



# Medication Policy

Reviewed	Date of Next Review	Responsibility
July 2023	July 2024	Registered Manager

## Our Mission:

**'To enable young people to live and work without barriers'**

## Our Values:

- **Teamwork** – we hold ourselves and each other to account and are better when we work together
- **Compassion** – we act with trust, honesty and kindness in everything we do
- **Inclusion** – we treat each other fairly and with respect
- **Innovation** – we encourage thoughtful, creative and aspirational ideas
- **Pride** – we encourage each other to be proud of who we are and what we do

## 1. Introduction.

1.1. This policy applies to all young people and adults at the Fairfield Farm Trust (FT) and covers both the residential houses and day students (unless otherwise specified). Throughout the text, the term young people & adults are used to mean all people within the care or education of the Trust. Student refers to college placed students explicitly and residents being those that reside in and/or are supported in a college property.

1.2. It should be read in conjunction with:

- Department for Education: Supporting pupils at school with medical conditions December 2015.
- Individual Risk Assessments and/or Medication Care Plans where appropriate.
- Any procedure for administration provided by GP.
- Medication Administration Records (MARS).

1.3 The term 'medicine' in this policy follows the definition set out by National Institute of Health and Care Excellence (NICE).

### **Medicine**

*All prescription and non-prescription (over-the-counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccine.'*

1.4. FT is committed to ensuring that all young people and adults are fully safeguarded in every aspect of the 24-hour curriculum, care provision and support in the community.

1.5 FT works with young people & adults across its college and training sites but also within its residential provision and support in the community.

1.6 FT considers what is important to and for all young people and adults, all risks, values and benefits are considered to ensure that young people and adults are supported to manage and administer their medicines when they want and where safe to do so. Person centred training, support and guidance along with comprehensive recording processes ensure that all young people and adults are safeguarded & empowered.

1.7 To ensure that support is consistently of a high standard the following will apply in all cases, as specified.

1.8 Medication documents relating to the administration, handling and storing of medication is obtained based on each young person or adults needs. These may include all or some of the documents listed below

- 'Consent' which outlines details of the medication, route, dose, frequency **and** emergency contact details for parents, guardians and the GP (General Practitioner). This is signed by the parents/guardians and a GP, pharmacist or prescriber.
- 'Medication Administration Record Sheet (MARS)' per medication that records when medication is given.
- 'PRN/Emergency Form' that records administration of medication that is taken **when needed**.

- 'Epilepsy Profile' that outlines the nature of the diagnosis and the specific details of the young person's condition. The format will vary depending on the referring agency.
- 'Emergency Plan/Flow Chart' that outlines the protocol and procedure in the event of an Emergency.
- 'Medication stock book/checklist' that records all medication being signed in and out between college/residential houses/home.

**Young People & adults living in the Trust's residential houses or within the community supported by Trust staff have different requirements for the administration of medication. To ensure that we are compliant with our CQC (Care Quality Commission) registration and reporting processes, residents will also have:**

- 'Medication Care Plan' that demonstrates capacity assessments and MCA (Mental Capacity Assessment) considerations.
- 'Homely Remedies Administration Record' for each non-prescribed medication.
- 'Medication Returns Form' which is completed/signed by a pharmacist when medication is Being returned/disposed.
- 'Stock Book' used to record all medication signed in and out between residential houses and Pharmacy.
- For young people self-medicating, there will be a 'self-administration of medication – practice/assessment' sheet.
- Yearly medication reviews for individuals registered at the local surgery
- Monthly reviews of Homely Remedies as part of our audit process

## **2. Philosophy Statement**

All employees of the FT, are required to support the following philosophy statement:

Young people at FT have the right for support to:

- access the curriculum according to their assessed needs
- be part of a safe & supportive environment
- lead a healthy life
- access health care as needed
- make informed choices
- learn independence skills
- develop personal care skills
- maintain emotional wellbeing and
- challenge discrimination.

## **3. Staff Training**

- 3.1. All staff that administer medication or support young people and adults with their medication will receive appropriate training and support, In addition, specific targeted medication administration training will be undertaken in line with person centred needs. This is inclusive of emergency or invasive care & treatment.

## **4. Managing medication**

- 4.1. Recording processes are used for the receipt of medication and the administration of medication to young people and adults. It is crucial that we have clear and systematic processes for checking, quality assurance and rigour.
- 4.2. The systems in place will be audited using the following processes:
- All medication received in college will be recorded on a medication checklist. This medication must be in the original packaging as prescribed by the GP or the original container as dispensed by the pharmacy.

- Medication is stored in a locked cabinet and needs to have a regulated temperature of between 15 and 25 degrees Celsius.
- Medication that requires refrigeration is stored in locked medication fridges and have a regulated temperature of between 2 and 8 degrees Celsius. These temperatures are recorded, and the fridges are serviced annually.
- The MARS Sheet is signed by two people where appropriate, but it is recognised that on some occasions this is not possible, due to shift patterns or time/location. In all cases there is an additional checking and monitoring process to capture errors in a timely manner.
- Monthly medication audits in all settings ensure all aspects of medication procedures are being followed and implemented.
- Monthly medication audits check stock levels, dates and the recording processes are being followed.

4.3 Medication taken home for holidays, etc and returned/brought from home will be recorded in or on a Medication stock book/Checklist. These records will be archived with individual medication records and will be kept for 6 years.

4.4 Up to date Patient Information Leaflet (PIL) are supplied with every medication. These are to be filed with the MAR (Medication Administration Record) sheet on all occasions.

4.5 Any medication that is refused, declined will need to be recorded on the MAR (Medication Administration Record) sheet. Damaged medication is recorded on a Medication Returns Form and then taken to the pharmacy. If medication is prescribed for a course e.g. Antibiotics, then the length of the course will be recorded on the MAR (Medication Administration Record) sheet and the boxes for signing will be blacked out when the course ends.

## 5 Limitations

5.3 Consent will be sought for medication administered by the FT staff, this may be verbal or via a signed consent form based on each young person or adults needs, Copies of consent will be kept on file for the young people & adults. This process applies to prescribed medication. Over the counter medication (homely remedies) will require signed consent for **all** young people and adults to ensure that there are no contraindications in respect of prescribed medication, allergies or other medical factors, this includes the use of medicinal and food grade cannabis products. Volunteers and work experience students may not administer any medication to any young person or adult.

5.4 Out of hours or in an emergency, staff within the residential provision and community may administer homely remedies in accordance with the manufacturer's instructions to reduce pain or temperature with the exception of medicinal and food grade cannabis products which requires prior consent in all instance by a medical professional. However, permission must first be sought via a GP or health care professional such as pharmacists, nurse practitioners or the 111 service. Consent must be obtained and the name of consenter recorded.

5.5 Staff administering medication will do so, in accordance with the prescription/instructions outlined and will also check the signed consent form where applicable. Medication cannot be altered unless there is consent from a GP. NB In the residential setting and community, verbal consent from a GP, or healthcare professional can be sought and accepted, this must be recorded and a request that the information of changes made to be followed up via email or in a letter which is added to the young persons or adults file, information will also be added to a contact log and/or appointment log.

5.6 Medication that needs to be 'cut' (split into smaller quantities) will be undertaken by the pharmacy prior to prescription of the medication. Staff at FT will not cut medication.

## 6 Errors

6.3 If there is an overdose, adverse reaction or incorrect dose of medication administered, then staff members must contact 111 or 999 in an emergency and seek medical advice as soon as possible. This information should then be relayed to a member of the support services leadership team

6.4 It is recognised that a medication may produce unwanted or unexpected adverse reactions also known as side effects & allergic reactions, all adverse reactions will be reported to the prescribing GP for Yellow card reporting purposes (The Yellow card scheme collects, collates and investigates *reports* of suspected adverse drug reactions) CQC will be notified when an adverse reaction causes a death an injury or as a result of abuse or allegation of abuse

6.5 Errors must be reported using the Medication Maladministration tab in SchoolPod within 24 hours. This will then be reviewed through the maladministration process identified in 7.

## 7. Maladministration

**FT's workplace culture is that of shared values, beliefs & attitudes enabling a positive no blame attitude, FT promotes an open and honest supportive approach enabling staff to feel confident in taking ownership of their errors.**

Medication procedures are regularly audited and reviewed. In the cases of maladministration, the following procedure will apply:

- i. The maladministration will be logged on SchoolPod. This triggers an alert in real time and on a need to know basis.
- ii. Within 24 hours the line manager will undertake an investigation with those concerned to better understand what has happened. The manager will review all the information gathered and make an informed decision as to whether there may be a case to answer under the disciplinary process or whether further support, safety measures or training are required.
- iii. The record will be reviewed by their line manager within 48 hours to determine whether a formal investigation (such as repeated occurrence, safeguarding concerns or the potential for disciplinary action) is needed.

## 8. Capacity and Consent.

- 8.1 FT considers what is important to and for all young people & adults, all risks, values and benefits in respect of consent is considered using a person-centred approach.
- 8.2 All young people and adults are assumed to have capacity and can consent to taking their medication, this will be recorded within their care plan and medication care plan. If a young person or adults capacity is in question then an MCA (Mental Capacity Assessment) will be conducted in line with the Mental Capacity Act 2005, the assessment will be in relation to a young persons or adults care and treatment. Where a young person or adult is deemed to lack capacity, a best interest decision will be made as part of multi-disciplinary agreement this will involve families, social worker and other professionals involved in the young persons or adult's care.
- 8.3 A DoLS (Deprivation of Liberty's Safeguards) application may need to be applied for through the individuals Local Authority.
- 8.4 Medication can only be given covertly as a result of a best interest decision awaiting a Deprivation of Liberty (DOL's) application. If a young person or adult takes their medication with something else, e.g. on top of chocolate mousse this needs to be in writing from a GP and signed to say this is how the medication is administered.

## 9 Self-administration of medication

- 9.1 To enable our young people and adults to live without barriers we encourage, support and enable all young people and adults to manage their own medication whenever possible. There is a 'self-administration of medication' risk assessment and 'self-administration of medication – practice/assessment' sheet that will be followed to support young people & adults.

<https://ffc365.sharepoint.com/sites/care/Restricted%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fcare%2FRestricted%20Documents%2F09%20INDEPENDENT%20SKILLS%2F04%20SELF%20ADMINISTRATION%20OF%20MEDICATION&viewid=472ec92f%2D7c98%2D4334%2D8ad2%2Dc7a3263d575a>

<https://ffc365.sharepoint.com/sites/care/Restricted%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fcare%2FRestricted%20Documents%2F11%20RISK%20ASSESSMENTS%2F04%20MEDICATION&viewid=472ec92f%2D7c98%2D4334%2D8ad2%2Dc7a3263d575a>

[https://ffc365.sharepoint.com/:w:/r/sites/care/\\_layouts/15/Doc.aspx?sourcedoc=%7B9955A2A1-7B61-4C4E-A17D-6823D3AC47DC%7D&file=02%20Self%20administration%20Practice.docx&action=default&mobileredirect=true](https://ffc365.sharepoint.com/:w:/r/sites/care/_layouts/15/Doc.aspx?sourcedoc=%7B9955A2A1-7B61-4C4E-A17D-6823D3AC47DC%7D&file=02%20Self%20administration%20Practice.docx&action=default&mobileredirect=true)

## 10 Emergency medication

- 10.1 The administration and management of emergency medication is recorded in in the same way. Specific targeted training will be provided for staff required to administer. There is an additional form to complete that outlines the procedure for emergency seizure medication. This form also requires GP sign off.

### 10. Prescribed Medication, P.R.N. Medication and homely remedies

- 10.1. Prescribed medication is any medication that is recommended by a GP or health care professional. This will be prescribed through the pharmacy with clear instructions on how and when to take.

- 12.2 P.R.N. medication (*Pro re nata* – when required) can be a prescribed medication or over the counter medication. They are administered as and when needed following specific PRN (*Pro re nata* – when required) protocols. A separate form will be in place for each PRN (*Pro re nata* – when required) medication. These are reviewed regularly.
- 12.3 Homely remedy medication is any form of medication that can be purchased from over the counter that is not prescribed by a GP. Residents have a list of homely remedies that a GP, pharmacist or nurse practitioner will highlight anything that cannot be taken alongside current medication and in respect of allergies and other health needs. This allows for individuals to have medication easily accessible without having to visit the GP or nurse.

## 11. Staff medication

- 13.1 If staff need to bring their own medication onto any of our premises, it is their responsibility to ensure that it is stored safely and locked away.
- 13.2 If staff are prescribed medication that may affect their ability to do their job safely, they must inform their line manager immediately so that a risk assessment can be conducted.

## 12. Controlled Drugs

### Introduction

The term 'controlled drug' is defined by the Misuse of Drugs Act 1971 ("the Act") as 'any substance or product for the time being specified in Part I, II or III of Schedule 2 of the Misuse of Drugs Act 1971'. Controlled drugs are subject to strict legal controls and legislation determines how they are prescribed, supplied, stored and destroyed. Controlled drugs are managed and used in a variety of settings by health and social care practitioners and by people who are prescribed them to manage their condition(s). Controlled drugs are closely regulated as they are susceptible to being misused or diverted and can cause harm. To ensure they are managed and used safely, legal frameworks for governing their use have been established. (NICE - National Institute for Health & Care Excellence)

It is important to highlight that whilst the Trust's medication policy demonstrates and outlines clear procedures, the administration, storing & transporting of controlled drugs holds additional legal requirements. These are listed below

- Managing Controlled Drugs
- Emergency supplies are not permitted on site and no more than 30 days per medication/individual should be stored in the residential provision & no more than 33 days per medication in the college
- There must be a valid controlled drugs prescription to obtain supplies from a pharmacy.
- The Controlled Drugs Register must be bound with separate sections for each class of Controlled Drug
- It is important that all Controlled Drugs recording is kept up to date & in line with current UK Legislation.
- Controlled Drugs that are stored on site are within a cupboard that meets British Standard BS2881:1989 security level 1, access to the cupboard will be restricted according to need.
- There are currently no medication fridges that meet the Misuse of Drugs Safe Custody Regulations, with this in mind, Controlled drugs that require refrigeration by the Trust will be stored in a locked box within a standard medication fridge.
- Two staff members will witness and sign when administering, receiving and disposing of Controlled Drugs, where a young person has the capacity to self-administer, they can be the second signature, please refer to section 9 of this policy, self-administration of medication
- Staff responsible for administering, receiving and disposing of Controlled drugs are trained and competent to do so.
- Unwanted or out of date stock will be stored separately from current stock until returned to the Pharmacy.

There is a clear Controlled Drugs Process for the managing of controlled drugs which must be followed at all times and should be read in conjunction with this policy. It can be found on display in the residential support office/s where controlled drugs are stored and administered.

[https://ffc365.sharepoint.com/:w:/r/sites/care/\\_layouts/15/Doc.aspx?sourcedoc=%7BC6F8181E-CE8E-4D5F-878C-8D276FA7F65C%7D&file=001%20Controlled%20Drugs%20Process.docx&action=default&mobileredirect=true](https://ffc365.sharepoint.com/:w:/r/sites/care/_layouts/15/Doc.aspx?sourcedoc=%7BC6F8181E-CE8E-4D5F-878C-8D276FA7F65C%7D&file=001%20Controlled%20Drugs%20Process.docx&action=default&mobileredirect=true)

### **12a Controlled Drugs Errors**

- In all instances of medication maladministration, staff are required to follow the Trust's Maladministration process.
- The severity or circumstances surrounding a Controlled Drugs discrepancy will be decided as part of the Trust's maladministration, process, if it is found that there is a case to answer under the disciplinary process, due process will be followed, in addition the regional NHS Controlled Drugs Accountable Officer (CDAO) Jon Hayhurst being informed & where considered appropriate the police
- NHS England & NHS Improvement (Southwest) Regional Controlled Drugs Accountable Officer CDAO [jon.hayhurst@nhs.net](mailto:jon.hayhurst@nhs.net)
- CQC (Care Quality Commission) will also be notified as the regulating body for Social Care.

BY ORDER OF THE BOARD

**Registered Manager**

July 2023



## **Appendix 1 – Living Well Service**

### **Introduction**

The Living Well Service works within all frameworks set out by FT (Fairfield Trust) as an organisation, however with some variables in line with CQC (Care Quality Commission) guidance 'Supported Living Schemes – managing medicines' and 'NICE (National Institute for Health & Care Excellence) guideline NG67 Managing Medicines for People Receiving Social Care in the Community' and includes the following population and settings:

- Adults (aged 18 years and over) who take or use medicines and who are receiving social care in the community (and their families and carers)
- Supported living

The specific points that differ from the main part of the policy will be stated below and clear changes will be identified and must be followed whilst working within the Living Well Service.

***1.6 – Medication administration and support will be dependent on whether this is identified through Care Act Assessment and Support Plan outlined by the funding Local Authority.***

***1.8 – Consent can be provided through copies of prescription from the GP or prescribing healthcare professional.***

#### ***4 – Limitations***

***4.1 – Living Well will not use volunteers or work experience staff***

***4.4 – Young people and Adults may cut or break their own medication in line with consent and capacity***

***5.2 – Young people and adults will choose where they store their medication within in their own home, although risks must be considered if they live in a shared property and there is risk to the other individuals. In this instance, then they must be encouraged to store this in a locked cabinet within their own room and this will be worked in line with consent, capacity and deprivation of liberties safeguards. Temperature recording will only be relevant in the event that staff are responsible for the safe storing of medicines for the young person or adult.***

***10.1 – All young people and adults will be promoted to manage their medication as independently as possible in line with their capacity, consent and wishes. All individuals are assumed to have capacity and this must be considered if they wish to manage their own medication and risks and risk reduction will be outlined within risk assessments.***