

MEDICATION POLICY AND PROCEDURE

Policy

With respect to the prescribing, supply, storage and administration of medicines, Overley Hall adheres to regulation 10 and 23 of the Children's Homes regulations alongside the quality standards 2015. The Medicines Act 1968, Independent School Standards 2014, The Misuse of Drugs Act 1971 and The Misuse of Drugs (Safe Custody) Regulations 1973.

Young People at Overley Hall are unable to take responsibility for their own medication. It is therefore the responsibility of the staff within Overley Hall to ensure that the supply, storage, recording and administration of the medication is done correctly.

Written permission from a person with parental responsibility will be obtained and retained on file and reviewed annually, for the administration of appropriate non-prescription medication, and parental views and opinions will be adhered to (where appropriate).

Any changes to this Policy will be communicated via email to all staff involved with the administration of medication and proof of reading will be obtained.

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Procedure

1. Great care must be taken when handling medication. It is therefore important to follow these measures:
 - 1.1 It is the overall responsibility of the Head of Care / Registered Manager to ensure that a safe environment exists at all times in relation to the acquisition, storage, administration and disposal of medicines. The Head of Care / Registered Manager must promote a safety conscious approach in which all staff involved understand what is expected of them and that the facilities and procedures are effectively maintained.
 - 1.2 Medicines prescribed for an individual young person is the property of that person and only for their sole use. Medicines prescribed for a **named** young person must **not** be used to treat another young person.
 - 1.3 Medication is only to be handled or dispensed by designated staff (team leaders or appointment seniors if required) who have received medication and competency training. All medication must be countersigned and the balance recorded. A team leader on duty will administer medications from the surgery, radio communication and organisation within family rooms will ensure this works effectively and logistically for the family rooms/young people.
 - 1.4 No one has the right to alter a young person's medication without the consent of a Doctor. In the event of a change to the prescribed dose/drug, the Doctor must either write a new prescription or be asked to either sign or send written confirmation by post or email, or sign the young person's MAR sheet during the visit.
 - 1.5 Any alterations should be made to all relevant paperwork relating to that young person, once confirmation has been received. Alterations made to a MAR sheet must be checked by a senior member of staff.
 - 1.6 In the case of a wasted dose, the medication should be correctly disposed of and recorded on the appropriate document.
 - 1.7.1 The MAR sheet should be signed immediately after the medication has been administered and only signed by the 2 staff that were designated to administer the medication.
 - 1.8 Medications taken from the back stock cabinet should be recorded on the Medication back stock list in the first drawer under the sink, staff to record amount taken and sign.

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2 Acquisition

- 2.1 It is the responsibility of the Head of Care / registered manager to ensure that medication is ordered in line with the needs of the young people, where they have always got medication available as prescribed. Team leaders will now order the medication through the POD system where applicable and monitor stock levels with the online document.
- 2.2 The prepared prescriptions will be picked up, checked and entered into the book in the Surgery room, entered on the MAR sheet and locked in the medical cabinet immediately after (Medication is never to be left out when staff are not in the room).
Any discrepancies would be alerted to the surgery / doctors straight away.
- 2.3 In all other circumstances a one off prescription for ailments/illnesses would be collected at the time of the appointment, the same procedure would apply as above.

3. Storage

- 3.1 All medication must, at all times, be stored correctly, in a locked medical cabinet, in a locked room, limiting access. Any **controlled drugs** must be kept in double locked medical cabinet (one inside another). Any medication remaining must be returned to the cabinet immediately after use. The cabinet keys should be kept in a safe place that is known to the designated persons.
- 3.2 Medication should be kept in a cool dry room, below 25 degrees centigrade. Liquid antibiotics and some eye creams should be kept in the fridge in the surgery between 2-8 degrees centigrade. The maximum and minimum temperatures of the fridge should be recorded on a daily basis.
- 3.3 If the key is lost, it must be reported immediately to a senior manager and locks changed.
- 3.4 All new medication should be signed into the surgery using the individual signing in sheets that can be found (and will be stored) in the labelled lever arch file (Signing in of medication).
- 3.5 Medication that is needed will be added to individual baskets in the locked cupboard. Any excess medication will be added to the 'back stock' cupboard. It will then be documented on the corresponding form that is kept in the 'back stock' cupboard.

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4 Administration

4.1 It is very important to follow a correct procedure when administering medication.

4.1.1 When in the surgery the door should be closed and the sign on the door needs to say “engaged”.

4.2 Remember the seven rights of administration:

- a) Right resident
- b) Right medicine
- c) Right dose
- d) Right time
- e) Right form (documentation)
- f) Right route
- g) Right outcome (what medication if prescribed for)

4.3 Each young person has an individual basket for any medication which is not in a Boots popper system (i.e. liquids). This basket has their name and a photograph for identification. Their individual medical files kept in the surgery also have a photograph on, to determine identity.

4.4 When administering medication always remember:

- a) Make sure this procedure is followed, witnessed and countersigned.
- b) This can only be facilitated by one young person at a time in the surgery with two members of staff.
- c) Check the MAR sheet corresponds to the RIGHT person
- d) Check what medication is required.
- e) Check time and date: Has it been given? (continue if not given)
- f) Find the correct medication
- g) Check the label corresponds with details on the MAR sheet
- h) Wash your hands / put gloves on
- i) Check medicine, including available amount corresponds to MAR sheet.
- j) Make sure it is in date and there is an ‘opening date’ (if liquid), or write an opening date and initialise (if medicine has just been opened).
- k) Check RIGHT dose, outcome and route.
- l) Count or measure the medication to ensure it corresponds to what it says on the MAR sheet
- m) Check the young person is ready for their medication
- n) Give them the medicine
- o) Offer them a drink
- p) Record **immediately** on the MAR sheet what/how many has been given and total left.
- q) Return the medication back to the cupboard
- r) Following the use of any administered medication using measuring devices, they are to be washed in a bowl of water and washing up liquid and dried. At

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- the end of the week, they will need to be put through the dishwasher and ensured they are dried thoroughly before being placed back in the surgery.
- s) An audit will be completed once a month where the measuring devices will be checked to ensure they are clean and the numbers are clear. If not, they will be replaced.
- 4.5 Care should be taken whilst in the surgery that medication is not left unattended. Only the medication that is needed should be bought out of the cabinet and the door locked again.
- 4.6 Medication should be dispensed in the surgery. The only exceptions to this would be illness, immobility, challenging behaviour or an outing where medication and the MAR sheet can be removed from the surgery and dispensed in a safe place near the young person. Please then refer to section 4.4. Supervision should always be given to ensure that the correct medication is given to the correct person.
- 4.7 When controlled drugs are administered, the same procedures are followed but in addition, it must be recorded in the Controlled Drugs Register by two staff and stored in the controlled cabinet.

Offsite activities

- 4.8 If a young person is going on an outing their medication must be signed out using the signing in and out book and placed in a lockable container or bag. Tablets are to be stored in a clearly, labelled, closed container. Liquid medication is to be stored in the original container. Instructions for each medication must be clear (7 rights). Upon return, medication must be signed in on the MAR sheet and returned to correct place (refer to storage).
- 4.8a If a young person goes on holiday, a risk assessment around medication will be required and signed off by a senior member of staff. Medication, including the MAR sheet will need to be appropriately stored in a lockable container (each family room now has access to its own lockable box for medication) If you are unsure where this is kept ask a member of staff or contact team leader.
- 4.9 If a young person is going home, any medication required will need to be signed out using the 'signing in and out book'. A receipt should then be exchanged with parents, which is kept in a folder. Medication should be transferred out of Overley in the lockable containers in each family room. Codes of which are distributed to the parents individually.
- 5. In all instances medication must be dispensed and administered by the same people.**
- 5.1 When discarding empty bottles of medication please ensure they are placed in the blue bag or box provided in the surgery for disposal.

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- 5.2 On opening a new bottle of medication, it should be dated and initialled by the person opening it. The expiry date should also be checked. All liquid medication should be disposed of after 3 months, unless otherwise stated on the bottle.
- 5.3 Creams should also be dated and initialled on opening. It is important to remember that pots/tubs of cream should be disposed of after one month and tubes of cream after three months of opening. Staff should always apply creams whilst wearing gloves.
- 5.4 In the unlikely event of prescribed medication being accidentally given to the wrong person, or too much medication being given, it must be reported immediately to the Senior on Duty, Head of Care or Head of School who will take the necessary steps to seek immediate medical advice from either *BOOTS Pharmacy 01952 219319, NHS Direct; 111, Shropdoc (ring Drs no), Doctors: 01952 226000 or the Princess Royal Hospital: 01952 641222* to ensure the young person's safety (acting upon advice given). Then inform Parents and relevant professionals.
- 5.5 All incidents will be investigated, taking full account of the context, circumstances, position and experience of the member of staff involved. In some cases, this may be seen as gross misconduct and disciplinary action may be taken.
- 5.6 All incidents must be appropriately recorded and documented.

5.7 **Over the counter medication/ homely medicine/remedies separate policy.**

Care homes and care providers should ensure that patients (where applicable in the Overley hall setting) have access to homely remedies for the management of minor conditions—this recommendation is in line with Care Quality Commission (CQC Homely Remedy Guidance (updated July 2018), NICE Guidance (Managing Medicines in Care Homes, NICE Good Practice Guidance, March 2014), and the National Care Forum (Safety of Medicines in Care Homes: Homely Remedies Guide, 2013).

Prior to purchasing over the counter medication, staff need to contact someone from the senior management team. Advice on the use of any medication should be checked with the pharmacist or health care professional prior to bringing into Overley Hall. No medication should be administered to a young person unless all protocol has been followed. Homely remedies and over the counter medication **can** interact and **react** within other medications which is why is it essential this is brought from a trained professional and check against existing prescribed medication.

Over the counter medication may then only be administered to the young person if there is a consent form from the parents. Further permission from Doctors will be sought where possible by the medication administrator. Over the counter medication can be given providing written consent has been received from parents/s or legal guardian/s. The procedure for over the counter medication needs to be the same as all other medication, in regards

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to booking it in, entering on the MAR sheet and with administration. The medication that has been brought in is for the sole use of one young person and cannot be used for any other young person. In line with this policy, 'over the counter medication' includes:

- **Paracetamol**
- **Ibuprofen**
- **Antihistamines**

5.8

Representatives/parents/legal guardians should be able to bring in over-the-counter medicines as young people at Overley Hall are unable to take responsibility for their own medication. This is (in line with policy) providing that the medication protocol is followed and the medicine is checked for interactions with other medications.

Care home staff must be made aware of any medicines entering the care home. A senior care assistant in charge must provide authorisation for use before self-administration.

- **Advice on the appropriateness and safety of over the counter medication to manage illnesses must be sought from a community pharmacist.**
- **The administration of a homely remedy must be clearly entered on the patient's medicines administration record (MAR chart) and in their care Plan.**
- **The entry on the MAR chart must be clearly marked 'homely remedy'.**

- **The administration of over the counter self-care treatment must be clearly entered on to the patient's medicines administration record (MAR chart) and in their care plan.**

5.9

Overley hall must ensure their staff are trained and have the required competencies to ensure safe and effective use of homely remedies and over the counter medicines for the management of self-limiting illness. Equally untrained staff should not administer medications and this is a breach of medication policy and procedures.

6. Refusal of Medication

6.1 If a young person refuses their medication it should be documented on their MAR sheet (using specified code on the bottom of the MAR sheet). If the refusal becomes persistent then medical advice should be sought immediately.

7 Disposal

7.1 Medication should be regularly checked/audited for out of date/no longer used which should be returned to Boots or chemist. The medication should be

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recorded in the returns book (kept in main medication cupboard) in the surgery and signed by a member of Boots staff. The Head of Care / registered manager will be responsible for ensuring all medications are returned appropriately.

- 7.2 Controlled drugs must be returned to Boots where a pharmacist must sign to accept them.

8 As Needed Medication (PRN)

- 8.1 In the likely event where a young person shows signs that medication may be required, for example, a head ache or cold, the decision will be discussed, checked and authorised by a senior member of staff. Refer to procedure above for administration.

Spoiled medication

- Any medication that are dropped or perished should be documented and signed by two members of staff on the MAR sheet, adding the quantity left and details in the comments box. They should then be either washed away appropriately (liquids) or placed in a labelled envelope and returned to Boots or chemist (please refer to disposal).

Reporting concerns

- If the member of staff administering medication has concerns regarding side effects or appropriateness/effectiveness of drug, report to a senior member of staff and seek immediate advice from the doctors. Please also refer to specific young person's individual plan.
- In the event of immediate emergency health concerns, for example anaphylaxis, call 999 immediately and contact parents.
- Any advice or queries regarding medication can be obtained by contacting a local pharmacist or Doctor.