



Medication Policy

Reviewed	Date of Next Review	Responsibility
July 2026	July 2027	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

Philosophy Statement

All employees of the Fairfield Trust (FT), are required to support the following philosophy statement:

Supported individuals 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.
- challenge discrimination.

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

Policy

1. Introduction

- 1.1 This policy applies to all supported individuals at FT and covers all supported individuals across the Pathways service (unless otherwise specified). Throughout the text, the term supported individuals is used to mean all people within the care or education of the Trust. Supported Individual refers to college placed supported individuals explicitly and residents being those that reside in and/or are supported in a college property or the supported individual's home and individuals accessing the day service.
- 1.2 The term 'medicine' in this policy follows the definition set out by the National Institute of Health and Care Excellence (NICE) below:

Medicine: all prescription and non-prescription (over the counter) health care treatments, such as, oral medicines, topical medicines, inhaled products, injections, wound care products, appliances, suppositories, and vaccines.

2. Underpinning Legislation and Supporting Documents

- 2.1 This policy should be read in conjunction with:
 - Department for Education: Supporting pupils at school with medical conditions (December 2015).
 - Care Quality Commission (CQC).
 - Mental Capacity Act (MCA) 2005.
 - Deprivation of Liberty Safeguards (DoLS) 2009.
 - Misuse of Drugs Act 1971 ("the Act").
 - National Institute for Health and Care Excellence (NICE): Managing medicines in care homes guidance (2014), and NG67 Managing Medicines for People Receiving Social Care in the Community'.
 - Individual Risk Assessments and/or Medication Care Plans where appropriate.
 - Any procedure for administration provided by General Practitioner (GP).
 - Medication Administration Record (MAR) sheet.
 - EMAR process.

- 2.2 In conjunction with this Medication Policy, the following medication documents relating to the administration, handling and storing of medication, are obtained based on the needs of each supported individual. These may include all or some of the documents listed below:
- 'Consent' for Controlled Drugs **MUST** be signed by a GP or medical professional before administering.
 - All medication will be given in line with the information provided on the prescription label by the GP/healthcare professional. Medication will only be administered in line with the information on the prescription label.
 - 'Medication Administration Record (MAR) sheet' per medication that records when medication is given within the EMAR system.
 - 'PRN/Emergency Form' (Pro Re Nata (PRN) meaning 'when required'), that records administration of medication that is taken when needed. All prescription and non-prescription (over the counter/homely remedy) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances, suppositories, and vaccines.
 - 'Epilepsy Profile' that outlines the nature of the diagnosis and the specific details of the supported individual'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. The format will vary depending on whether the specialist team provide one, if not this will be created in house.
 - 'Medication stock book/checklist' that records all medication being signed in and out between college/residential houses/home. This will remain in place alongside the EMAR system for record keeping.
- 2.3 Supported individuals 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 registration and reporting processes, supported individuals will also have:
- 'Medication Care Plan' that demonstrates capacity assessments and Mental Capacity Assessment (MCA) 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. This will remain in place alongside the EMAR system for record keeping.
 - For supported individuals self-medicating, there will be a 'self-administration of medication – practice/assessment' sheet.
 - Yearly medication reviews for supported individuals registered at the local surgery and supported to attend by Fairfield. Information is now obtained annually from parents/guardians with regards to the most recent medication review for our record keeping.
 - Monthly reviews of homely remedies as part of our audit process.

Procedure

3. Capacity and Consent

- 3.1 All supported individuals are assumed to have mental capacity and can consent to taking their medication. Supported individuals who wish to manage their own medication will undergo a risk assessment. This will be recorded within their care plan and medication care plan. If a supported individual's capacity is in question, then an MCA will be conducted in line with the Mental Capacity Act 2005 (the assessment will be in relation to the supported individual's care and treatment). Where a supported individual 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 supported individual's care.

- 3.2 Supported individual's consent for their medication to be administered to them in a variety of ways including, verbal and non-verbal communication i.e. by coming to the designated medication area or the supported individual's preferred space as specified on their care plan, and by FT staff asking if they would like their medication.

4. Staff Training

- 4.1 All FT staff who administer medication or provide support for supported individuals with their medication will receive appropriate training and support. In addition, some staff may require training specifically around individual medication needs, for example when administering emergency or invasive care and treatment; this training will be undertaken in line with person centred needs.
- 4.2 To ensure safe medication preparation and administration, staff are trained to practice the 6 rights (Rs) of medication administration (NICE): right person, right medicine, right route, right dose, right time, right to decline.
- 4.3 Training includes: face to face training with managers or external providers, relevant online courses, shadowing colleagues, observations by manager, competency signed off by manager as able to undertake administering medication duties.
- 4.4 Volunteers and work experience students will not administer any medication to any supported individuals.

5. Managing Medication

- 5.1 All medication received into FT premises will be recorded in a medication stock book or sheet. This medication must be in the original packaging as prescribed by the GP or the original container as dispensed by the pharmacy. FT will allow Dossett boxes for medication that supported individuals self-administer, or for medication such as daily vitamins.
- 5.2 All prescribed medication coming into FT premises must be marked with the following information:
- Name of the person.
 - Name of the medication, quantity, and strength.
 - Dosage information (how much, how often, timings).
 - Expiry date.
 - Route (e.g. oral, topical, nasal, inhalation).
 - Any special instructions (e.g. storage requirements).
 - Name of Prescriber.
 - Name of Dispenser.
 - Date of Dispensing.
- 5.3 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 has a regulated temperature of between 2 and 8 degrees Celsius. The temperatures for storage cabinets and fridges are recorded daily. The recording sheets are located on the fridge or cabinet itself; fridges are serviced annually.
- 5.4 Staff administering medication will do so, in accordance with the prescription/instructions. Medication cannot be altered unless the prescription label has been updated from a GP/healthcare professional. Verbal or written consent from a GP, or healthcare professional can be sought and accepted, whilst waiting for the prescription label to be updated. The communication must be recorded and added to the supported individual's file on SchoolPOD.
- 5.5 Patient Information Leaflets (PILs) are supplied with every medication. These are to be filed with the MAR sheet on all occasions.
- 5.6 A record is kept on file of staff signatures and initials so that signatories can be recognised.

6. Medication Administration

- 6.1 Medication must be administered in a designated area of the residential homes or where specified within the supported individual's care plan; in the college, medication is given in the Medication Room.
- 6.2 It is essential to wash your hands before giving medication so that you do not get germs on the medication or on the container that holds the medication as hands carry germs from surface to surface. Staff **MUST** wear gloves when administering medication.
- 6.3 It is essential before administering any medication you follow the 6 Rs of medication administration.
- 6.4 Staff administering medication should do so with care and avoid touching the medicine at all times. Dispenser pots are provided if putting the medication directly into the supported individual's hand is not possible.
- 6.5 In the residential setting, the administration process of prescribed medication must be always undertaken by two members of staff. In the college setting, one person can undertake the administration of medication. Two staff members are always required to administer controlled medication, in all settings.
- 6.6 The supported individual's MAR/EMAR must be filled in within a timely manner to avoid late administering of medication, and the controlled drug book, must be always completed using only black ink alongside the MAR/EMAR.
- 6.7 If staff are lone working and unable to provide a witness to counter sign administration of medication, good practice would include asking the supported individual, if able, to act as counter signatory. This is with the exception of controlled medication, where two staff members must be present, when signing in and out controlled drugs, a parent/guardian/medical professional can be the second signature. Only if the supported individual has passed their self-administration assessment and has a risk assessment may they act as the second person - a copy of this would be in their medication file. Staff must contact the on-call manager if they require a second person to sign alongside to ensure good practice at all times.
- 6.8 It is important that whenever possible supported individuals apply their own creams or lotions i.e. sun cream. However, if FT staff need to support with this application of creams and other topical medicines, gloves must be worn. Sun cream must be replaced annually due to the expiration of the product.
- 6.9 If medication is being taken offsite i.e. work experience or on a trip and the medication needs to be given whilst they are out, to note:
 - Medication should be taken in original container/packaging.
 - Signing in and out procedures should be followed as per the stock book.
 - Medication should remain secure in the possession of a permanent member of staff in a first aid bag; if the medicine is a controlled drug, this must be in a lockable tin.
 - MAR sheet, and controlled drug book if appropriate, must be taken and signed.
 - EMAR must be signed on return, in line with EMAR process and information from paper MAR.
- 6.10 To enable the supported individuals to live without barriers we encourage, support, and enable the management of their own medication whenever possible; promoting independence in line with their capacity, consent and wishes. There is a 'self-administration of medication' risk assessment and 'self-administration of medication practice/assessment' sheet that will be followed to support supported individuals.
- 6.11 Any medication that is declined will need to be recorded on the MAR sheet/EMAR.
- 6.12 Medication that is continually declined may raise a safeguarding concern and this should be reported following our Safeguarding Policy and procedure.

- 6.13 Damaged medication is recorded on a Medication Returns Form and returned to the pharmacy by a member of staff. If medication is prescribed for a course e.g. antibiotics, then the length of the course will be recorded on a MAR sheet and the boxes for signing will be blacked out when the course ends, indicating that the course of treatment is finished.

7. Prescribed Medication/PRN/Homely Remedies (also known as 'over the counter' medication)

- 7.1 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 the medication.
- 7.2 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; a consideration should be made as to whether the supported individual may be able to do this themselves.
- 7.3 Medication can only be given covertly as a result of a best interest decision awaiting a Deprivation of Liberty Safeguard (DoLS) application. If a supported individual takes their medication with something else, e.g. mixed in food or drink, this needs to be in writing from a GP and signed to say this is how the medication is administered. A DoLS application may need to be applied for, through the Local Authority.
- 7.4 PRN can be either prescribed medication or over the counter medication. They are administered as and when needed following specific PRN protocols. A separate form will be in place for each PRN medication. These are reviewed during monthly audit checks.
- 7.5 Homely remedy medication is any form of medication that can be purchased from over the counter that is not prescribed by a GP.

Supported individuals have a list of homely remedies that a GP, pharmacist, nurse practitioner have identified as a homely remedy that cannot be taken alongside their current medication; this is in respect of allergies and other health needs. This allows for supported individuals to have medication easily accessible without having to visit the GP or nurse.

- 7.6 For supported individuals in the college who require homely remedies, i.e. paracetamol for a headache, we must have prior consent from a parent/carer, this can be verbal in the first instance before receiving written consent. Homely remedies need to be in the correct packaging and will be stored safely in the medication room. The frequency and times these are given, will be recorded on a MAR sheet.
- 7.7 Supported individuals who require their medication to be taken offsite, i.e. home for holiday/weekend, or off-site activity/day trip, will have their medication signed out of our premises in a stock book or stock sheet.

8. Controlled Drugs

- 8.1 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 closely regulated as they are susceptible to being misused or diverted and can cause harm. It is important to highlight that whilst the FT's Medication Policy demonstrates and outlines clear procedures, the administration, storing & transporting of controlled drugs holds additional legal requirements. These are listed below:

- 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 one, access to the cupboard will be restricted according to need.
 - Controlled drugs that require refrigeration 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 supported individual has the capacity to self-administer, they can be the second signature; ensuring the supported individual has passed the self-administration assessment and a self-administration risk assessment being in place.
 - Emergency supplies are not permitted on site and no more than 30 days per medication/individual should be stored in the residential provision and no more than 33 days per medication in the college. If stock exceeds this amount arrangements MUST be made for the stock to be returned; notify a senior member of staff if there are any circumstances where there is an issue with returning the stock.
 - Unwanted or out of date stock will be stored separately from current stock until returned to the Pharmacy.
 - MAR sheets for controlled drugs will be printed on pink paper/ EMAR will clearly state the medication is a controlled drug and will require two staff signatures.
- 8.2 There is a clear Controlled Drugs Process for managing 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 and the medication room in the college, where controlled drugs are stored and administered.

9. Emergency Medication

- 9.1 The medication process and recording are the same for administering emergency medication, i.e. epilepsy medication, Buccal Midazolam. Additional staff training is provided for specific medications to be administered. Medication Care Plans, i.e. for Epilepsy, are provided by medical professionals and these plans must be followed in accordance with the supported individual's needs.
- 9.2 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. Considerations must be undertaken in respect of the list of PRN medication already approved by GP on file; if this information is not available, permission must first be sought by a GP or health care professional or the 111 service. The details of the emergency, the medication administered and how the consent was obtained must be recorded on the MAR sheet as soon as possible. This does not apply to the consent for medicinal and food grade cannabis products which requires prior consent in all instances by a medical professional.

10. Errors in Administering Medication/Maladministration

- 10.1 If there is an overdose of medication, adverse reaction or incorrect dose of medication administered, then staff members must contact the local pharmacist or 111, or 999 in an emergency, and seek medical advice as soon as possible. This information should be reported to a member of the management team.
- 10.2 It is recognised that a medication may produce unwanted or unexpected adverse reactions also known as side effects and 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).
- 10.3 There is no requirement to notify CQC about medicine errors, but staff must tell them if medicine errors have caused: a death, an injury, abuse or allegation of abuse, an incident reported to or investigated by the police.
- 10.4 Errors must be reported using the Medication Maladministration section in Schoolpod within 24 hours. This will then be reviewed through the maladministration process.

11. Recording a Medication Maladministration

- 11.1 FT's workplace culture is that of shared values, beliefs and 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.
- 11.2 In the cases of maladministration, the following procedure will apply:
- The maladministration will be logged on Schoolpod. This triggers an alert in real time and on a need-to-know basis.
 - Within 24 hours the line manager will undertake information gathering around the incident and debrief with individual staff involved to better understand what has happened. The manager will review all the information gathered and make an informed decision as to whether further support, safety measures or training are required.
 - If the information gathered reveals repeat occurrences of errors, which could indicate competency, complacency, or a safeguarding concern, disciplinary action, as per the HR process will be implemented.

12. Controlled Drugs Errors

- 12.1 In all instances of medication maladministration, FT staff are required to follow the maladministration procedure.
- The severity or circumstances surrounding a Controlled Drugs discrepancy will be decided as part of the FT maladministration procedure, if it is found that there is a case to answer under the disciplinary process will be initiated.
 - In addition, the regional NHS Controlled Drugs Accountable Officer (CDAO), will be informed and where considered appropriate the police.
 - There is no requirement to notify CQC about Controlled Drugs medicine errors, but staff must tell them if medicine errors have caused: a death, an injury, abuse or allegation of abuse, an incident reported to or investigated by the police.

13. Pathways supported living/community service

- 13.1 The supported living and community Service abides by the FT Medication Policy, however with some variables in line with CQC guidance 'Supported Living Schemes – Managing Medicines' and 'NICE guideline NG67 Managing Medicines for People Receiving Social Care in the Community' and includes the following population and settings:
- Adults who take or use medicines and who are receiving social care in the community (and their families and carers).
 - Supported living.
- 13.2 The specific points that differ from the main part of the Medication Policy are stated below:
- 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.
 - Consent for the medication to be administered can be provided through copies of prescription from the GP or prescribing healthcare professional.
 - Supported individuals will choose where they store their medication within in their own home, although risks must be considered if they live in a shared property. If there is a risk to others in the property, then the young person or adult must be encouraged to store this in a locked cabinet within their own room.
 - Medication storage which is the responsibility of FT staff will follow the Medication Policy guidelines with reference to temperature recording.

14. Auditing

- 14.1 Monthly medication audits in all settings ensure every aspect of the medication procedure is being followed and implemented. The auditing will look primarily at the process, procedure and performance of the staff administering medication.

This will highlight its effectiveness, concerns, or discrepancies. Line managers will check the administration and recording in line with the Medication Policy.

- 14.2 Monthly auditing checks will include sampling of the following:

- Records of medication received into FT.
- Audit of stock levels.
- Review of samples of individual MAR sheets.
- Signature signing and recording form.
- Medicine returns forms.
- Refrigeration records for temperature stability.
- PRN/homely remedy consent forms.

- 14.3 These records will be archived with individual medication records and will be kept for 6 years.

15. Staff Medication

- 15.1 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.
- 15.2 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.

Approved by the Board of Trustees

Sharlie Norris

Registered Manager

July 2026

APPENDIX

[Controlled Drugs Process](#)

[Medication Error Process](#)

[Self-administration of Medication Forms](#)

[Medication Returns Form](#)

[Self-Administration of Medication Risk Assessment](#)

[Self-Administration of Medication – Practice/Assessment Sheet](#)

[MAR Sheet](#)