

Medication Policy

This Policy Relates to the following Legislation, Regulations and Guidance

- The Children Act 1989
- The Protection of Children Act 1999
- The Care Standards Act 2000
- The Children Act 2004
- Safeguarding Vulnerable Groups Act 2006
- The Mental Capacity Act 2005 (where appropriate);
- The UN Convention on the Rights of the Child 1989
- The DfE publication, “Guide to Children’s Home Standards Including Quality Standards 2015
- The NICE guidelines [SC1], “Managing Medicines in Care Homes” 2014
- The DfE publication, “Medicines Standard: National Service Framework for Children, Young People & Maternity Services” 2004
- The Royal Pharmaceutical Society of Great Britain Principles of Safe and Appropriate Handling of Medicines

This Policy Applies To:

- a) All those involved in service delivery on behalf of The Lioncare Group and including those currently employed directly by the organisation, and those whose services are commissioned on behalf of The Lioncare Group including but not limited to Therapists, Instructors, Consultants, and other associated Professionals.
- b) All those involved in service receipt and including the Children and Young People, Relatives, Social Workers, the Commissioning Local Authority, and relevant others.
- c) A separate policy exists in relation to the work of The Lioncare School

Responsibilities Associated with this Policy:

All employees, whether they are ‘front-line’ engaged directly in the task of caring for, educating, and supporting the children in our care, or ‘ancillary’ (e.g. House Keeper, Maintenance Worker, Administrator etc.), are personally responsible for managing their own conduct in relation to following this policy.

All employees whether they are ‘front-line’ or ‘ancillary’ are also responsible for supporting their colleagues and co-workers to follow this policy.

Members of the Management Team (Senior Therapeutic Carers, Senior Learning Support Assistant, Deputy Managers, Assistant Head Teacher, Registered Managers, and Head Teacher) are responsible for ensuring all those employed directly are made aware of this policy and guidance, and for managing and monitoring its appropriate implementation, and for taking necessary action to guard against any breach of this policy.

The Executive Team (Service Manager and Executive Director) are responsible for reviewing this policy and at least annually and more frequently if and when it is considered necessary to do so, and for ensuring this policy remains fit-for-purpose.

Monitoring and Review of this Policy:

The implementation of this policy and its corresponding guidance will be monitored continuously, and the policy itself will be reviewed at least annually in August of each year by the Executive Team and in consultation with relevant others including where possible and feasible employees and with due regard to any changes in current legislation and regulation and guidance.

Policy Statement

Regulation 23 of the Children's Homes (England) Regulations 2015 sets out the following in regards to the matter of medication in a children's home;

1. The Registered Manager must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home.
2. The Registered Manager must ensure¹ that;
 - medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them
 - medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child
 - a record is kept of the administration of medicine to each child

In regards to administration of medicines, the Department for Education document titled, 'Guide to the Children's Homes Regulations including the quality standards' (April 2015) states the following;

1. Care must be taken to ensure prescribed medicines are only administered to the individual for whom they are prescribed.
2. Medicines must be administered in line with a medically approved protocol.
3. Records must be kept of the administration of all medication, which includes occasions when prescribed medication is refused.
4. Regulation 23 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.
5. Where the home has questions or concerns about a child's medication, they should approach an expert such as a General Medical Practitioner, community pharmacist or designated nurse for looked-after children.
6. Children who wish to keep and take their own medication should be supported to, if they are able to do so safely.
7. Staff should be mindful that children holding their own prescribed medication must only use it for themselves in accordance with the prescription.

The policy sets out procedures and guidelines in relation to the storage and administration of medication and the recording required relating to this. It is designed to ensure the following principles are upheld at all times:

- Children cared for by The Lioncare Group have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines. Children are supported to make informed decisions about their medication and these decisions are recorded.
- Children cared for by The Lioncare Group are safeguarded in all matters relating to medication.
- Adults caring for children in The Lioncare Group know which medicines each child has and keep a complete account of medicines.
- Adults caring for children in The Lioncare Group are competent in supporting children with their medicines, and are offered and receive relevant training and supported to gain the necessary skills and competency to safely handle and administer medicine to the children in their care.
- Adults caring for the children in The Lioncare Group are given guidance in regards to safe handling and administering medicines to the children in their care
- Adults caring for the children in The Lioncare Group are given guidance in regards to giving non-prescription and over-the-counter products (known as homely remedies)
- Adults caring for children in The Lioncare Group have access to advice from a pharmacist.

¹ Except medicine which is stored by the child for whom it is provided in such a way that other persons are prevented from using it, and medicine that may be safely self-administered by that child.

- Medicines are used to cure or prevent disease, or to relieve symptoms, and never to punish or control behaviour.
- Medicines are given safely and correctly, and adults caring for children in The Lioncare Group preserve the dignity and privacy of the individual child when they give medicines to them. Children are never given medicines without their knowledge (covert administration)
- Medicines are available when the individual child needs them and where appropriate and safe to do so, children are helped to look after and take their medicines themselves (self-administration)
- Information about a child's medicines is shared with relevant people
- Medicines are stored safely.
- Unwanted medicines are disposed of safely.
- Policies and procedures that promote the safe and effective handling and administering of medicines across The Lioncare Group are developed and regularly reviewed.
- Records relating to the presence of, storage, handling, administration, and disposal of medication across The Lioncare Group are accurate and up to date.
- Medicines-related problems occurring across The Lioncare Group are identified, reported and reviewed.

Categories of Medication

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

1. General Sales List Medicines (GSL): examples include Paracetamol and proprietary cold remedies like "Lemsip" etc. These can be purchased (in small quantities only) through a wide variety of retail outlets;
2. Pharmacy Medicine (P): medicines which may only be purchased from a community pharmacy (chemist's shop) with a pharmacist present;
3. Prescription-Only Medicine (POM): obtained on prescription from a doctor, dentist or Independent prescriber (this could be a nurse or pharmacist with the necessary training);
4. Controlled Drugs (CD): Prescription-Only Medicines which are deemed as dangerous or otherwise harmful drugs are designated as "Controlled Drugs" because of their potential for misuse. Therefore special additional requirements apply to the prescription, storage, administration and recording of these drugs. An example of such a drug would be methylphenidate (otherwise known as Ritalin).

Orientation, Induction, and Training in Administering Medication

On taking up employment with The Lioncare Group and during their first two-weeks in post, all adults caring for children are familiarised with the practical arrangements for the administration of medication (e.g. location of the Medicine Cabinet and Controlled Drugs Cabinet and First Aid Cabinet, location of the keys for the different cabinets etc.), and asked to read this Medication Policy and Procedure.

Within the first six-months of employment, all adults caring for children undertake the Essential First Aid – All Ages course delivered through St. John's Ambulance, and the online Medications Training course delivered through ProTrainings Europe Limited, unless The Lioncare Group is in receipt of evidence that the adult has undertaken this or similar relevant training prior to taking up employment with The Lioncare Group (i.e. recognition of prior learning).

Before being authorised to administer medication to children being cared for by The Lioncare Group, all adults are assessed by their Registered Manager/Head Teacher or Deputy Manager/Assistant Head Teacher and a signed Assessment of Competency to Administer Medication form is completed and saved to the adult's individual personnel file.

Roles and Responsibilities Relating To This Medication Policy and Procedure

All adults caring for children across The Lioncare Group are personally responsible for;

- Reading and understanding this Medication Policy and Procedure
- Only administering medication to children in their care when they have undertaken and completed the online Medications Training course delivered through ProTrainings Europe Limited, and have a valid certificate of training completion saved to their personnel file.
- Only administering medication to children when they have been fully orientated, inducted and trained in doing so, and their competency to administer medication to children in their care has been assessed by the Registered Manager/Head Teacher or Deputy Manager/Assistant Head Teacher and a signed Assessment of Competency to Administer Medication form has been completed and saved to the adult's individual personnel file.
- Keeping clear and accurate records in accordance with legislative guidance and this Medication Policy and Procedure
- Monitoring their own competence in current medication administration techniques and take responsibility for their own personal development and including seeking and gaining support and assistance in this.
- Acknowledging the importance of administering medication and ensuring that those administering medication to the children in their care, and those witnessing the administration of medication to the children in their care, are not interrupted during the process
- Ensuring discrepancies are clarified to ensure that children receive appropriate care.
- Administering medication as required to individual children in accordance with this policy.
- Reporting to the Registered Manager/Head Teacher errors and near misses as soon as they are identified and without delay.
- Ensuring a diligent and attentive approach to the administration of medication is taken and maintained

The Registered Manager/Head Teacher is responsible for;

- Ensuring all adults caring for children are inducted in this Medication Policy and Procedure
- Ensuring all adults caring for children have relevant training in the safe administering of medication through undertaking and completing the online Medications Training course delivered through ProTrainings Europe Limited, and have a valid certificate of training completion saved to their personnel file.
- Ensure all adults caring for children have relevant training in First Aid at Work through undertaking and completing the Essential First Aid – All Ages course delivered through St. John's Ambulance, and have a valid certificate of training completion and competency saved to their personnel file.
- Ensure the performance and training requirements of all adults caring for children is reviewed and evaluated in relation to their ability, competency and skills needed to adhere to this medication policy in accordance with The Lioncare Group's Initial Orientation, Induction Basic Training, Supervision and Performance Review processes.
- Making arrangements for monthly medication audits to take place to ensure compliance to this Medication Policy and Procedure

The Service Manager and the Registered Managers/Head Teacher are jointly responsible for;

- Ensuring this Medication Policy and procedure is reviewed and where necessary updated at least annually and more frequently as and when needed in response to changes to legislation, regulation, statutory guidance, and best practice.
- Investigating errors and near misses in line with this Medication Policy and Procedure
- Ensuring the systems for sharing information about the medical needs of children cared for by The Lioncare Group are in place, are appropriate, are effective, and are updated as and when necessary to ensure they remain fit-for-purpose.

Healthcare Planning On Admission

Throughout the referral stages and at the Admissions Meeting for a child, detailed Healthcare Planning is undertaken jointly by the Service Manager and the Registered Manager/Head Teacher in collaboration with all professionals involved with and concerned for the wellbeing of the child. We consider Healthcare Planning to be an essential and fundamental part of the placement planning and review process, and recorded on the child's individual Combined Placement Plan and Treatment Programme. Where a child's health needs are more complex, the Service Manager may determine that a specific multi-agency meeting is required.

At the Admissions Meeting, the following information is checked and confirmed:

- Details of the GP and any other health care professionals currently involved in the child's care i.e. paediatrician, occupational therapist, physiotherapist, community nurse
- Details of any current and/or historic health conditions
- Any special requirements
- Medication and recording procedures; including consent to obtain advice from a health professional for non-prescribed medication in an emergency
- Emergency procedures
- Role of health and school colleagues

Invasive Procedures

It is the general policy of The Lioncare Group that adults caring for the children will not be asked to or expected to carry out invasive procedures with the children in their care.

If on referral a child is stated as being on medication such as Buccal Midazolam or Rectal Diazepam for epilepsy or medication administered via a gastrostomy tube, the Service Manager will inform the referring authority of The Lioncare Group's policy on this matter and the referring authority will need to make a decision as to whether or not to proceed with the referral and admission of the child. It may be that through discussion between the referring authority, the Service Manager, the Registered Manager/Head Teacher, and the child's current GP, an alternative and non-invasive or less invasive method for administering the medication might be agreed by the GP or other prescribing professional overseeing the health needs of the child.

If a child currently being care for by The Lioncare Group is prescribed medication such as Buccal Midazolam or Rectal Diazepam for epilepsy or medication administered via a gastrostomy tube, the Registered Manager will liaise with all relevant agencies and especially the child's GP or other medically qualified professional making the prescription, with the aim of seeking agreement for an alternative and non-invasive or less invasive method for administering the medication. If an alternative method is not available or cannot be agreed then the Registered Manager will make arrangements with the child's GP for a qualified community nurse or similar qualified professional to carry out administration of the medication requiring an invasive procedure and where a risk assessment has been completed and indicates that safe care is not viable otherwise.

Management of Medication On Admission

When a child is admitted the Registered Manager or Deputy Manager clearly records any prescribed medication the child brings with them or that is handed to them by the child's previous carers or social worker. Any non-prescribed medication handed over on admission of the child cannot be administered without health advice and will be handed back to the child's previous carers or social worker or whoever purchased it for the child.

The Registered Manager or Deputy Manager is responsible for ensuring that all prescribed medication received on admission of the child is recorded in the relevant section of a 'Medication Admission and Discharge Form'. Every child will have an individual Medication Admission and Discharge Form on admission, even where the child has no prescribed medication; in this way, we

have an accurate record of the child's prescribed medication status on admission.

If on admission the child brings with them prescribed medication or we are handed prescribed medication by the child's previous carers or social worker, a Medication Sheet is created and completed by the Registered Manager or Deputy Manager.

Two adults are always required to be present throughout the process of receiving medication and setting up the necessary and relevant records. On admission of a child, one of the adults will always be the Registered Manager or the Deputy Manager, and the other adult will always be a person that has been trained in Medication and has had their competency to administer medication assessed and confirmed.

Record Keeping

A record of all medication received, returned, relating to administration, administered or refused, or sent to a pharmacy for disposal must be made and retained. It is the responsibility of the person engaged in any of these processes to complete and sign the appropriate record.

A Medication Sheet will be maintained for each child. The Medication Sheet will contain the following information:

- The child's name & date of birth
- The child's photograph
- The address of the home
- A statement regarding allergies (including a statement of 'none known' where this is the case)
- The name of the child's General Practitioner
- The name of the medication prescribed
- The stated route of administration
- The stated time and frequency of administration
- For 'when required' medicines, the maximum dosage in twenty four hours

All entries on the Medication Sheet must be checked for accuracy and signed by a second person before use. Details of the medication actually administered is recorded for each child on their individual Medication Sheet at the time of administration and not prior to or at a later date.

In a specific situation, with a child with a specific condition, the Registered Manager may make the decision to record medication by an alternative method and noted on the child's relevant log sheet that will be created and maintained for this purpose. An example of where an alternative method of recording administration may be if a child is Diabetic and the child has a Diabetes Log Book.

System For Managing Medication Information Across Shifts

Details of all medication administered, both prescribed and non-prescribed, must be included in the information shared at every handover meeting including night-shift to morning shift, morning-shift to evening-shift, and evening-shift to night-shift.

Medication administration information shared at each handover meeting must include:

- Which children require medication during the next shift
- What medication each child requires, dosage and when
- Any refusal of medication and action taken or required to be taken
- Confirmation that all recording is up to date and accurate.

Subsequent shift planning must take account of the arrangements for the administration of medication on that shift.

Management of Prescriptions

The adult taking a child's prescription to the pharmacy to be dispensed must check the following:

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

If a child has to receive regular on-going medication and qualifies under The Disability Discrimination Act (DDA) the pharmacist must supply a monitored dosage system (MDS). In other circumstances a MDS may be supplied but only where it is in the interests of the child. Advice on monitored dosage systems can be sought from the child's GP or pharmacist.

Procedure on Receipt of New Medication into the Home

When new medication arrives in to the home it must be checked straight away for correctness. The check will include:

- All of the details on the medication label
- Storage conditions
- Expiry dates
- Class of drug e.g. 'Controlled Drug' (CD) such as Ritalin.

Any controlled drugs must be recorded in the Controlled Drugs Register with a second person as a witness.

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

When a prescription medication is obtained following a visit to a GP, or when a child is admitted with on-going prescribed medication, the following procedure takes place:

Two adults that have been trained in Medication and have had their competency to administer medication assessed and confirmed, check that the labels on the containers or bottles clearly state:

- a) The child's name
- b) The name of medication
- c) The stated route of administration²
- d) The dosage to be administered (if the dose is variable, full instructions should be included)
- e) The frequency and/or times of administration (if the dose frequency is variable, full instructions should be included)
- f) Expiry date of medication (if given)
- g) The contact details for the pharmacy
- h) The date of dispensing
- i) Any relevant additional instructions for the medicine e.g. "take with or after food".

² The route of administration is unlikely to be printed on the label, the child's care plan must be checked prior to administration of medication

Storage of Medication

General Storage

All prescribed medication stored for a child must be kept in the secured lockable Medicine Cabinet that has a double lock system. Controlled Drugs (CD's) must be stored separately from prescribed/non prescribed medication (*See Section below titled, 'Controlled Drugs'*). Prescribed Medication is kept separate to non-prescribed medicines; Prescribed Medication is stored in the Medication Cabinet whilst Non-Prescribed Medicine and Homely Remedies are stored in the First Aid Cabinet.

Keys to the Medicine Cabinet must be kept in the locked key cupboard and only removed when the Medicine Cabinet needs to be opened and they must be returned to the key cabinet immediately after use. The key cabinet must be locked at all times i.e. after the Medicine Cabinet key has been removed and again after the Medicine Cabinet key has been replaced. The adult responsible for administering the medication has responsibility for the secure storage of the Medicine Cabinet keys.

All medication must be stored in a hygienic and clean environment, not prone to extreme temperature changes. Medication must not be stored in a bathroom, toilet or sluice room. The Medication Cabinet must be cleaned regularly.

Any and all Non-Prescribed medicines and homely and/or common remedies held in the home must be stored in the locked First Aid Cabinet.

All unwanted and unused medication should be disposed of immediately (through following the procedure outline in the section below titled, 'Safe Disposal of Medication'). It should not be kept with medication currently being used as this could possibly lead to incidents of the wrong medication being administered. This is more likely to happen if the same child has received several prescriptions over a short period of time, and the course of treatment has not been completed.

The following procedure must be followed when storing all medicines:

- The storage instructions of each medicine must be checked and followed
- All Prescribed Medications held in the home must be kept in their original labelled containers and stored in the secure locked Medicine Cabinet in the adult's office.
- All controlled drugs must be kept in their original labelled containers and stored in the designated Controlled Drugs Cabinet located inside the Medicine Cabinet in the adult's office that complies with the Misuse of Drugs Act (Safe Storage) requirements
- All Non-prescribed Medicines and Homely Remedies and/or Common Remedies held must be kept in their original labelled containers and stored in the secure locked First Aid Cabinet in the adult's office.
- Labels on Prescribed Medications must contain precise details of the name and dosages of the medication, as well as the name of the child for whom it has been prescribed
- Labels on Non-prescribed Medicines and Homely Remedies and/or Common Remedies must not contain the name of any individual child if the medicine is meant to be used for all children cared for by The Lioncare Group
- Labels on medicine containers must never be changed by adults employed by The Lioncare Group
- Instructions such as "as directed" are not acceptable and the adult taking receipt of the medication should ask the GP to put full instructions on the prescription
- Keys for the Medication Cabinet, the Controlled Drugs Cabinet, and the First Aid cabinet in which medication is stored must all be kept and stored and returned to the locked key cabinet in the adult's office. Any adult that leaves duty in possession of the keys to any cabinet will be contacted and expected to return without delay to return the keys to their proper place of storage.
- The medication must only be accessed by those adults that have been deemed as competent to

handle and administer medication through having successfully completed the recognised online training programme and that have been authorised to administer medication by the Registered Manager.

- For prescription-only medication, no more than 56 days' supply must be held within the home and no more than 28 days' supply is preferable. An exception to this would be for such items as the contraceptive pill where supplies lasting up to six months may be held.
- When a child administers their own medicines, a lockable drawer or cupboard will be provided in their bedroom for this purpose.
- For certain conditions, such as asthma, it may be necessary for child to carry their medication with them at all times. The GP will advise if this is appropriate and it must be documented on the child's individual Medication Sheet.
- Non-fridge items must be stored below 25°C according to conditions stated by the manufacturer. Information pertaining to storage requirements can be found on the packaging or in the Patient Information Leaflet provided with the medication.

Medicines Requiring Refrigeration

Medicines requiring refrigeration will be stored in the specified and separate and dedicated Medication Fridge located in the adult's office. This fridge is to be used exclusively for the storage of medicines and must be kept locked at all times except when taking the medication out or returning the medication to the Medication Fridge. When medication is in this fridge it must be maintained at a temperature of between 2-8°C. A maximum/minimum thermometer must be used to ensure this. The fridge temperatures are to be checked and the minimum and maximum reading recorded daily on the Medication Fridge Temperature Log Sheet saved on the main G Drive Records Management System used in the Home. It must be remembered to re-set the minimum/maximum thermometer on each occasion.

If temperature readings are not within the limits of 2-8°C advice must be sought from the pharmacist. If necessary all medication currently stored in the medication fridge at the time when the temperature reading was found to be outside the permissible limits must be disposed of according to the safe disposal procedures outlined below. Disposal of the medication and a new supply of the medication must be obtained without delay to ensure as little disruption as possible to the continuity of care of any child.

Insulin storage

Should we have to store insulin, then unopened insulin vials must be kept within the Medication Fridge. When needed it should be left, (i.e. transferred to and safely stored in the Medicine Cabinet) at room temperature, for at least one hour prior to administration; this assist with better comfort and efficiency. Insulin can be stored safely for up to twenty-eight days or 6 weeks (depending on the manufacturer) at room temperature once it is in use.

Some manufacturers suggest that, to prevent constant fluctuation of temperature, it is good practice to store all opened insulin at room temperature within the recommended time scales. However care must be taken to ensure that the temperature of the room remains below 25°C and that the insulin is in safe storage. If in any doubt at all, first check with the dispensing pharmacy or/and the prescribing practitioner.

As with all other medications, it is essential to check the expiry of insulin when it is received and prior to administration. In all cases you must adhere to the manufacturer's recommendations for storage.

Administration of Medication

The designated Shift-Coordinator on each shift has and retains lead responsibility for all matters relating to;

- a) the safe receipt of all medication entering the home during that shift
- b) the safe storage of all medication during that shift
- c) the safe and accurate administration and recording of medication carried out during that shift
- d) the safe disposal (where appropriate) of all medication during that shift
- e) ensuring that any discrepancies or errors are reported without delay to the Registered Manager (or the Deputy Manager if the Registered Manager is absent on leave) and also the Service Manager.

The administration of medication must never be used as a form of social control or punishment.

Medication prescribed for one child should not under any circumstances be given to another child or used for a different purpose.

Two members of the adult team that have been assessed as competent and have undertaken the Medication training course are required to be present and attentive throughout the process of medication administration. Adults administering medication must not be interrupted during the process.

Adults must ensure at all times that medication is handled with care and diligence and containers and bottles are kept clean.

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

There will be an Individual Healthcare Plan and Medication Administration Record for each individual child that is saved to their individual file on the GDrive. There will also be a Medical Consent Form signed by the person with parental authority that authorises adult carers to administer prescribed or non-prescribed medication.

Administration Procedure

The following procedure must be followed when administering all medicines:

1. Identify who is the lead person on shift for administering medicines; this responsible person must have completed the online Medications Training course delivered through ProTrainings Europe Limited, have a valid certificate of training completion saved to their personnel file, have been fully orientated, inducted and trained in administering medication, had their competency to administer medication to children in their care assessed by the Registered Manager or Deputy Manager and a signed Assessment of Competency to Administer Medication form has been completed and saved to their individual personnel file.
2. Know the uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications, clarification should be obtained from the Pharmacist/GP as necessary;
3. Be aware of the child's Health Plan and child's Risk Assessments relating to medication or medical treatment;
4. Check that the instructions on the label of a medicine are unambiguous and clearly understood;
5. Check how the medicine should be taken. For example, should it be swallowed whole or dissolved in water? Should it be taken by mouth or by another route?
6. Make sure that the child in front of you is the child whose name is on the medication and the records. A photograph will be held on the Medication Sheet to aid identification where adults

are unfamiliar with the child;

7. The Medication Sheet should be used to check;
 - a) the child's name, medication, its dose and frequency as written on the Medication Sheet
 - b) the child's name, medication, its dose and frequency on the medication label.

The two **must mirror**. If there is any discrepancy, clarification must be sought from the prescriber before medication is administered;

8. Check the records to ensure that the dosage has not already been given and that the child is not allergic to the medication;
9. Carefully check the label on the medication, and administer the correct amount. Use British Standard measuring spoons/oral syringe if you are dealing with liquids. Don't guess or use a teaspoon as this is not necessarily a 5ml measure;
10. Make sure you are giving the medication at the right time. Medicines have to be taken at the prescribed intervals to get maximum benefit from them and to ensure that an overdose does not occur;
11. Check the date of expiry is still valid;
12. Have water ready to offer to aid the administration of oral medication;
13. Offer the medication;
14. Check that the child has swallowed any medication they take by mouth;
15. Immediately make a record on the Medication Sheet of all medication administered or non-administered. It is the responsibility of the person administering the medication to complete and sign this record;
16. Controlled drugs must be checked by more than one person before and after being administered. In this case always ensure that someone will be available at the appropriate time. The GP/Pharmacist should advise if a medication is a "controlled drug" but always check if in doubt;
17. If a child refuses medication, the administering adult must ensure this is recorded and also inform the Registered Manager who will decide what action to take.
18. The following must always be reported to the Registered Manager and the relevant General Practitioner to seek expert advice. The information must also be noted on the Medication Sheet and in the child's individual file:
 - a) Regular failure and regular refusals by a child to take a prescribed medicine
 - b) If a child overdoses'
 - c) Incorrect administration of medication
 - d) Adverse reaction to any medication
19. In the event of a medical emergency, and the situation warrants, the administering adult must dial 999 and request an ambulance.
20. Monitor the condition of the child following administration and call the GP if there is concern about any change in condition that may be a result of the medication;

The following **must be adhered to** in order to avoid errors with the administration of medication:

- Medication must be administered when prescribed and not left out to be taken at a later time
- A child's medication must never be given to another child, even if the medication is identical
- When not in use the medication cupboard must be locked and the key held in a secure place
- If regular medicines appear to be in short supply this must be acted on immediately to ensure continuity of care

Additional Notes

- Pour liquid medication from the side of the bottle away from the label so as not to obscure name and direction etc. and to ensure important information on the label is not obscured by the liquid running over it.
- Individual tablets or pills etc. should never be handled; there is no reason for tablets or pills to come in to contact with anyone's bare skin or to be picked up by any adult. They should instead be gently manoeuvred from the container through slight tapping or shaking of the container and into a suitable receptacle from which the child can pick the tablet up themselves or take the medication directly from the receptacle.

As Required Medication

In the case of medication prescribed to be taken "when necessary" or "when required" (PRN) the maximum dosage in twenty four hours and the necessary time interval between dosages must be annotated on the Medication Sheet.

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

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

Crushing Tablets

It must not be assumed safe to crush tablets, open capsules, cut tablets, or to disguise medication in any other way. Where a child has difficulty in taking a particular medication e.g. a large tablet, advice must be sought from the pharmacist who may be able to suggest an alternative formulation of the medication e.g. a dispersible tablet or if cutting the tablet safely using a tablet cutter to halve the tablet is appropriate. If an alternative is not available, the pharmacist may be able to suggest other methods appropriate to that medication.

Self-Administration

All children who are deemed responsible to keep and administer their own medication should be allowed to do so within a risk management framework. Other relevant professionals may need to be involved in the Risk Assessment process. Factors such as the following need to be first considered and resolved and recorded by the Registered Manager in the form of a Risk Assessment Report that is saved to the child's individual file on the GDrive;

- a) Does the child understand and accept their need for the medicine and the effect of not taking it?
- b) Is the child motivated to remember to take their medication?
- c) Is the child able to manage time in relation to taking medication?
- d) Does the child understand the instructions for taking/applying the medication?
- e) What are the benefits of self-medication, and what are the risks?
- f) Does the child understand and accept the requirements of the safe storage of medication?
- g) Are there any risks to others?
- h) How will adults know whether the child has taken the medication?
- i) Is the child deemed to be of sufficient age for self-administering medication?
- j) Does the type of medication permit self-administering?
- k) Are there any historical or lifestyle factors known about the child that need to be considered (e.g. known incidence in the past of attempted overdose)?

Where a child is self-administering medication they should be encouraged to keep this secure within their bedroom. The risk assessment must take into account that some medications have to be kept

close to or on a child's person (e.g. inhalers, Epipen) due to the nature of the illnesses being treated. An appropriate personal lockable drawer or cupboard or (where necessary) refrigerator will be provided.

An entry must be made in the child's Individual Healthcare Plan and on the Medication Sheet that they are self-administering.

Adults must be able to access the child's personal lockable drawer or cupboard or (where necessary) refrigerator in the case of an emergency. Should a child refuse to allow this, then their ability to self-administer will be re-assessed due to the risk this may present to themselves and the other children in the home.

The child's ability to administer their own medicines must be reviewed every two weeks or sooner if the need arises. This will be achieved by way of verification of amounts of medication and discussions with the child. If at any time the child is deemed to be at risk from misuse of medication, the Registered Manager will make the decision to take back from the child responsibility for administration of their medication and responsibility for administration of medication will be returned to the adult's caring for that child. This will be noted in the Healthcare Plan and on the Medication Sheet and all relevant stock control and quantity recording and checks will be carried out.

Rights & Preferences

It is the right of every child being cared for us to achieve maximum benefit from any medication or medicines prescribed or given appropriately to them. To facilitate this right, adults, prescribing doctor, pharmacists and any other person involved in their care, must communicate and work together. The Mental Capacity Act 2005 must be taken into account with all aspects of care.

The child's choices and preferences must be identified and taken into account within a risk management framework. A record of the preference must be kept and documented in their Healthcare Plan.

Consent

Children have the right to refuse to take their medication. They must also give their consent for medication to be administered to them by adults and for medication to be disposed of when it becomes obsolete for any reason. A record of the discussion and the way in which the child has given consent must be made prior to any of these occurrences and reviewed regularly where necessary. If the child chooses not to take their medication, adults caring for them must not insist but must record the refusal and ensure the Registered Manager is notified by email and that the Service Manager is copied in to the notification email.

Consent may be described as being the voluntary and continuing permission of the child to receive a particular treatment or medicine, based on an adequate knowledge of the purpose, nature, likely effect and risks of that treatment or medicine. Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for him or herself. However, given the general ages of the children being cared for across the organisation, it remains the responsibility of the person administering the medication to reasonably assess the child's capacity to consent.

Permission given under any unfair or undue pressure is not consent; neither can consent be implied by the child's behaviour. It is imperative to recognise when you need help and/or advice and seek this from appropriate sources.

Where prescribed medication is not administered, the non-administration must be clearly recorded on the Medication Sheet.

Audit Trail/Stock Rotation

All medication retained in the home must be accounted for at all times with an audit trail as verification.

Regular, monthly audits will be carried out by a Senior Therapeutic Carer and documented on the Medication Audit Sheet saved on respective the Main GDrive. The sheet has separate sections to record the audit of;

- Prescribed Medication held in the home
- Medication purchased by individual children (where appropriate and where agreement for this has been sought and gained from the relevant social worker or person with parental responsibility)
- Homely remedies medication

For eye preparations (and others where indicated) the date of opening must be recorded on the label and the contents discarded and recorded after the specified time has lapsed.

Advice from the supplying pharmacist must be sought if there is any doubt as to the expiry of any medication. Where a medicine has an inner and an outer container, such as liquids, creams and ointments, the pharmacy label must be applied to the item instead of, or as well as the outer box.

Expiry Dates

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

Expiry dates should be noted as certain items i.e. eye drops, once opened lose their sterility and must be used within a set time e.g. discard 28 days after opening in order to maintain sterility.

Safe Disposal of Medication

All medication supplied on prescription must be disposed of as per its expiry date, once it is completed or after 28 days from its last administration, if it is no longer required.

The designated Senior Therapeutic Carer responsible for carrying out the monthly audit of medication and medicines should check the medical cabinets on a monthly basis to ensure all medication is currently in use, it is all within its use by date and all medication held within the cabinet is prescribed to the current resident group.

Any prescribed medication that is not within these criteria should be disposed of. To ensure continuity, adults must ensure that the child has a continuous prescription and that the prescription is filled on time.

Medication for disposal should be returned to the pharmacist, and this should be recorded on the 'Prescribed Medication Administration & Discharge form'.

Medicines should not be disposed of within the home; a pharmacist should always be used, preferably the pharmacist who supplied the medication.

Special arrangements should be made for the disposal of any "sharp" material, such as needles or sugar level testing kits. Bins are supplied on prescription for diabetic patients.

Any homely or common remedies should be checked regularly to ensure they are within the recommended dates, and should be returned to the pharmacy for disposal when out of date or no longer required.

Medicines must be disposed of in the following situations:

- a) On the advice of the pharmacist or medical practitioner

- b) Where equipment has rendered the items unsuitable for human use i.e. the medication fridge has broken down or is malfunctioning
- c) Where there is medication surplus to a child's requirements
- d) When a dose of a drug is taken from its medicinal container but not taken by the child. In this case it must be placed in a separately labelled container and then returned to the pharmacy for safe disposal
- e) When a course of treatment is completed and there is surplus to requirements or the Medical Practitioner stops the medication
- f) Medication where indicated on packaging or in the Patient Information Leaflet that it is to be discarded at a specific time after opening or the expiry date has been reached.

In the unlikely event that the child for whom the medication is prescribed dies, the medication must be kept for at least seven days after the death as details will be required by the Coroner's Officer.

Method of Disposal

All medicines must be returned to the dispensing pharmacist for disposal. The 'Medication Returned to Pharmacy Log' must be completed and retained as a record of all returned medicines kept at the home. The entry in the Log must include:

- The child's name
- The name, strength and quantity of medicines
- The date the medication was returned to the dispensing pharmacy
- The reason for the return and disposal of the medication
- The signature of the adult returning the medicine
- The signature of the pharmacists or person in the pharmacy receiving the medicine.

Controlled Drugs

Controlled drugs (CDs) are prescribed medicines that are usually used to treat severe pain, induce anaesthesia or treat drug dependence and they have additional safety precautions and requirements. Some are also used in other situations, for example, methylphenidate (Ritalin™) is used in the treatment of attention deficit hyperactivity disorder (ADHD). Some people abuse CDs by taking them when there is no clinical reason to do so.

There are legal requirements for the storage, administration, records and disposal of CDs. These are set out in the Misuse of Drugs Act Regulations 2001 (as amended). They do not apply to every social care service and they do not apply when a person looks after and takes their own medicines.

There has been a high profile given to managing CDs since the Shipman Inquiry published the fourth report in 2004, all social care services are recommended to have special arrangements for CDs even though the law does not currently require it.

- Examples of CDs are morphine, fentanyl and methylphenidate
- Storage cupboards for CDs are available commercially. Secure storage is required when a care home looks after CDs and keeps them centrally. If patients look after their own CDs then these drugs must be stored in a locked draw or bedside cabinet

Obtaining Controlled Drugs

- CDs are prescribed and dispensed for individually named people, in the same way as other medicines.
- There are special legal requirements for CD prescriptions so you should always allow extra time for these to be written
- A prescription that does not comply with these requirements may have to be sent back to the prescriber for altering before it can be dispensed

- If an adult carer collects CDs from a pharmacy on behalf of the child (as would normally be the case), the adult will be asked to provide identification

Records for Controlled Drugs

- A children's home such as those operated by The Lioncare Group does not have to keep a separate record of the receipt, administration and disposal of CDs, or follow the other requirements of a social care setting for adults, but it is considered best practice. Therefore it is the policy of The Lioncare Group that an online Controlled Drugs Register be kept at the home (i.e. on the GDrive) and overseen and monitored by the Registered Manager and Deputy Manager.
- It is important that for CD's, the number of pills or tablets in the container is checked prior to administering the medication and that there is the same number present as is listed on the Medication Sheet. This check must be done again after administering the CD in order to ensure the correct dosage has always been given and that no CD's are missing.
- If it is found that the number of CD pills or tablets in the container does not tally with the number of CD pills or tablets listed as being in the container, the Registered Manager and Service Manager must be notified without delay, both verbally and by email. The Registered Manager and the Service Manager will then initiate a full investigation into the issue.

Disposal of Controlled Drugs

CDs should be returned to the pharmacist who supplied them at the earliest opportunity for safe denaturing and disposal. When CDs are returned for disposal, a record of the return should be made in the relevant forms. It is good practice to obtain a signature for receipt from the pharmacist.

Some pharmacies may treat the return of CD's for disposal as a 'general patient' return and as such may initially be unwilling to sign for receipt of the CD.

Care Planning for Administration of CD's

Placement Plans for individual children who are prescribed controlled drugs must be clear regarding arrangements for the receipt, administration, transportation and disposal of the CD's.

In order to give a CD you should follow all the steps involved in giving any other medicine. Only designated and appropriately trained adults must administer Controlled Drugs. A second, appropriately trained designated member of the team must witness the administration of Controlled Drugs.

Controlled Drugs administered must be stored in a metal cupboard which complies with the Misuse of Drugs (Safe Custody) Regulations 1973. This includes the use of a heavy gauge metal cabinet with a double locking mechanism.

If there is any doubt as to whether or not a medication is a Controlled Drug, advice must be sought from the pharmacist or prescriber.

Non-Prescribed Medication

There may be circumstances where medication held in the home has not been prescribed by a medical Practitioner. Anyone can buy a 'homely remedy', for example, paracetamol for a headache; it is the type of treatment that is required as soon as possible after the onset of symptoms.

A GP may prescribe something to take 'when required' when it is possible to predict in advance what that person may need, but the GP may not be willing to provide a supply of paracetamol for every one of their patients in a residential establishment just in case they may need it for an occasional headache or toothache.

As such, the Registered Manager will need to consider carefully whether or not to treat minor

ailments with 'homely remedies'. A homely remedy is a medication used for a minor ailment, such as toothache, which can be bought over the counter and used without a prescription. For the purpose of this document the term Homely Remedy relates to an agreed list of medicines which will be kept in the home for the administration to more than one child at the discretion of the Registered Manager.

Where treatments for minor ailments are not prescribed for children, but the Registered Manager recognises that a child may require treatment, they must:

- Refer to this policy on non-prescribed medication
- Consult or seek advice from a health professional i.e. pharmacist, nurse, GP/Paediatrician, or in extreme circumstances A&E
- Keep records of the purchase, administration and disposal of all homely remedies
- Make sure that all adults caring for children, all appropriate relatives, GPs, paediatricians and school staff have read and understood the relevant sections of this policy

There are risks that prescribed medicines will interact with medicines and other products purchased over the counter and cause harm. These include:

- Herbal products
- Traditional Chinese medicines
- Health foods

Such products should not be administered without health advice / prescription.

Non prescribed medications should not be used without obtaining advice from a pharmacist, nurse or doctor. Health advice must be sought for individual children to avoid any risk of adverse reactions. As such it is not permissible to purchase homely remedies off the shelf (i.e. supermarket, local shop) without having obtained advice.

When consulting health professionals for advice, the adults should inform them of the child's prescribed medication listed on the Prescribed Medication Admission and Discharge Form and the Medication Sheet for that child, and any known existing medical condition, to enable considered decision making about appropriate treatment for the individual child. In the event that a homely remedy is recommended, administered and symptoms persist, following a period not exceeding 24 hours, the child must be seen by a GP or Consultant. Any deteriorating condition should be referred to a doctor or consultant.

On no account should homely or common remedies be administered to children without a medication Consent form having been completed and signed and saved to the child's individual file. Consent for the administration of homely or common remedies must be sought prior to placement or as soon as possible thereafter. Any non-prescribed medication received without health advice or receipt of a completed consent form cannot be administered.

Protocol

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

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

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

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

Procedure

The medicines must be stored safely and separately from prescribed medication, in the designated separate Medication Cabinet (and not in the Medicine Cabinet)

Care should be taken to check whether the medicines would interact with regular medication

Care should be taken to check for any previous doses on the Medication Sheet before administering any medication

The medicines will be reviewed regularly and on admission of a new child

Administration must not exceed 48 hours without medical advice being sought

Administration of any homely remedy must be recorded immediately on the Medication Sheet by the person administering, documenting the date, dosage, time given, and signature of the adult and indicating the reason for administration

Regular requirement for a homely remedy must be reported to the medical practitioner in case of an underlying ailment

Any symptoms that do not respond to a homely remedy must be reported to the medical practitioner

The homely remedies used and the symptoms treated should be kept to a minimum i.e. one remedy per symptom

The Patient Information Leaflet (provided with the medication) and an up-to-date copy of the British National Formulary for Children (BNFc) should be consulted for additional information

Individual's Own Purchased Medication (IOP)

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

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

In the interest of the care and safety of the child, other adults from outside and not employed by The Lioncare Group will be asked not to purchase or provide any medicines or other provisions for the child whilst the child is looked after and cared for by The Lioncare Group.

Medicines purchased for individual children must be clearly labelled with the individual's name and only administered to that person. This is especially important in relation to ointments and cream to prevent cross-contamination.

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

General Sales Medication

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

Children's Movement's

Entering

On admission of a child, all efforts must be made to ensure that enough information has been obtained for the adults caring for that child to safely administer any medication to the child.

Temporary Absence

In circumstances when a child will be temporarily absent from the home and medication needs to be administered during the absence, the Registered Manager must:

- a) Ensure that adequate supplies of the necessary medicines are available to the child in the place that they are visiting;
- b) Ensure that such medicines are held in suitable containers and are appropriately labelled with the name of the child, the medication name, dosage, dates and time of administering;
- c) Assure themselves that any persons who will be responsible for the administration of the medication during their absence have been provided with written clear directions and advice on the administration. This may include the time of the last dose of medication administered;
- d) It must be assured that the information has been made available and is understood by the person who is to administer the medication;
- e) Ensure that a note is made on a Medication Sheet that details their absence;
- f) Make a record of all medication leaving the home with the child;
- g) Make enquiries as to the time of any last dose of medication where this is appropriate.

Admission to Hospital

If a child 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 Medication Sheet as well as the amount of medicines returned with the child. 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's medication are acted on promptly.

Any information which may be relevant to the care or treatment of the child must be communicated to the hospital. The Registered Manager must request that any changes made to the child's medication are communicated directly to the home in written format (e.g. a scanned copy of the discharge sheet attached to a secure email or a paper-copy if this is the only alternative) on discharge.

GP/Healthcare Professional Visit

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

Reporting and Investigation of Medication Errors

Whilst the aim of this procedure is to minimise the likelihood of medication errors, in the event that a medication error does occur, the first priority is to ensure the safety and welfare of the child and that appropriate health care advice is sought and any necessary treatment is given as soon as possible. Depending on the circumstances, seeking advice and assistance could range from contact with NHS Choices, a pharmacist, or GP, to a request for emergency services. In all circumstances the Registered Manager and the Service Manager must be notified verbally and by email; their first priority will always be to ensure the safety and welfare of the child concerned.

Once the child's safety and welfare has been secured, the adult involved in the medication error and the adult witnessing the administering of the medication must make a written report of the error on a Record of Medication Errors or Near Misses form and make it available for the attention of the Registered Manager and the Service Manager. This report must be completed prior to the adult(s) concerned leaving duty.

Upon receiving a written report regarding a medication error, the Registered Manager and Service Manager jointly should immediately review the report and arrange for a detailed assessment to be undertaken without delay into how the error occurred and what measures need to be taken to

strengthen medication arrangements, and reduce the risk of any further errors.

Depending on the nature of the error this assessment could involve discussions with the adults involved in the error, adults who noticed the error and a review of documents such as shift plans, training records, daily records, child's health information and medication records. All assessments in respect of medication errors should involve consultation with relevant health professionals i.e. Looked After children's Nurse etc. to ensure a health care perspective, transparency and appropriate arrangements are actioned to reduce the risk of further errors.

Recommendations arising from a detailed assessment of a medication error must be shared with the adult team and implemented as soon as possible to reduce the risk of any further errors.

The child's Social Worker and parents/guardian (if appropriate) should be advised as soon as possible following any medication error.

Reporting and Investigation of Medication Near Misses

It should be acknowledged that the identification and assessment of near misses can help to reduce the risk of a medication error occurring. As such where adults identify a near miss, this should also be recorded on a Record of Medication Errors or Near Misses form for the attention of the Registered Manager.

As with medication errors the Registered Manager should immediately review the report and arrange for a detailed assessment to be undertaken without delay to determine any action needed to strengthen medication arrangements and reduce the risk of error. All assessments in respect of near misses should involve consultation with relevant health professionals i.e. Looked After Children's Nurse etc. to ensure a health care perspective, transparency and appropriate arrangements are actioned to reduce the risk of errors.

Recommendations arising from the detailed assessment of a near miss must be shared with the adult team and implemented as soon as possible to ensure the risk of errors is reduced.

Copies of all detailed assessments and recommendations arising from medication errors or near misses should be kept securely by the Registered Manager and a running log of incidents Medication Error / Near Miss Incident Log maintained to ensure transparency and enable analysis of any patterns or trends.

It may be necessary to contact the child's GP or the out of hour's service, ensuring all the information regarding the error is available. If the child has a serious adverse reaction then ring 999 and request an ambulance, again ensuring the information regarding the error is available.

To reduce the chance of errors occurring staff must:

- a) Keep their knowledge up to date;
- b) Avoid distractions whilst giving out medication.
- c) If in any doubt do not give the medication until clarification has been obtained.

Authorised Inspection

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

It will be the responsibility of the Registered Manager to seek advice and support for medicines management. This is likely to include close working with other organisations that may be in the position to offer an annual audit.

Management of Medication on a Child's Placement Ending

On the day the child is discharged from the home, a person responsible for administration of medication and a witness must together:

Identify medication belonging to the child by checking labels and matching this against the 'Medication Administration & Discharge form'.

Record the amount being released (quantity out column) on the 'Medication Administration & Discharge Record'.

Check this is correct and ensure the amount being released is correct by counting up number of tablets or estimating volume of liquid.

1. Any discrepancies must be reported to the Registered Manager to investigate
2. Record date medication released on the Medication Admission and Discharge Form
3. Sign the Medication Admission and Discharge Form
4. Witness also to sign the Medication Admission and Discharge Form