

Policy Title:	Storage and Administration of Medicines		
Policy Code:	ICP 10.9		
Cross Referencing:	QS 10		
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Date:	Feb 2021	Review Date:	Feb 2022

1.0 Principles:

- 1.1 The policy and procedure covers the prescribing, ordering, storage and administration of medication and therefore forms an important part of the risk and medicines management strategy.
- 1.2 The policy takes into account the requirements laid down by The Human Medicines Regulations 2012, The Nursing and Midwifery Council Guidelines for the Administration of Medicines, The Care Standards Act 2000, The Health and Social care Act 2008 and The Mental Capacity Act 2005.
- 1.3 It also reflects the recommendations made in the NPA Guide to Good Practice in the Management of Controlled Drugs in Primary Care (England) Third Edition December 2009, the Handling of Medicines in Social Care - Royal Pharmaceutical Society of Great Britain, the Nursing & Midwifery Council Guidelines and The Essential Standards of Quality & Safety - CQC.

2.0 Aims:

- 2.1 The aims of this policy are to;
 - Set out the principles by which medicines are managed in line with Department of Health standards and legal requirements.
 - Ensure that all employees working within the home are aware of their roles, responsibilities and limitations.
 - Manage the risks that medicines can pose to Young Persons and employees.
 - Ultimately ensure that Young Persons receive their appropriate medication safely and effectively.
 - Provide a structured framework to enable lines of responsibility to be clear and comprehensible

3.0 Responsibilities:

- 3.1 It is the responsibility of the Registered Manager to ensure that all employees are aware of this policy and that suitable training is made available in order that correct and safe practice is carried out at all times.
- 3.2 It is the responsibility of each staff member to be accountable for their actions in relation to the procedures within this policy.

4.0 Procedure:

4.1 Obtaining Medication:

1. All medication will be ordered by the Registered Manager, appointed deputy or named employees.
2. Employees must ensure that they inform the Registered Manager, or nominated person, if any medication appears to be in short supply.
3. All medication should be re ordered using the repeat prescription form that comes with each prescription or other appropriate ordering form and taken to the GP practice concerned.
4. Verbal requests for medication should be avoided wherever possible and if used **MUST** be confirmed in writing.

4.2 Procedure on Receipt:

1. When new medication arrives at the service it must be checked at the earliest possible opportunity by the allocated employee to ensure that all details are correct.
2. The check will include:
 1. All of the details on the medication label and on the Medication Administration Record (MAR) chart (Standard Form 47), these must match
 2. Storage conditions
 3. Expiry dates
3. In addition, any controlled drugs must be recorded in the Controlled Drugs Register by two people (one as a witness).

4.3 Record Keeping:

1. A MAR chart will be maintained on ClearCare for every Young Person in the service where they are taking prescribed medication. The MAR charts will contain the following information:
 1. Young Person's name
 2. Name of home
 3. Allergies (including 'non known' if this is the case)
 4. Name of GP
 5. Medication prescribed
 6. Route of administration (if other than orally)
 7. Time of administration
2. For 'when required' medicines, the maximum dosage in twenty four hours A record as to whether the Young Person can usually consent must also be retained.
3. Details of the administration of medicines will be recorded for each Young Person on his or her MAR chart at the time of administration and not prior to or at a later date.
4. The Registered Manager is responsible for making sure that all records relating to medicines are kept correctly and retained on ClearCare.

4.4 Audit Trail/Stock Rotation:

- All medication retained within the home must be accounted for at all times with a paper trail as verification. Regular audits will be carried out to ensure quantities tally and documented on the Audit Sheet (appendix A).
- 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.

4.5 Storage Requirements:

- When a Young Person chooses to administer their own medicines, a lockable drawer or cupboard will be provided in their room for this purpose. The Young Person is responsible for the security of the key. A spare key will be kept to use for emergencies with the permission of the Young Person.
- Other medication not requiring cold storage or controlled drug storage will be kept in the designated robust cabinet secured by lock and key. This will provide space for each individual Young Person to have their medication grouped together and 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 Registered Manager or designated senior person, on their person. 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 Young Persons to carry their medication with them at all times. The GP will advise when this is the case and this must be documented on the MAR chart.
- Non fridge items must be stored according to conditions required by the manufacturer. This is commonly below 25°C however, information pertaining to storage requirements can be found on the packaging or in the Patient Information Leaflet provided with the medication.
- (See also Special Requirements for Controlled Drugs).

4.6 Medicines Requiring Refrigeration:

- Medicines requiring refrigeration will be stored in the specified medication fridge which must remain locked. 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 Fridge Temperature Recording Sheet (Standard Form 46). It must be remembered to re-set the minimum/maximum thermometer on each occasion. The fridge must be defrosted regularly and a record of this maintained.
- In the event of the thermometers highlighting the fridge not maintaining the correct temperature, advice must be sought from the pharmacist and if necessary all stock must be disposed of as outlined in Disposal of Medicines and a new supply obtained with as little disruption to the continuity of care of any Young Persons as possible.
- Insulin storage/recording:
 - Unopened insulin it is to be stored in the refrigerator but should be removed for at least an hour prior to administration for better comfort and efficiency, and can be stored safely for up to twenty eight 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 time scales. However care must be taken to ensure that the temperature of the room remains below 25oc.

- As with all other medications, it is essential to check the expiry 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.

4.7 Oxygen storage:

- Oxygen will be prescribed for each individual Young Person if the prescriber considers it necessary. Advice on storage and administration may be obtained from the supplier but the following guidelines should also be followed:
 - Cylinders must be stored under cover and not subject to extreme temperatures
 - The storage area must be clean, dry, well ventilated and away from highly flammable liquids, combustibles and sources of heat and ignition
 - Cylinders must be stored upright and secured by way of a chain to the wall
 - Empty cylinders must be stored separately and easily distinguished from full cylinders
 - The statutory warning notices must be displayed in any room/area where oxygen is used or stored
 - Oxygen therapy must only be discontinued or the flow rate altered by the direction of the prescriber
 - Equipment must be handled by trained staff or under the supervision of trained employees only
 - Regular stock checks will be carried out with particular attention paid to expiry dates
 - A record should be made on the MAR chart the same as with any other medication
- In addition the pharmacist may be contacted by the Care Manager to discuss any further recommendations regarding the use of Oxygen.

4.8 Storage of Test Kits:

- Testing kits for urine and blood are stored in the cupboard used to store external preparations. The expiry dates of these kits will be checked on a regular basis and prior to immediate use.

4.9 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. Most eye drops need to be discarded after four weeks of opening however some expire after two weeks therefore, as with all medications; it is essential that the patient information leaflet is consulted. If in any doubt the supplying pharmacy should be contacted for advice.

5.0 Administration of Medication:

5.1 Staff members will only be permitted to administer medication to Young People once they have been suitably trained and deemed competent by the Registered Manager.

5.2 The staff member Competency Audit Sheet will act as a record of this competency. Administering employees will be asked to familiarise themselves with this Medication Policy and Procedures manual and sign an agreement entitled Confirmation of Policy read and understood.

- 5.3 Medication administered to Young People must be done so 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.
- 5.4 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.
- 5.5 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 pots on the side/tables/trays etc.
 - When not in use the medication cupboard must be locked and the key held by the person responsible.
 - Any medicines which appear to be in short supply must be reported to the Care Manager immediately.
 - A record must be made on the MAR chart directly **AFTER** they have been taken. If for any reason medication is not given or refused, the reason for this must be marked clearly on the MAR chart. Any refusal should also be documented in the Young Person's Care Plan and the Care Manager informed. A key at the bottom of the MAR chart shows the correct symbol to use. Regular refusals must be reported to the Young Person GP by the Registered or nominated member of the care team.
 - Administering employees must confirm the identity of the Young Person that is to have the medication. This can be done by checking the Care Plan or MAR chart where a photograph is held, asking the Young Person to confirm their name. Under no circumstances should medication be given if there is uncertainty as to the persons identity.
 - The MAR chart should be used to check the Young Person's name, medication, its dose and frequency against the name, medication, its dose and frequency on the medication label. The two must match. If there is any discrepancy, clarification must be sought from the prescriber before medication is administered.
 - All employees should note how each medication that they deal with is given (i.e. oral, inhaled etc).
 - It must be ensured that the correct device used for the process, (i.e. British Standard stamped measuring spoons/oral syringes). And if the manufacturer states that these are to be used for single use only, this must be adhered to.
 - Where there are several drugs in one slot of a monitored dosage system, employees should ensure that the correct number is in each slot before and after administering and report any discrepancies immediately to Registered Manager prior to administering the medication.
 - Any discrepancies will be dealt with by the Registered Manager who will liaise with the appropriate authorities (i.e. GP, pharmacist).
 - Controlled drugs must be administered involving two employees, one to administer and one as a witness. A record must be made on the MAR chart and in the Controlled Drug Register. (See also Procedure for the Administration of Controlled Drugs).
 - If a medication error should occur it must be reported to the Registered Manager immediately. (See Medication Error for the procedure to follow).
 - It is the responsibility of all staff members to ensure that they are familiar with the policy and the system of medication administration.

- Careful consideration to the necessary time lapses required between medications must be made.
- Provision must be made for medicines required at times out of the usual round times.
- Staff members should be aware of the medication they are administering to Young People, monitor the condition of the Young Person following administration and call in the GP if there is concern about any change in condition that may be a result of medication.
- Medication reviews must be prompted on a regular basis.

6.0 Procedure for Administration:

6.1 Assemble all equipment before starting medication administration:

- Appropriate monitored dosage pack (if used)
- Regular medication which has not been provided in the monitored system
- PRN or short course treatment
- Medicine cups and water to drink
- The MAR chart on ClareCare for recording
 - Identify the first Young Person and check allergy and care notes.
 - Ensure Young Person is comfortable and ready to receive their medication.
 - Obtain consent from the Young Person (see paragraph 10.1 regarding consent)
 - Check the MAR chart entry against the medication label – it is imperative that the MAR chart matches the medication label.
 - Clearly identify medication and understand dosage requirements.
 - Place the correct dose directly into a medicine cup and offer immediately to the Young Person.
 - Once taken by the Young Person, sign the MAR chart in the correct column by the correct medication and administration time via ClearCare.
 - 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.
 - After checking that all medication has been given to the Young Person and correct entries made on the MAR chart, repeat for the remaining Young Person.
 - In the case of “as required” medication, a check that the medication is required should be made with the Young Person and if so the amount and time given must also 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 care worker. (See also 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.

7.0 As Required Medication:

7.1 In the case of Medication prescribed to be taken “when necessary” or “when required” (PRN) the indication must be made clear on the medication label, on the MAR chart and in the Care Plan.

7.2 In addition the maximum dosage in twenty four 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.

- 7.3 It must be agreed between the Young Person and care team 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 care worker.
- 7.4 Following administration of a PRN medication the outcome for the Young Person/Service User should be noted and monitored in order to form a comprehensive picture of care and support future consultations with the prescriber.
- 7.5 It is recommended that any PRN medication must not be supplied in a Monitored Dosage System (MDS) but supplied by the pharmacy in its original packaging. Current, surplus PRN medication which is still within its expiry date should be carried over to the next month. It must be ensured that a record of the medication carried over in this way is made on the MAR chart to complete the audit trail.
- 8.0 Administration using Specialised Techniques:**
- 8.1 Staff members in the home must not undertake any tasks which properly fall within the responsibilities of the community nursing services (e.g. the administration of injections and enemas and the insertion of catheters). With specific training from the appropriate healthcare professional.
- 8.2 Certain procedures such as the injection of insulin or rectal administration of diazepam for an epileptic seizure may be carried out by care teams. However the employee involved must be willing and comfortable with the procedure and reserve the right to decline the responsibility of medication administration using specialised techniques if they feel they are not wholly prepared and comfortable in doing so.
- 9.0 The Use of Measuring Devices:**
- 9.1 It must be ensured that any measuring device is accurate and that if it displays the symbol for single use only, this must be adhered to. Generally oral syringes supplied with medication are for single patient use and not single use, but if there is any doubt the supplier must be contacted for advice.
- 9.2 It is essential to use the correct type of syringe for the route of administration. An appropriate oral/enteral syringe should be used to measure oral liquid medicine. An intravenous syringe must not be used to administer oral liquid medicine and enteral feeds.
- 10.0 Anticoagulant Medication:**
- 10.1 Additional information will be provided when this type of medication is prescribed and regular INR (blood clotting) monitoring will take place. It may be necessary for Young Person/Service Users requiring dental or foot treatment to have a blood test prior to treatment, therefore the healthcare professional (i.e. dentist/chiropractor or other) should be notified of the medication as soon as possible and at least three days prior to treatment.
- 10.2 The literature provided with the medication must be consulted for additional guidance and the prescriber/supplier contacted for further advice.
- 10.3 The guidelines for taking verbal orders and amending MAR charts should be followed when changes to the dose of Warfarin are made. Advice must be sought as to the interval for

testing and monitoring and any changes actioned. Written confirmation of dose changes must to be obtained immediately.

10.4 It must be ensured that care teams communicate with the relevant healthcare professionals and seek specific training in this area if needed.

11.0 Adverse Drug Reactions:

11.1 Medication is chosen to produce a specific effect, however unwanted side effects may also occur. In the event of an adverse reaction to medication the senior in charge must be notified and advice sought from the appropriate source (e.g. Young Person GP, Local out of hours health support teams, NHS Direct).

11.2 Healthcare professional advice must be followed and the Young Person progress monitored. The event must be documented on the MAR chart and in the Young Person/Service User care plan.

12.0 Alterations to a Medication:

12.1 Direction by a GP to alter a dose or stop medication may occur either during a GP visit or via a telephone conversation. Written confirmation of the change **MUST** be requested and received from the healthcare professional.

12.2 Prescribers may telephone through instructions to vary doses. When taking a verbal order, staff members should make a written record of their name, the time and date of the call, the name of the prescriber they are speaking to, and the new instructions. The instructions should be repeated back to the prescriber to confirm that they have been heard correctly, spelling out any drug names if they are unsure. A witness must be present to confirm the information. Written confirmation (via fax, email or a letter) should be obtained within 12 hours from the prescriber.

12.3 Where possible a conference/speaker facility on the telephone in a private room should be used to enable two senior care workers to verify the direction. In any case, to limit the possibility of misinterpretation a second member of the care team must be asked to repeat the direction back to the GP.

12.4 Where the GP refuses to confirm the alteration or discontinuation in writing this must be escalated to the Registered Manager.

12.5 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.

13.0 Cancelling medication on the MAR:

13.1 When an item of medication is stopped, a cross through of the item should be made on the MAR chart to make it clear that it has been stopped. The former record should still be legible. The cancellation must be signed and dated and a reference made in the Young Person/Service User notes or on the back of the MAR explaining why the item was stopped

14.0 Adding a medication to a MAR:

- 14.1 This must only be done when authorised by the prescriber and written confirmation obtained
- 14.2 Care must be taken to ensure that the record is printed in capital letters. The information that is printed on the medication label must be copied directly on to the MAR chart. There must be a reference in the Young Person's notes or on the back of the MAR detailing the date, time and prescriber and explaining why the item was added.

15.0 Additional Requirements for Controlled Drugs:

- 15.1 Designated and appropriately trained employees only, must administer Controlled Drugs. A second, appropriately trained designated employee must witness the administration of Controlled Drugs.
- 15.2 Controlled Drugs administered by employees 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.
- 15.3 Receipt, administration and disposal of Controlled Drugs must be recorded in a (bound book) Controlled Drug Register. A running balance, checked by another care worker, 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.
- 15.4 Controlled Drugs for disposal must be recorded in the Controlled Drug Register and a signature of receipt obtained.
- 15.5 The balance of Controlled Drugs will be checked on each administration and also on a weekly basis by the Registered Manager.
- 15.6 If there is any doubt as to whether or not a medication within the home is a Controlled Drug, advice must be sought from the pharmacist or prescriber.

16.0 Procedure for the Administration of Controlled Drugs:

- 16.1 The Procedure for Administration must be followed with the additional requirements as outlined below;
- Authorised employee and witness take the Controlled Drug from the Controlled Drug cupboard. They agree the stock balance with the Controlled Drugs Register.
 - The authorised employee place the controlled drug in a small medication pot directly from the dispensed container and offer to the Young Person with water to drink.
 - Once the Controlled Drug has been taken the authorised employee signs MAR chart and Controlled Drug Register to this effect, the witness must check that the balance is correct and sign to agree this.
 - Authorised employee 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 Procedures Administration.
 - Record any error as defined in Policy and Procedures for Error.
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17.0 Self Administration:

- 17.1 When individuals come into the home they should be given charge of their medicines wherever possible. This will help them to keep control of their own lives.
- 17.2 On arrival of a new Young Person it must be reasonably assessed as to whether the Young Person has a wish to and may be competent to administer their own medication. This could be wholly or partially such as with the use of some inhalers. Where self administration shows to be a possibility the Self Administration Protocol Appendix E must be completed by the Registered Manager to ascertain the ability of that Young Person to self administer.
- 17.3 Documentation must be made in Young Person's Care Plan and on the MAR chart that they are self administering.
- 17.4 Self administering Young People's ability to administer their own medicines must be reviewed periodically. This will be achieved by way of verification of amounts of medication and discussions with the Young Person. If at any time the Young Person is at risk from misuse of medication, approval will be sought to take over the administration by the care teams. This will be noted in the Care Plan and on the MAR chart. If staff members obtain medication for self administering young people the quantities of medication handed to staff should be recorded.

18.0 Young Person Rights & Preferences:

- 18.1 It is the right of the Young Person receiving care to achieve the maximum benefit from their medicines. To facilitate this right, care teams, prescribing doctor, pharmacist, community nurses 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.
- 18.2 Young People may have a preference in the way in which they take or are given their medicines, or who gives medicine to them and when. This may be due to religion or a number of other reasons. The Young Person'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 Care Plan.
- 18.3 The person centred care plan must be updated regularly as the needs and requirements of the Young Person changes.

19.0 Young Person Consent:

- 19.1 Young Person have the right to refuse to take their medication. They must also give their consent for medication to be administered to them by care teams and for medication to be disposed of when it becomes out of use for any reason. A record of the discussion and the way in which the Young Person has given consent must be made prior to any of these occurrences and reviewed regularly where necessary.
- 19.2 If the Young Person chooses not to take their medication, care teams must not insist but must record the refusal on the MAR sheet. It is the responsibility of the person administering the medication to reasonably assess the person's capacity to consent.

- 19.3 Consent may be described as being the voluntary permission of the Young Person 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.
- 19.4 Permission given under any unfair or undue pressure is not consent; neither can consent be implied by the Young Person's behaviour
- 19.5 In order for staff members who are authorised to handle medicines within the service to administer medication to Young Person, consent must be obtained by following the procedure outlined below. Employees must be reasonably sure the Young Person has the capacity to consent:
- Explain the medication, what it is for and potential complications and side effects and their management to the Young Person. To enable the Young Person is able to make their decision it must be ensured that the manner, style and pace of discussion is appropriate to the Young Person'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 Young Person verbal and/or written information on the medication if requested.
 - Give the Young Person the opportunity to ask questions or seek clarification of any information they have been given.
 - Seek feedback from the Young Person to ascertain their level of understanding.
 - Give the Young Person time to reflect on the information and if necessary or requested, invite other members of the multi-disciplinary team, or the Young Person family and an advocate if appropriate to provide support.
 - Give the Young Person time to read the information and encourage them to question anything they do not understand before giving or declining consent.
 - Reassure the Young Person that they can change their mind at any stage and make clear the implications of this in an unemotional manner.
 - Make a record the Young Person's decision.
- 19.6 If there is any doubt about the Young Person's capacity to consent this must be tested appropriately using the principles of the Mental Capacity Act. It is imperative to recognise when you need help and/or advice and seek this from appropriate sources for example: Clinical Lead, Manager, Healthcare Professional or The Code of Practice.
- 20.0 When a Young Person Cannot Give Consent:**
- 20.1 There may be times when a Young Person is unable to give or refuse consent because they lack the capacity to do so.
- 20.2 Capacity is issue, decision and time specific so the Young Person's ability to give consent must always be time specific. If the Young Person cannot;
- Understand the information relating to the medication
 - Retain that information long enough to make a decision
 - Use and weigh it to arrive at a decision and
 - Communicate their decision

20.3 Then they are said to lack capacity for that decision alone. Where the person lacks capacity to give consent, medication can only be given where it is in the Young Person's best interests. Each decision must be made in line with the Mental Capacity Act (MCA) and the Best Interest process followed and recorded.

20.4 If the medication could be seen as "serious medical treatment" and the person has no one else appropriate to consult with about the decision then a referral must be made to an Independent Mental Capacity Advocate (IMCA).

21.0 Emergency Medication:

21.1 In an emergency situation the Code of Practice makes it clear that employees will be protected provided that they have worked in line with the Code of Practice and believe the decision to be in the best interest of the Young Person. Any best interest decisions made in an emergency situation must be recorded in the Young Person's care plan.

22.0 Covert Medication:

22.1 Medication must not be administered covertly for Young Person who have capacity. If a Young Person is refusing their medication it must be brought to the attention of the Registered Manager and recorded on the appropriate MAR sheet that the young person has refused to take the required medication. Every effort will then be made to explain information and support the Young Person in the reason for taking their medication.

22.2 If the Young Person still refuses to take their medication the decision must be documented and the GP informed.

22.3 Administering medication to Young Person who cannot give consent would require a full assessment of their mental capacity following MCA's Code of Practice and the NMC Covert Administration Guidance. A full report would be produced, and a best interest decision made for each medication prescribed. This would be clearly documented in the Young Person's notes. A care plan and risk assessment would need to outline how the medication would be given covertly (i.e. in food). The GP, Young Person's family (or IMCA), Social Worker and Community Psychiatric Nurse may also need to be consulted.

22.4 In addition the pharmacist would need to be involved to ensure that crushing a medication or mixing it with certain food or drink would prove non-detrimental. It is good practice to record any response to a medication administered in this way.

22.5 Relatives should be consulted and kept informed about any decision to give medication covertly but they cannot give consent for this unless there is a signed and registered Health and Welfare Lasting Power of Attorney in place.

22.6 Administering medication covertly could potentially lead to a Deprivation of Liberty – this should be considered and if applicable an application must be made to the appropriate body.

23.0 Disposal:

23.1 As prescribed medicines are the personal property of an individual, consent should 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.
- Equipment such as fridges or other cooling systems have failed to work.
- There is an excess of medication surplus to a Young Person's requirements.
- The Young Person for whom the medication is prescribed dies – In this case the medication must be kept after the death as details may be required by the Coroner's Officer.
- When a dose of medication is taken from the dispensed container but not taken by the Young Person, it must be placed in a separately 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.
- Medication where indicated on packaging or in the Patient Information Leaflet that it is to be discarded at a specific time after opening.

24.0 Method of Disposal:

24.1 Non-nursing:

Medication for disposal must be returned to the supplier e.g. the pharmacy or dispensing surgery.

24.2 A record of ALL returned medicines must be made and kept in the home. The record of disposal must include;

- Young Person's name
- Name, strength and quantity of medicines
- Date of return
- Signature of the employee returning the medicine
- Signature of the person receiving the medicine.
- For the disposal of Controlled Drugs, see section Special Requirements for Controlled Drugs.

24.3 Nursing:

This does not apply to Impact for Change's services but if the Company where to operate nursing homes a company with a waste management license to dispose of unwanted medication must be used to dispose of unwanted medication. Controlled Drugs should be de-natured using the appropriate denaturing kit provided by the waste collection company prior to disposal. This must be carried out by a registered nurse with a second person as a witness.

24.4 All disposed Controlled drugs must be recorded in the Controlled Drug Register and a signature of receipt obtained, see also section Special Requirements for Controlled Drugs.

24.5 A record of ALL returned medicines must be made and kept in the home. The record of disposal must include;

- Young Person's name
- Name, strength and quantity of medicines

- Date of return
- Signature of the employee returning the medicine
- Signature of the person receiving the medicine.
- For the disposal of Controlled Drugs, see section Special Requirements for Controlled Drugs.

25.0 Medical Device/Medicines Alerts:

25.1 It is the responsibility of the Registered Manager to ensure that any alerts received by the service are acted on as they are received according to the instruction provided and a record maintained within the service.

26.0 Homely Remedies:

26.1 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.

26.2 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 Young Person.

26.3 The list of homely medicines must have been agreed by the Registered Manager. See Appendix F for this list. The list will be reviewed regularly by the Manager.

26.4 Homely remedies must not be labelled for individuals as they may be used for several Young Person's.

26.5 These medicines may be administered at the discretion of the senior trained employees to a Young Person with their consent taking the Mental Capacity Act into account and following discussion with the Registered Manager or deputy.

26.6 Any homely medicine given must be recorded in the Young Person's notes and MAR chart with the date, dosage, time given, frequency and signature of staff member administering the medication.

26.7 No Young Person should have a homely remedy for more than 48 hours without advice being sought from the GP. Due to the risk of cross contamination, there will be no creams or ointments on the homely remedy list. A record of homely remedies purchased and appropriately disposed of (see Disposal of Medication) must be made as with any other medication.

27.0 Individual Young Person's Purchased Medication:

27.1 The home appreciates that Young Person have the right to purchase their own medicines and foods or to have these brought in for them by friends and family members.

27.2 Occasionally other medicines or certain foods may interact with prescribed medicines or have other detrimental consequences (i.e. chocolate for a diabetic Young Person).

27.3 Therefore in the interest of the care and safety of the Young Person visitors will be encouraged to notify a senior employee on these occasions.

- 27.4 Medicines purchased either by the service or the Young Person or their advocates must be clearly labelled with the individual's name.
- 27.5 A record of these medicines should be maintained and if administered by employees must be included on the MAR sheet.
- 28.0 Staff Member Training:**
- 28.1 All staff members who administer medication will be provided with the required training to enable them to perform the tasks safely and efficiently. The Registered Manager will keep a record of this training and review the proficiency of the care staff on a six monthly basis or more frequently as necessary.
- 29.0 Young Person Arrival and Leaving:**
- 29.1 Communication on these occasions is essential to ensure the continuity of care for the Young Person. When a new Young Person arrives or prior to their arrival, the Registered Manager or deputy and any other necessary party will guide the Young Person in the completion of the Young Person Consent to Medication Administration and Disposal form Appendix G.
- 29.2 Young Person Arrival:
At the soonest possible point prior to, or on admission, the Registered Manager or designated person in charge will verify current medication of the new young person. This could be by way of:
- Hospital discharge sheet
 - GP current medication list
 - Information from the social worker
 - Information from the previous placement
- 29.3 The information will be checked against medication arriving with Young Person.
- 29.4 Any non current medication will be returned, with the permission of the Young Person to the pharmacy for safe disposal.
- 29.5 In the interim where there is no printed MAR chart from the pharmacy, one will be written out by the staff member on duty and checked for correctness and signed by a second member of staff.
- 29.6 If the Young Person is re-registering with a new GP, the Registered Manager will communicate to make sure all information is up to date. If there is an excess of current medication this will be communicated to the GP.
- 29.7 In the unusual circumstance where a Young Person wishes to keep any medication, this will be stored safely away from any current medication clearly labelled and handed back to the Young Person on discharge.
- 29.8 The Registered Manager will discuss the issues of self administration, administration by care teams and consent with the Young Person and the appropriate consent forms will be completed.

30.0 Young Person Leaving:

30.1 When a Young Person is to leave the home the Registered Manager must ensure that there is an adequate supply of the correct medicines and relevant information to take with them. A record of any medication leaving the service with that Young Person must be made. The medication and record sheet then **MUST** be handed over to a member of staff for the next placement.

31.0 Contacting Out of Hours:

31.1 When contacting the out of hours services please ensure you have all the relevant information to hand;

- Young Person's date of birth
- Young Person's name (remember to use the name that the Young Person is registered at the GP with)
- Registered service address
- Young Person's home address if appropriate
- Young Person's GP
- Young Person's GP address
- Reason for call - include details such as condition and temperature (please make this as succinct as possible)

32.0 Medication Error:

- 32.1 Should an error occur it must be reported to the Registered Manager or an Impact for Change Director immediately. It is necessary to contact the Young Person's GP or the out of hours service, ensuring all the information regarding the error is available.
- 32.2 Details of the error must be recorded on the relevant MAR sheet and Young Person's notes and where appropriate, family will be contacted. If the Young Person has a serious adverse reaction then ring 999 and request an ambulance, again ensuring the information regarding the error is available.
- 32.3 If staff members misplace a tablet they must inform the person in charge immediately and record this on the relevant MAR sheet. The GP or Pharmacist should be contacted and advice sought.
- 32.4 Corrective action might include (long term);
- Keep their knowledge up to date.
 - Avoid distractions whilst giving out medication.
 - Pay attention to Young Persons' identification.
 - Remain with the Young Person during the administration process.
- 32.5 If in any doubt do not give the medication until clarification has been obtained.
- 32.6 If a person has been placed at risk of harm or the error involves a controlled drug it must be reported to the regulatory authority.

33.0 Misuse/theft:

33.1 Any suspected misuse or theft of medicine must be reported immediately to the Registered Manager who will if appropriate complete an Incident form and report to the regulatory authority. The incident must be documented and recorded within the home in all cases.

33.2 In the case of missing Controlled Drugs the police must be notified.

34.0 Leave Medication:

34.1 When a Young Person spends time temporarily away from the home efforts must be made to ensure the continuation of supply of medication. This may give rise to any of the following:

- If the Young Person is going to be absent from the home for a substantial length of time, for example a holiday, the dispensed containers should be given to the Young Person or their carer.
- It may be necessary to request an additional supply of medicines for a Young Person going on holiday.
- In the case of the Young Person regularly going out of the home, for example each lunch time, the Young Person's GP may be asked whether an alternative preparation is available which would avoid the need of the lunch time dose.
- 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 Young Person is absent from the home, then a separate, suitable container should be requested by liaising with the Young Person's GP and pharmacist.

34.2 Secondary dispensing or the use of unsuitable containers, such as envelopes must not take place.

34.3 A record of medication going out with the Young Person and a record of medication returned with the Young Person, even if this is zero must be made.

35.0 Admission to Hospital:

35.1 If a Young Person is admitted to hospital then the remaining supply of medicines is taken with them or an alternative quantity following liaison with the hospital.

35.2 This will be documented on the MAR chart as well the amount of medicines returned with the Young Person. The way in which communication will take place following admission to hospital must be established in advance to ensure any changes made to a Young Person's medication are acted on promptly.

35.3 Any information which may be relevant to the care or treatment of the Young Person must be communicated to the hospital. The Registered Manager or designated person must request that any changes made to the Young Person's medication are communicated directly to the home in written format (such as a faxed copy of the discharge sheet) on discharge and not at a later date so that any alterations can be acted on immediately.

36.0 Out of Hours Medication:

36.1 Each service should know the most appropriate out-of-hours contact numbers.