. Medication packs are to be completed by staff, as a means of assessing individuals understanding.

16.14 Supervisees are to conduct a session on understanding the medication policy and procedure. This may need to be planed over a period of 3 weeks. Question and answers are to be encouraged.

16.15 Staff are to shadow designated person(s) in the handling of medication. (Staff are not to take overall responsibility of the handling of medication until all necessary training is completed, and staff are assessed as being competent.

16.16 A programme of shadowing and specific training is to be offered to staff where more specialised medical procedures (invasive) are necessary to their role. Training is to be facilitated by a trained nurse.

16.17 Yearly medication awareness training is to be offered in-house by a community pharmacist. This awareness training should include areas such as:

- Revising unit procedures
- Completing MAR chart correctly
- Look at common medicines that are being used in the unit:

-Understanding the drug
-Side-effects
-Specific considerations.
-Understanding strength & dose

16.18 Staff's understanding of medication is to be monitored regularly within a supervisory setting; supervisor's are to identify any further training that will support understanding and safe handling of medication.

17 No Blame culture

17.1 The unit should adopt a "No Blame" culture in relation to genuine errors. If staff feel that they are likely to be disciplined or "in trouble" for making an error, then staff are more likely to cover up the error. This is therefore not in the best interests of the service user.

17.2 If a drug error has occurred, the registered manager needs to ascertain whether a contributing factor is that the current procedure needs to be reviewed, or the individual staff member needs to receive additional training.

17.3 The unit needs to implement a *"Error Medication Form"* detailing the following:

- Incident,
- Action
- Follow-up/ Outcome

17.4 The registered manager needs to ascertain whether the error is such that it warrants further Investigation, and determine whether it falls within the categories set by the departments disciplinary procedure.

Medication Glossary

Assist	**"Designated staff" to be pro-active in supporting service users to take as much control over their medication as specified in their care plans or health action plans.**
British National Formulary (BNF)	Published jointly every six months by the British Medical Association and the Royal Pharmaceutical Society of Great Britain (RPSGB). To be used as a reference guide to gauge more information about a particular type of medicine.
Bulk prescribing	**The prescribing of medicines in bulk using prescription only**
Care Plan	A detailed plan specific to a service users needs in all aspects of care.
Controlled Drug Register	**A specific bounded book for the recording of medicines that are described as a "controlled**

	drug". Staff to refer to the BNF and follow procedures recommended in the Misuse of Drugs Act 1971.
Community Pharmacist	A Pharmacist (Chemist) working directly with the establishment or is responsible for the dispensing of medicines.
Competent	**To ensure that staff receive adequate training in order that individuals are qualified for the task. To ensure that staff have the ability and skill required to meet standards set.**
Contra-indications	To ensure that there are no adverse reactions to the service users health when taking prescriptive or non-prescriptive medicines. The type or form of medication can react with one another if given together or stored in the same containers, this is considered to be unsafe.
"Designated person"	**A member of staff who has received**

	necessary training and is deemed competent and informed of this medication policy. Staff members that are delegated responsibility for the handling of medicines safely and correctly.
Dispensing	Where a pharmacist dispenses medicines correctly as detailed on a patient's prescription.
Dose	**The amount of medicines to be given at any one time. Staff are to be aware that dose also means strength of the medication. Therefore, when administering medicines, designated staff are always to dispense according to strength and not a number of tablets.**
Dossetting	Where medicines are transferred from the pharmacist containers to a weekly dosset box, following the daily doses, and types of medicines to be given. (Refer to S. 11)

Frequency	**How often, and at what intervals should a medicine be administered. Are there specific times.**
Household remedies	Medicines for the treatment of minor ailments, obtainable without a prescription from the pharmacist.
Invasive procedures	**Care procedures that are deemed more intrusive, meaning internal care/treatments such as Gastronomy, enemas or rectal diazepam. Such medical care procedures require specific training and correct handling.**
Labelling	Fixed, typed information located on medication containers / or medicine, giving correct and specific information about its contents. (See Section 4 for a detailed description of what needs to be on a pharmacist label).

MAR card	**Medication Administration Record - An agreed record of individuals medication needs, and specific recording to the type, frequency, route and administration of medicines, which are signed and updated by designated staff.**
Medicines	These are medicinal products which are substances administered by mouth, applied to the body, or introduced into the body for the purpose of treating or preventing a disease or deterioration of a condition. Introducing specific controlling medicines for the purpose of a physiological condition, therefore interfering with the normal operation of a physiological function.
Medication room	**A specific room for the purpose of storing**

	medicines adequately and securely.
Medical Practitioner	Service user's general practitioner or other prescriber e.g. Dentist.
Monitoring Dosage System – MDS	**Where medicines are dispersed (by a pharmacist) in a sealed blister pack according to individuals prescriptions.**
Multi-agency	All necessary health and social professionals working holistically with the common goal of meeting individual need specific to a care planning approach.
Patient Information Leaflet (PIL)	**All medicines are to be supplied with a PIL, giving detailed information on the medication being prescribed.**
Prescribed / Non – Prescribed medicines	Prescribed – Medicines that are recommended by the service users GP or other health advisors using an official prescription.

	Non- Prescribed – Over the counter remedies / medicines which the service user or legal guardian has chosen to use independently from their GP and other health advisors.
Procedure	**In line with this Policy, a separate procedural guidance is to be implemented. These detailing workable systems of conduct that staff are to follow when handling medication.**
Protocol	A specific plan that needs further consideration and monitoring to ensure safe systems of working practices are managed adequately.
Registered Manager	**A person who manages the home and is registered with the appropriate Regulatory Body as fit to do so.**
Risk assessment	A specific assessment that considers the risks associated to a task or event. The purpose to consult and implement changes to reduce those

	risks to an acceptable level.
Route	**How medicines are given or applied.**
Safe handling	This meaning the receiving, storing, administration, dispensing and recording of medicines are carried out correctly and safely according to policy and procedure, followed by specific training.
Self-medicate	**When a service user is assessed as being safe to administer their medication independently of those administered by the home.**
Shelf-life	All medicines will have manufactures expire date, and this will also differ once a medicine is opened. Staff must consider this when receiving, administering and storing medicines. Medication should not be used if the date on individual packaging/ containers has expired.
Service user	**An adult or child living in the home or being**

	provided with a service by the care home. **Also known as a Child Looked After (CLA).**