

Administration of Medication Policy

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Applies to:	All Services
Associated documents:	Medication Administration Competency Record Medicine Keys Handover Sheet Medication Error Reporting Form Medication Error Review Meeting Notes Form Medication Error Review Protocol for Managers Clinic Room and Fridge Temperatures
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<i>This policy has been reviewed to ensure it promotes safeguarding and does not present barriers to participation or disadvantage any protected groups</i>	

Contents

0. Summary of changes since previous version of policy.....	3
1. Aims.....	3
2. Legislation and statutory requirements.....	3
3. Scope.....	4
4. Obtaining medication.....	4
5. Record keeping	5
6. Audit trail/stock rotation.....	5
7. Storage requirements.....	6
8. Administration of medication	7
9. Adverse drug reactions	11
10. Alterations to a medication	11
11. Additional requirements for controlled drugs.....	11
12. Self-administration.....	12
13. Children's/young adult's rights and preferences.....	13
14. Disposal of medicines	15
15. Homely remedies	15
16. Staff training.....	16
17. Risk assessments and behaviour management plans.....	17
18. Transitions.....	17
19. Medication errors	18
20. Misuse or theft of medication	19
21. Leave medication	20
23. Out-of-hours medication	21
24. Staff use of medication	21
25. Roles and Responsibilities.....	21
26. Implementation, monitoring, evaluation and review.....	22

0. Summary of changes since previous version of policy

- Addition of the use of Engage to report medication errors throughout
- Updated section 19 with changes to error levels, descriptors and reporting requirements
- Document numbering and formatting changed to increase accessibility to include contents page

1. Aims

This policy covers the prescribing, ordering, storage, administration and disposal of medication and therefore forms an important part of the risk and medicines management strategy.

The Aurora Group is committed to safeguarding and promoting the welfare of children and adults in our care and requires all staff to always act in the best interests of our children and adults in our care.

To ensure children and adults in our care receive the medication they require in a safe and timely manner, with due respect for privacy and dignity.

2. Legislation and statutory requirements

As registered Children's Homes, Schools, Colleges, Residential and Domiciliary services for adults in our care The Aurora Group complies with

- The Children's Homes (England) Regulations 2015
- Guide to the Children's Homes Regulations including the quality standards (2015)
- The Handling of Medicines in Social Care (2007).
- Children Act 1989
- The Human Rights Act 1998
- The Equality Act 2010
- DfE guidance 'Keeping children safe in education' (2020)
- Working together to safeguard children' (2018)
- Local Safeguarding Children Partnership's policies, procedures, guidance and protocols.
- The Medicines Act 1968 (revised 2006)
- The Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973 SI 1973 No 798 as amended by Misuse of Drugs Regulations 2001.
- The Data Protection Act 1998
- The Health and Social Care Act 2008 (regulated activities) Regulations 2014
- CQC regulations 2009
- The Administration and Control of Medicines in Care Homes and Children's Services
- Mental Capacity Act 2005
- NICE Managing medicines in care homes: Social Care Guidance 2014 Revised 2018
- The Care Act 2014

3. Scope

All staff who have received training in the administration of medication must follow the procedures outlined in this policy; and report any safeguarding concerns on to **myconcern** as a matter of utmost urgency and submit any written documentation within 2 hours, or by the end of the working day, whichever is sooner.

4. Obtaining medication

Medication given to the service/home by a parent, carer or other responsible adult (e.g. social worker) must only be accepted if it:

- is provided in the original container, as dispensed by the pharmacist;
- includes the original pharmacy label showing the name of the child/young adult; and
- is in date and includes instructions for administration, dosage and storage.
- is the correct amount stated

It is important to promptly record supplies of medication brought onto the service in this way.

All medication orders made by an Aurora home/school/college shall be completed by a nominated trained member of staff. Staff must ensure that they inform the Senior Leadership Team (SLT), if any medication appears to be in short supply.

All medication should be re-ordered, using the repeat prescription form that comes with each prescription, and taken to the relevant practice.

Under no circumstance should a verbal prescription be used, unless confirmed in writing.

4.1 Ordering procedure

Medication orders are made on a regular basis, compiled by a nominated trained member of staff, and sent to the supplying pharmacy. All prescriptions are sent directly to the supplying pharmacy by the GP practice (unless an alternate arrangement has been agreed with another agency, such as CAMHS).

Interim orders can be made for repeat prescriptions, by contacting the prescribing professional by telephone. All other orders must be made in consultation with a designated GP.

4.2 Procedure on receipt

When new medication arrives, it must be checked at the earliest possible opportunity, by **TWO** members of staff authorised to administer medication, to ensure that all details are correct. The check will include:

- All of the details on the medication label and on the Medication Administration Record (MAR) chart - these must be identical
- Storage conditions
- Expiry dates; and
- The delivery against the record of the original order, to ensure it is complete.

In addition, all medication must be recorded in the sign in book and any controlled drugs must be recorded in the Controlled Drugs Register, by **two** designated and trained staff.

5. Record keeping

It is essential to maintain an up-to-date list of current medicines, prescribed for each child/adult in our care on their Individual Health Plan or as part of the Education, Health & Care Plan. It should clearly identify if they are able to self-administer and what, if any, support they may need to do this. The key to the plan is that it captures the steps, which the service should take to help the child/adult in our care manage their condition. The plan should be easily accessible to all who may need to refer to it, whilst preserving confidentiality.

A MAR chart is maintained for all children/adults in our care, regardless of whether or not they are using prescribed medication. The MAR chart will contain the following information:

- Child's/Adult's in our care name
- Allergies (including 'none known')
- Medication prescribed
- When the medication must be given
- Required dose
- Route of administration
- Time of administration
- Any special information, such as giving the medicines with food
- For 'when required' medicines, the maximum dosage in 24 hours

All entries on the MAR charts must be checked for accuracy and signed by **TWO** members of staff administering the medication. One from the colleague administering the medication and the other from the colleague confirming that they witnessed the correct medication has been given and taken.

Details of the administration of medicines will be recorded for each child/adult in our care on their MAR chart at the time of administration and not prior to or later. For children/adults in our care who are self-administering, the record should show the date given and quantity of a specific medication, to allow staff to assess if the medicine is being taken correctly.

The Service Lead is responsible for making sure that all records relating to medicines are kept correctly and retained for at least 3 years, after date of the last entry.

6. Audit trail/stock rotation

All medication retained within the service/home must be accounted for at all times, with a 'paper trail' as verification. Regular, monthly audits will be completed on safety culture and filed by a nominated trained member of staff.

For eye/ear and other external 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.

7. Storage requirements

When a child/adult in our care chooses to administer their own medicines, a secure drawer, cupboard or safe will be provided for this purpose, and if appropriate the child/adult in our care will be given responsibility for the security of the physical or digital key. A copy of the key will be stored securely by a nominated trained member of staff, for use in emergencies only. Other medication, not requiring cold storage or controlled drug requirements, will be stored in the designated robust cabinet secured by lock and key. This will provide space for each individual child/adult in our care to have their medication grouped together, with internal and external medicines stored separately. This cabinet will be used only to store medication.

The keys to this cabinet will be on a separate ring, reserved solely for this purpose, and be kept by the designated senior member of staff, on their person or stored securely in the key cabinet in the office. Duplicate sets of keys will be limited, and any unresolved loss of keys must be followed with a change of locks.

For certain conditions, such as asthma, it may be necessary for children/adults in our care to carry their medication with them at all times, (subject to an individual risk assessment for self-administration). The GP will advise when this is the case, and this must be documented on the MAR chart.

All medicines must be stored in accordance with the manufacturer's instructions. This is commonly below 25°C for non-refrigerated products. However, information pertaining to storage requirements can be found on the packaging or in the Patient Information Leaflet provided with the medication. See also section 8: Additional requirements for controlled drugs, below.

7.1 Medicines requiring refrigeration

All medicines requiring refrigeration must be stored securely, in a dedicated medication fridge, which should be kept locked. When in use, the medication fridge must be maintained at a temperature between 2 - 8°C. The medicines fridge must be monitored using a thermometer, which measures both the minimum and maximum temperature. The thermometer, or its temperature monitoring probes, should be serviced in a central location within the fridge (not in the door) and the minimum and maximum readings taken and recorded in a log, on a daily basis by a nominated trained member of staff.

If the thermometer indicates that the fridge is not operating within the correct temperature range, advice must be sought from the pharmacist. If necessary, all stock should be disposed of in accordance with section 13: Disposal of medicines below; and a new supply obtained with as little disruption to the continuity of care for the child/young adult, as possible.

The fridge must be cleaned on a monthly basis, defrosted as and when appropriate and a record of both actions maintained.

7.2 Insulin storage and recording

Unopened insulin is to be stored in the refrigerator but should be removed for at least one hour prior to administration, for better comfort and efficiency, and can be stored safely for up to 28 days or 6 weeks (depending on the manufacturer) out of the refrigerator 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 timescales. However, care must be taken to ensure that the temperature of the room does not exceed 25 degrees centigrade.

As with all other medications, it is essential to check the expiry date of insulin, when it is received into the home and prior to administration.

When records of insulin are made it must be ensured that the wording 'units' rather than abbreviations i.e. 'U' or 'UI' are used.

In all cases, the manufacturer's recommendations for storage must be adhered to.

7.3 Expiry dates

Particular attention must be paid to the expiry date for any medication, which may or may not be displayed on the outer packaging. If the expiry date is not visible on the outer packaging, it can be found on the product label on the medicine itself.

Some medicines are given a short expiry date, such as:

- prepared antibiotic mixtures - the pharmacist will give it an expiry date of one or two weeks, depending on the product
- eye drops - these are usually given an expiry date of four weeks, after first opening the container.

It is essential therefore that the Patient Information Leaflet is consulted. If in any doubt, the supplying pharmacy should be contacted for advice.

8. Administration of medication

Only staff trained and deemed suitably competent by the Service Lead or person nominated by the Service Lead, may administer medication to children/adults in our care. Administering staff will be required to read this Administration of Medication Policy and sign a declaration, to confirm they have read and understood the contents.

A list of all staff authorised to administer medication will be maintained, along with specimen signatures/initials. It is the responsibility of the Service Lead to ensure this document remains up to date at all times.

The administration of children's/adult's in our care medication must be done in the way and at the time that the prescriber intends. 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.

Under UK law only 'appropriate practitioners' can prescribe medicine, examples of prescribers include doctors (e.g. GPs and hospital doctors), dentists, pharmacists and child and adolescent psychiatrists (CAMHS)

Medicines that have been prescribed and dispensed for one child/adult in our care must not under any circumstances, be given to another person, or used for a purpose that is different from the one they were prescribed.

To avoid errors with the administration of medication, the following **MUST** be adhered to:

- Medication must only be administered when prescribed and not left in other containers.
- When not in use, the medication cupboard must be locked and the key held by the person responsible; or stored securely in a locked drawer, cupboard etc.
- Any medicines, which appear to be in short supply, must be reported to the Service Lead or the person nominated by the Service Lead immediately.
- A record must be made on the MAR chart directly **AFTER** each medication has been taken. If, for any reason, medication is not given or refused, the reason for this must be recorded clearly on the MAR chart.
- Any refusal should also be documented in Engage and the child's/adult in our care's Individual Health Plan. The senior leadership team should be informed. A key at the bottom of the MAR chart shows the correct symbol to use. Refusals must be reported to the child's/ adults in our care parents, carers and prescriber e.g. GP, CAMHS (as appropriate) Adults in our care Administering staff must confirm the identity of the child/adult in our care that is to have the medication. This can be done by asking the child/adult in our care to confirm their name and asking another member of staff to confirm the identity. Under no circumstances, should medication be given, if there is uncertainty as to the child's/adults in our care identity.
- The MAR chart must be used to check the child's/adult's in our care name, medication, its dose and frequency against the 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.
- All staff must note how each medication that they deal with, is given i.e. oral, inhaled etc.
- The correct device must be used for the process, i.e. British Standard stamped measuring spoons/oral syringes. In addition, if the manufacturer states that these are to be used for single use only, this direction must be followed.
- Where there are several drugs in one slot of a monitored dosage system, staff must ensure that the correct number of tablets are in each slot before and after administering; and report any discrepancies immediately to the Senior Leadership Team (SLT).
- Any discrepancies will be dealt with by the SLT, who will liaise with the appropriate authorities e.g. GP, CAMHS, pharmacist etc.
- Controlled drugs must be administered by **TWO** designated staff - one trained to administer and one as a witness. A record must be made on the MAR chart and in the Controlled Drug Register. (See also Administration and Recording, and Schedule 2 Controlled Drugs in **A50 v6.1 Controlled Drugs Policy**) *See also Section 11 of this document Additional Requirements for the Administration of Controlled Drugs*
- If a medication error should occur, it must be reported to the SLT immediately and the Medication Error Procedure followed.
- All staff must be familiar with the policy and the system of medication administration.
- Careful consideration of the necessary time lapses required between medications must be made.
- Staff must be aware of the medication they are administering to children/adults in our care; monitor the condition of the child following administration; and call the GP, if there is concern about any adverse change in condition that may be a result of medication.
- Medication reviews will be held on a 6-monthly basis by the GP or more regularly, if requested, by the prescriber (CAMHS, Psychotherapist, etc.).

8.1 Procedure for administration

Before approaching the child/adults in our care, to administer the medicine, check the Individual Health Plan and MAR chart, wash your hands and have a drink of water available (for the child/young adult) and have the MAR chart and a black pen to hand.

- Only work with one child/adult in our care at a time and do so discreetly.
- Identify the child/adult in our care and check allergy and special information notes.
- Ensure they are comfortable and ready to receive their medication.
- Check the medication has not already been administered.
- Obtain consent from the child/adult in our care (see para 9.1 regarding consent)
- Check the MAR chart entry against the medication label (including expiry date) – it is imperative that the MAR chart mirrors the medication label.
- Clearly identify the medication, check the dose, route of administration and time due.
- It is very important not to handle medicines. Therefore, you must push a tablet or capsule out of the blister directly into a medicine pot and offer immediately to the child/young adult.
- Where medication is taken orally encouraging children/adults in our care to have a drink of water not only makes some medicines easier to swallow, but it also spoils medication, in a way that disrupts attempts to stockpile it for later use.
- You must observe the child to ensure they actually take their medication and do not 'stockpile' it for future use or pass it to others. You must not leave the child/adult in our care until you are satisfied that the medication has been swallowed, where appropriate.
- Once the medication has been taken by the child/young adult, sign the MAR chart in the correct column, by the correct medication and administration time.
- If the child/adult in our care refuses the medication, do not press the issue - allow a short period of time and revisit the child/adult in our care and ask them once more. You must never force a child/adult in our care to take medication under any circumstances.
- If a child/adult in our care refuses to take their medication, once they have been given it, staff should seek to retrieve the medication immediately and seek support, if appropriate.
- If a dose is not taken or has been missed for any reason, note this using the codes on the base of the MAR chart. Seek medical advice. If this is a medication error or near miss then it should be recorded on Engage and myconcern if it meets level 3 criteria.
- After checking, that all medication has been given to the child/young adult, and correct entries made on the MAR chart, repeat the process for other children/adults in our care, as appropriate, ensuring good infection control between administrations takes place and the wearing of appropriate PPE.
- In the case of "as required" medication, a check that the medication is required in line with their protocol, should be made with the child/adult in our care and the amount and time given must be documented on the MAR chart and in the Care Plan. Extra care must be taken in these cases, to ensure that the medication has not already been administered by another member of staff. (See also section 9 below - As required medication).
- When a variable dose is prescribed e.g. "one or two tablets", the quantity taken must be documented on the MAR chart.

8.2. As required medication

In the case of medication prescribed to be taken “when necessary” or “when required” (**Pro Re Nata**), the indication must be made clear on the medication label, on the MAR chart and in the Individual Health Plan.

In addition, the maximum dosage in 24 hours and the necessary time interval between dosages must be annotated on the MAR chart. 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 with the child/young adult, 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 staff. Following administration of a PRN medication, the outcome for the child/adult in our care should be noted and monitored, in order to

- (a) form a comprehensive picture of care, and
- (b) support future consultations with the prescriber.

8.3 Administering medication off-site

Medication taken off site must be signed out, stored in an appropriate container and carried by a member of staff authorised to administer medication. All medication carried in vehicles, must be stored securely out of reach of children/adults in our care e.g. locked in the glove box or a car boot. Details must also be recorded on the Off-Site Visit Form and Risk Assessment.

Parents, carers and other responsible adults (e.g. social worker) should also be advised of the above precautions, as appropriate, when transporting children/adults in our care and medication, at the same time.

When taking children/adults in our care on field trips or residential holidays, staff must consider taking spare prescriptions for essential medications and even a letter from the prescribing professional, where appropriate. This would be essential if/when going abroad, where there is a greater risk of losing medication in transit or being challenged at customs, particularly about transporting controlled drugs. For more information on Travelling with Controlled Drugs.

All steps identified in 8.1 Procedure for administration, must be followed when administering medication off site and all medication being returned to service must be signed in.

8.4 Administration using specialised techniques

Staff must not undertake any task, which properly falls within the responsibilities of a health care professional e.g. the injection of certain medications. With specific training, certain procedures, such as the injection of insulin or rectal administration of diazepam for an epileptic seizure, the administration of Buccal Midazolam and all meds given via a PEG etc may be carried out by designated staff. However, the member of staff involved must be willing and comfortable with the procedure and reserves the right to decline responsibility for the administration of medication, using specialised techniques, if they feel they are not wholly prepared and comfortable with doing so.

8.5 The use of measuring devices

It must be ensured that any measuring device is accurate and that if it displays the symbol for single use only, this direction must be followed. Generally, oral syringes supplied with

medication are for single patient use, rather than single use, but if there is any doubt, the supplier must be contacted for advice. It is essential to use the correct type of syringe for the route of administration. An appropriate oral syringe should be used to measure oral liquid medicine, if a medicine spoon cannot be used.

9. Adverse drug reactions

Medication is chosen to produce a specific effect; however, unwanted side effects may also occur. In the event of an adverse reaction to medication, you must get medical help immediately. Advice may be sought from the:

- SLT
- Child's/adults in our care's GP or prescribing professional
- NHS 111 (telephone number: 111)

Healthcare professional advice must be followed and the child's/adult's in our care progress monitored. The event must be documented on the MAR chart and in the child's/adult's in our care Individual Health Plan.

10. Alterations to a medication

Direction by a prescriber to alter a dose or stop medication may occur either during a consultation or via a telephone conversation. Written confirmation of the change must be requested.

Instructions given over the telephone, by the prescriber, must be noted on the child's/young person's Individual Health Plan and MAR chart; and the prescriber requested to initial or confirm this change in writing, at the first opportunity.

Where possible, a telephone conference/speaker facility should be used, in a private room, to enable **TWO** staff to verify the direction. In any case, to limit the possibility of misinterpretation, a second member of staff must be asked to repeat the direction back to the prescribing professional.

If the prescriber refuses to confirm the alteration or discontinuation in writing or by adding a signature to the MAR chart following a consultation or telephone conversation, the procedure must be witnessed by **TWO** senior members of staff, documented and signed by both on the child's/young person's MAR chart and Individual Health Plan stating the alteration, instructing prescriber, time and date.

Although the label on the corresponding medicine container must not be altered, an identifying mark can be placed on the container to indicate that a change in dosage has occurred. A new medication must not be initiated without a prescription.

11. Additional requirements for controlled drugs

Controlled drugs must only be administered by designated and trained staff. A **second** member of staff must witness the administration of controlled drugs.

Controlled drugs, administered by staff, 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 or a heavy gauge metal cabinet

(single lock) stored in a locked office. Controlled drugs cabinets must be fixed to a block or brick wall or concrete floor.

Receipt, administration and disposal of controlled drugs must be recorded in a (bound book) Controlled Drug Register, as well as on the MAR chart. A running balance, checked by another member of staff, must be maintained. There must not be any cancellations, obliterations or alterations. Corrections must be made by a signed and dated entry in the margin, or at the bottom of the page.

Controlled drugs for disposal must be recorded in the Controlled Drug Register and a signature of receipt obtained.

The balance of controlled drugs will be checked, before and after each administration, by both staff present and on a weekly basis.

If there is any doubt, as to whether or not a medication within the home/school is a controlled drug, advice, must be sought from the pharmacist or prescriber.

11.1 Procedure for the administration of controlled drugs

The procedure for administration must be followed, along with the additional requirements outlined below:

- An authorised staff member and witness take the controlled drug from the controlled drugs cupboard. They agree the stock balance with the Controlled Drugs Register.
- The authorised staff member places the controlled drug in a small medication pot, directly from the dispensed container, and offers the medicine to the child/adult in our care with water to drink.
- Once the controlled drug has been taken, the authorised staff member signs the MAR chart and Controlled Drug Register to this effect, the witness must check that the balance is correct and sign to agree this.
- The authorised staff member and designated other, will return the remaining medication and Controlled Drug Register to the controlled drugs cupboard and lock them away.
- Record any refusal or omission, as defined in para. 8.1 Procedure for administration.
- Record any error, as defined below in section 19 Medication error.

12. Self-administration

All children/adults in our care will, subject to age, understanding and risk assessment, be encouraged to self-administer medication or treatment, including, for example any ointment or use of inhalers.

On arrival of a new child/young adult, staff must establish whether the child/adult in our care has a wish to administer their own medication and assess whether or not they are competent and have the capacity to do so. This could be wholly or partially, such as with the use of some inhalers. Where self-administration is shown to be a possibility, a robust risk assessment must be conducted and will seek to establish that the child/young adult:

- wants to take responsibility for looking after and taking their own medicines.
- knows what medicines they take, what they are for, how and when to take them and what is likely to happen if they do not take them; and
- understands how important it is not to leave the medicines lying around, where someone else may have access to them.

Documentation must highlight the level of support required from staff, to enable self-administration, in the child's/young person's Individual Health Plan and on the MAR chart.

Children's/young person's ability to self-administer their own medicines must be reviewed monthly. If at any time the child/adult in our care (or another child/young adult) is at risk from misuse of medication, a full review of the risk assessment must be conducted, and the Individual Health Plan and MAR chart updated.

13. Children's/Adult's in our care rights and preferences

It is the right of every child/adult in our care receiving care, to achieve maximum benefit from their medicines. To this end, staff, parents, carers and other responsible adults (e.g. social worker), prescribing professional, pharmacist, and any other person involved in their care, must communicate and work together.

Children/adults in our care may have a preference in the way in which they take or receive their medicines, or who gives medicine to them and when. This may be due to culture, religion or a number of other reasons. The child's/adults in our care' choices and preferences must be identified and taken into account, within a risk management framework, and documented in their Individual Health Plan, where appropriate.

Every effort should be made to preserve the dignity and privacy of children/adults in our care in relation to medicine taking. This means being tactful, sensitive and discreet — do not shout across the room, so that everyone can hear. It also means keeping personal medical information confidential, for example, a child's/adult in our care MAR chart must not be kept where everyone can see it.

13.1 Child/Adult in our care consent

Children/Adults in our care have the right to refuse to take their medication.

They must also give their consent for medication to be administered to them by staff; and for medication to be disposed of, when appropriate. Details of the discussion and the way in which the child/adult in our care has given consent, must be recorded prior to any of these actions taking place and reviewed, as appropriate.

If a child/adult in our care refuses to take their medication, do not press the issue - allow a short period of time and re-visit the child/adult in our care and ask them once more. You must never force a child/adult in our care to take medication under any circumstances. Any refusal to take medication must be recorded on the MAR chart and reported, as appropriate.

It is the responsibility of the person administering the medication, to reasonably assess the child's/adult's in our care capacity to consent.

Consent may be described as, being the voluntary permission of the child/adult in our care 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. Permission given under any unfair or undue pressure is not consent; neither can consent be implied by the child's/young person's behaviour.

In order for staff, who are authorised to handle medicines within the home, to administer medication to children/adults in our care, consent must be obtained by following the procedure outlined below. Staff must be reasonably sure the child/adult in our care has the capacity to consent.

Explain the medication, what it is for and potential complications and side effects and their management to the child. To enable the child to make their decision, it must be ensured that the manner, style and pace of discussion is appropriate to the child's:

- level of understanding.
- culture and background
- preferred ways of communicating
- needs
- Answer any questions in an appropriate way, making sure the information given is correct.
- Give the child/adult in our care verbal and/or written information on the medication, if requested.
- Give the child/adult in our care the opportunity to ask questions or seek clarification of any information, they have been given.
- Seek feedback from the child/young adult, to ascertain their level of understanding.
- Give the child/adult in our care time to reflect on the information and, if necessary or requested, invite other members of the multi-disciplinary team, or the child's/adult's in our care adult's in our care parents, carers or other responsible adult (e.g. social worker) and an advocate, if appropriate, to provide support.
- Give the child/adult in our care time to read the information and encourage them to question anything they do not understand, before giving or declining consent.
- Reassure the child/adult in our care that they can change their mind at any stage; and make clear the implications of this in an unemotional manner.
- Make a record of the child's/adult in our care decision.

If there is any doubt about the child's/adult's in our care capacity to consent, this must be referred to the SLT.

This does not preclude the administration of medication in response to health-related emergencies, where a child/adult in our care may not be able to give explicit consent at the time; examples would include anaphylaxis and hyperglycaemia.

13.2. Emergency medication

Staff will be protected, in an emergency, if they have worked in accordance with best practice and believe their decision-making to be in the best interest of the child/young adult. Any best interest decisions made, in an emergency, must be recorded in accordance with relevant policies and procedures.

13.3. Covert medication

'Covert' is the term used when medicines are administered in a disguised format, without the knowledge or consent of the person receiving them, for example, in food or drink.

Medication **must not** be administered covertly for children/adults in our care. If a child/adult in our care is refusing their medication, it must be brought to the attention of the SLT. Every effort will then be made to support the child/young adult, by explaining the reason for them taking their medication. If the child/adult in our care still refuses to take their medication, their decision must be respected, documented and the parents, carers, prescriber informed, as appropriate.

13.4. Crushing tablets

It must not be assumed that it is safe to crush or cut tablets or open capsules, to make them easier to swallow, because this may affect the way the medicine works. Where a child/adult

in our care has difficulty in taking a particular medication, advice must be sought from the pharmacist, who may be able to suggest an alternative formulation of the medication.

14. Disposal of medicines

As prescribed medicines are the personal property of an individual, consent must be obtained to dispose of any medication. Medicines must be disposed of when:

- the expiry date is reached or on the advice of the pharmacist or medical practitioner. Some medicine expiry dates are shortened when opened, for example, eye drops.
- equipment such as fridges or other cooling systems have failed to work.
- there is an excess of medication, surplus to a child's/young person's requirements.
- a dose of medication is taken from the dispensed container but not taken by the child/young adult. At which point, it must be placed in a separate labelled container and sent for safe disposal.
- a course of treatment is completed and there is a surplus to requirements; or the medical practitioner stops the medication.

14.1 Method of disposal

Medication for disposal must be returned to the supplier e.g. the pharmacy or dispensing surgery. A record of ALL returned medicines must be made. The record of disposal must include the:

- child's/adult's in our care name
- name, strength and quantity of medicine(s)
- date of returned
- signature of the member of staff returning the medicine
- signature of the person receiving the medicine.
- For the disposal of controlled drugs, see section 8. Additional requirements for controlled drugs.
- Where liquid medication needs to be disposed of a suitable and approved denaturing kit should be used.

15. Homely remedies

A signed consent form from the individual(s) with parental responsibility this may include the GP must be obtained to allow a child/young person to be given homely remedies. This form should stipulate what homely remedies the service provides, with the option for the parent/carer to select between the different forms of medication available. The form should be kept with the Individual Health Plan (if the child has one) and must be accessible to all staff authorised to administer medicines.

Only staff who are trained and authorised in the administration of medicines can administer, at the request of the child/young adult, a homely remedy. Particular attention must be paid to the advice on the medicine packaging, to confirm frequency and dosage is correct; and to ensure that they are aware of how long the medicine can be used for, before referring the child/adult in our care to a GP.

A MAR should be completed, to record the administration of all homely remedies.

15.1 Paracetamol

There are risks associated with administering paracetamol, not least the possibility of tablets being secreted, stockpiled for future use or passed to others, the procedures outlined in para. 8.1 Procedure for administration should minimise the risks to all children/adults in our care.

As with all medications, paracetamol must be taken in accordance with directions described in the Patient Information Leaflet provided or as instructed by a health professional. Staff must be vigilant in recording the administration of ALL paracetamol and paracetamol-containing medication e.g. cold and flu remedies; and check the MAR chart to ensure a dose has not already been administered before given a further dose.

Taking a paracetamol overdose, can be very dangerous. If four doses have been issued within a 24hour period, no further doses will be given until a medical practitioner has seen the child/young adult.

If a child/adult in our care poses a risk of secretion and/or overdose, this must be reflected in their risk assessment and a decision made as to whether to provide liquid paracetamol (which is harder to secrete), instead of tablets.

If a child/adult in our care has taken more than the recommended maximum dose, they must be taken to the nearest accident and emergency (A&E) department, as soon as possible. It can be helpful to take any remaining medicine and the box or leaflet with you to A&E, if you can.

15.2 Individual children's/young person's purchased medication

Children/adults in our care have the right to purchase their own medicines, or to have these brought in for them by parents, carers or another responsible adult (e.g. social worker).

These will need to be authorised on the parental consent form and stored with the home's medicines, unless they have a risk assessment allowing self-administration.

The possession, use or supply of illegal and other unauthorised drugs by staff, children, adults in our care or visitors is wholly unacceptable.

16. Staff training

All staff who administer medication will be provided with the required training to enable them to perform the task of administering medication safely and efficiently.

Senior staff responsible for assessing competence, auditing medicines and managing medicine errors and incidents are required to hold an advanced accredited course in the administration of medication.

A notice is to be maintained in or by all areas where medicines are stored, stipulating who is authorised to administer medication.

Training will be provided to ensure those responsible for administering medication know how to report medication errors on Engage

17. Risk assessments and behaviour management plans

All health-related conditions, medication and associated risks that may have implications for how staff support the child/adult in our care and/or respond to their behaviour, will be recorded in the individual risk assessment and behaviour management plan and circulated to all relevant staff.

Consideration must be given to the need for some children/adults in our care to have specific medications immediately available in the event of a potential health emergency; examples would include asthma inhalers and adrenaline auto-injectors (for the treatment of anaphylactic shock).

Where the potential risks of a child/adult in our care carrying medication are significant, e.g. misuse of an adrenaline auto-injector, the nominated trained member of staff should consult with appropriate medical professionals.

Where new information is brought to the attention of a member of the Leadership Team, including the diagnosis of a new condition or prescription of new medication, details will be communicated to relevant staff, as soon as reasonably possible; and the individual risk assessment and/or behaviour management plan will normally be reviewed and redistributed (where appropriate) within 72 hours.

Staff are obliged to familiarise themselves with the current risk assessment and behaviour management plan, for every child they are likely to have responsibility for educating, engaging, supporting or supervising.

18 Transitions

Communication on these occasions is essential to ensure the continuity of care for the child/adults in our care. When a new child/adult in our care arrives or prior to their arrival, the Service Lead or a person nominated by the Service Lead will guide the child/adult in our care and their parents, carers or other responsible adult (e.g. social worker) in the home's/school's policy for the administration of medicines; and decide if an Individual Health Plan is needed.

18.1 Child/adult in our care - arrival

At the earliest opportunity, prior to or on admission, a nominated trained member of staff will verify the current medication needs of the child/young adult.

The information will be checked against medication arriving with the child/young adult.

Any non-current medication will be returned to the parents, carers or pharmacy for safe disposal, as appropriate.

A MAR chart will be written out a nominated trained member of staff checked for correctness, and signed by a second member of staff, authorised to administer medication.

If the child/adult in our care is registering with a new GP, a nominated trained member of staff will communicate with them, to make sure all information is up to date.

If there is an excess of current medication, this will be communicated to the parents, carers, GP, as appropriate.

The Service Lead or the person nominated by the Service Lead will discuss the issues of consent, (self) administration, allergies, side effects and sensitivities to medication with the parents, carers, social worker and the child/young adult, as appropriate; and the necessary consent forms will be completed.

18.2 Child/young person leaving

When a child/young person is to leave the home/school a nominated trained member of staff must ensure that there is an adequate supply of the correct medication and relevant information, including a copy of the MAR chart to take with them. A record of any medication leaving the home with that child/adult in our care must be made and signed, for by both the staff member handing over medicines and the individual receiving them.

19. Medication errors

It is essential that the Senior Leadership Team create an environment in which staff feel able to report errors or incidents, in the administration of medication, immediately.

Any medication error must be reported as a matter of utmost urgency to the service lead. In the event of a medication error, staff should contact one of the following for advice:

- the child's GP or prescribing professional.
- the local out-of-hours service; or
- NHS 111 (telephone number: 111)

All relevant information must be shared, and any instructions followed.

If the child/adult in our care has a serious adverse reaction, then staff must ring 999 and request an ambulance, ensuring that all relevant information regarding the error is shared with the call handler.

Details of the error, including all information shared and advice received, must be reported and recorded.

Parents, carers and other responsible adults (e.g. social worker) must be contacted, as appropriate.

It is the responsibility of the member of staff who identifies the error, to report the incident by completing an Administration of Medication Error Record on Engage within 2 hours, or by the end of the working day, whichever is sooner.

If Engage is not available an Administration of Medication Error Record can be obtained from MyAurora. This should be filled in and emailed to the service lead and Governance@the-aurora-group.com within 24 hours of the incident.

All errors will be rated as:

Level 4 Error: High Risk

- Wrong persons/incorrect medication given
- Overdose causing or likely to cause harm
- Under dose causing or likely to cause harm

Level 3 Error: Moderate Risk

- Overdose - risk of harm
- Under dose or omission of medication - risk of harm

Level 2 Error: Low Risk

- Omission of medication (no potential harm)
- Administration error
- Expiry dates exceeded
- Any low risk error which could lead to further errors i.e. signing errors

Level 1 Error: No effect on individual

- Process, storage or administration error that would not lead to further errors occurring

All Level 3 & 4 errors will automatically be notified to the Operations Director and Quality Advisor responsible for medication via Engage when the error is logged. They must be reported to Local Safeguarding Services and cross referenced to myconcern

All errors regardless of level can additionally be reported through myconcern if there is a suspicion of a safeguarding issue.

Medication errors will be reviewed at monthly Incident and safeguarding meetings and where high numbers of level 1&2 incidents are recorded these may be referred for additional safeguarding investigation.

19.1 Lost or missing medication

If a member of staff misplaces a tablet, they must inform the SLT immediately. The prescribing professional and pharmacist will be contacted, and advice sought regarding the possibility of a one-off prescription to cover the loss. The error must be documented, and the MAR chart completed in accordance with the codes listed at the bottom of the sheet.

19.2 Reducing Errors

To reduce the chance of errors occurring, staff must:

- maintain an up-to-date knowledge of all children/adults in our care and the medicines involved.
- avoid distractions whilst giving out medication.
- ensure the accurate identification of all children/adults in our care.
- remain with the child/adult in our care during the entire administration process.

If in any doubt, do not give the medication until clarification has been obtained.

Managers will follow Medication Error Review Protocol for Managers A48 to investigate the reasons for medication errors and implement lessons learned actions where appropriate.

20. Misuse or theft of medication

The misuse or theft of medication is wholly unacceptable and will not be tolerated.

However, our response always focuses on promoting and safeguarding the welfare of children/adults in our care and all necessary support, including medical intervention, is offered to any child/adult in our care attending an Aurora service suffering from the effects of and/or addiction to any medication.

All medicine-related incidents must be reported to senior staff as a matter of urgency and recorded within 2 hours of the incident; and will be addressed in accordance with relevant policies, procedures and guidance.

The suspected misuse or theft of controlled drugs must also be reported to the police.

21. Leave medication

When a child/adult in our care spends time away from their usual Aurora provision, efforts must be made to ensure the continuity of medication.

- If a child/adult in our care is going to be absent from the setting for a significant length of time, for example a holiday, the medication must be sent with the child/adult in our care in its original dispensed containers. This should be recorded, as per a child/adult in our care leaving.
- In the case of a child/adult in our care regularly leaving the home, for example going home for regular evenings or weekends, the child's/adults in our care GP may be asked whether an alternative prescription can be made available for the alternative location.
- For school trips and other outings, enquiries should be made, to establish whether the medication could be taken at a different time.
- If it is established that the medication must be taken whilst the child/adult in our care is absent from the home, then a separate, suitable container such as Monitored Dosage Systems, should be requested by liaising with the prescribing professional and pharmacist.

Secondary dispensing occurs when medicines are removed from the original dispensed containers and put into pots, egg cups, envelopes or any other container in advance of the time of administration. This is **not** considered good practice as this process has removed a vital safety net to check the medicine, strength and dose with the MAR chart and label on the medicine at the same time you check the identity of the person.

All medicines must be given from containers dispensed and labelled by the pharmacy or dispensing GP. **Secondary dispensing is strictly forbidden.**

A record of medication going out with the child/adult in our care and a record of medication returned with the child/young adult, (even if this is zero) must be made.

21.1 Admission to hospital

If a child/adult in our care is admitted to hospital, the remaining supply of all medication must be taken with them. This must be documented on the MAR chart, in accordance with para. 17.2 Child/adult in our care leaving. Any medicines returned with the child/young adult, must be checked in, in accordance with para. 17.1 Child/adult in our care arrival, taking into account any potential changes.

Any information, which may be relevant to the care or treatment of the child/young adult, must be communicated to the hospital. Where confidential documentation such as a hospital passport has been taken to the hospital a signature from a doctor or nurse is required before the documentation can be handed over. Where possible this documentation should remain with the child/young person and be returned with them when the child/young person returns to the provision.

23. Out-of-hours medication

For medicine-related treatment outside normal practice hours, NHS 111 is to be contacted on Tel: 111

24. Staff use of medication

While staff may have a legitimate reason for using prescribed and over the counter (PRN) medicines while on duty or on call; you must have regard for the effects that taking medication may have on your motivation, judgement, concentration and coordination.

With this in mind, you are required to notify your supervisor or line manager in writing of

- all medication you are taking, that may adversely impact on your ability to perform your assigned role and responsibilities safely and effectively; whether or not the medicine has actually had any potential effect to date. For example, in the case of starting a new medication (this excludes any contraceptive medicines)
- any significant changes in the dose or frequency of such medication; and the potential impact on your ability to perform your assigned role and responsibilities.

Failure to do so may result in disciplinary action. All information will be treated in the strictest confidence.

Where appropriate, the supervisor/line manager will conduct a risk assessment in respect of the individual and their condition, the medication prescribed, any potential side effects, safe and appropriate storage and actions to be taken in the event of an emergency.

All prescribed and over-the-counter medication brought on to our premises must:

- be stored securely, out of sight and reach of children/adults in our care, in a locked room, with restricted access.
- be in its original container, as dispensed by the pharmacist and include the original pharmacy label showing the name of the member of staff, where appropriate.

Staff should only bring a reasonable quantity of medication on to service – thus reducing the potential risk, if a child/adult in our care was to gain unauthorised access to it.

The possession, use or supply of illegal and other unauthorised drugs by staff, children or visitors is wholly unacceptable and strictly forbidden

25. Roles and Responsibilities

This policy and all associated procedures apply to all staff (including consultants, agency staff, volunteers, students on placement and any other individual working for, or on behalf of The Aurora Group), children/adults in our care and visitors and should be read in conjunction with safeguarding policies.

Failure to comply with this policy and procedures may result in disciplinary action.

26. Implementation, monitoring, evaluation and review

The designated senior member of staff with overall responsibility for the implementation, monitoring and evaluation of the 'Administration of Medication Policy' is the Registered Manager/Hoc/Principal/Service lead.

The designated member of staff is also responsible for ensuring that all children/adults in our care, staff, parents/carers and placing local authorities are aware of this policy. All children/adults in our care and staff are informed about this policy during their induction and are reminded of the procedures as necessary.

Additional support would also be provided to any parent or significant person, wishing to know more about the policy and procedures outlined above. A copy of this policy document is available for inspection on the premises during office hours and an electronic copy is posted on MyAurora.

This policy document will be reviewed and publicised in writing, at least annually and, if necessary, more frequently in response to any significant incidents or new developments in national, local and organisational policy, guidance and practice.