



MEDICATION POLICY AND PROCEDURE

Anderida is committed to following Health and Safety practices to a high standard, including safe practice around medication and in line with Legislation. Poor practice around medication is a significant safeguarding concern and is taken very seriously. It is the responsibility of all mentors to follow the correct procedures, complete the medication stock checks, administer medication to young people, report any issues with medication to management and seek advice when needed.

MEDICATION PROCEDURES

STORAGE:

- Medication must be stored safely and not be accessible to young people.
- All medication must be stored in a lockable tin and kept in either a locked cabinet or a fridge in the office.
- Controlled drugs must be stored in a separate tin to non-controlled medicines – controlled drugs are defined as medications with strict legal controls due to their potency and potential for developing a dependency. The government website contains a full list of controlled drugs in the UK.
- Each young person must have a separate tin for their medication.
- Young people's medication must be stored separately to staff medication.
- The medication must be stored at the correct temperature following the instruction leaflet. Most medication is kept at room temperature, which is below 25 degrees Celsius with some medication being stable up to 30 degrees Celsius.
- Refrigerated medicines should be stored in the fridge between 2 and 8 degrees Celsius.

HYGIENE:

- All medication equipment including pill counters, pots and syringes must be cleaned after every use and stored hygienically.
- Medication equipment must be kept in a cabinet or container and not exposed to open air.
- When counting medication or preparing medication for administration, ensure hands are cleaned and gloves are worn if you need to touch the medication.
- When using blister packs, dispense tablets straight into the pot.
- Medication must be prepared when the young person is ready to take them and not left sitting around for long periods.
- If medication becomes contaminated (e.g. by being dropped, dispensed, and refused or it has come out of packaging), this must be disposed of using correct procedure.

MEDICATION STOCK CHECKS:

- Medication stock checks are completed daily.
- One person is permitted to carry out the stock check and are advised to do this in a quiet space, free from distraction.
- Stock checks should ideally be completed as soon as possible in the morning after handover. If this is not possible due to school runs, then please do this on return.
- If the young people take any morning medication before the medication check is completed, ideally this should be administered by the Mentors coming off shift.
- The medication stock check book must be completed thoroughly with all sections filled in and must be legible.
- The medication strength must be recorded for all medications unless there are no active ingredients. Some medications have several active ingredients in which case you do not need to list them in the medications book, however, ensure that the medication admin sheet has a full list of these.
- Mentors must not copy from the day before and double check that the details are correct.
- Mentors must check the total count from the day before and the medication admin sheets for each young person.
- Mentors to check if any medication has been logged in or out in the previous day.
- When counting medication, mentors to indicate if a tub, tube or bottle is open or unopen.
- Mentors to complete the relevant section on the medication admin sheets once the check is completed.
- Mentors to check the temperature of each tin and indicate in the appropriate column if this matches the required temperature listed on the packaging and medication admin sheet for each medication.
- Mentors are responsible for ensuring the appropriate temperature is met according to instructions and if this is not met, to action this and inform the home manager (this may involve changing the thermostat on the fridge or finding a more appropriate place to store medication e.g. away from radiators).
- Medication tins must be locked away as soon as possible.

WEEKLY MEDICATION CHECKS:

- An additional medication check is completed once a week and saved digitally.
- Mentors must make the relevant checks and take appropriate action if needed.

ADMINISTRATION:

The 6 Rights (**R**'s) of Medicines Administration:

1. **R**ight person
2. **R**ight medicine

3. Right route
4. Right dose
5. Right time
6. Right to decline

- Mentors to ask if young person is ready to take their medication.
- Mentors must follow instructions on the packaging, the medication admin sheets and medication advice/prompt sheets at each home.
- Mentors to prepare the medication hygienically.
- Medication tins to be locked away as soon as possible.
- Ideally 2 Mentors should check the medication before it is administered.
- Prepare a glass of water if needed and administer medication to young person.
- Mentors must watch the young person take the medication, ensure it is swallowed and wait for medication pot/syringe to be returned.
- With administration of gels, creams, or ointments – preferably the young person should apply this themselves, however if Mentors are to apply this for them, they must wear gloves and have another Mentor present if possible.
- Medication admin sheets must be completed using the correct code. Ensure the time of administration is precise to avoid confusion when completing the daily checks.
- Medication must not be administered if Mentors believe that the young person is under the influence of other substances, as this may interact with medication – seek advice if needed.
- If a young person refuses prescription medication that they are expected to take daily for several days in a row, please inform the Home Manager.
- Young people's medication should be kept separate and only administered for the young person it was prescribed or bought for.

LIQUID MEDICATION:

- As we are unable to accurately measure liquid medication, Mentors are to subtract amount dispensed from the previous total.
- Due to reasons such as human error, medication stuck to the sides of the bottle, small spillages and small differences in how much is dispensed in the syringes, it is likely that there may be small discrepancies found when dispensing the last of the bottle contents.
- Mentors must log this discrepancy in the medication stock check book and make a note below to explain that this was expected and has been passed on to the relevant professionals.
- If the discrepancy found is larger than expected and cannot be explained by the above reasons alone, this may warrant a LADO referral and investigation.
- If Mentors accidentally spill some medication when dispensing, they must make clear recordings on the medication admin sheet and the medication stock check book, to explain how much was taken by the young person and how much was spilled so that the total recorded is accurate.

REPEAT PRESCRIPTIONS:

- If the young people have any repeat prescriptions, the home should create an instruction sheet on how to reorder medication.
- Medication must be ordered 10 days before it is due to run out.
- After ordering medication, Mentors should record this in the Medical Diary and on the medication admin sheet in the notes section.
- It must be placed in the diary to call the GP/CAMHS and pharmacy in a few days' time to double check the prescription has been received and medication is ready to be collected.
- Once medication has been collected, work out the reorder date and ensure this is recorded on the medication admin sheet and in the diary.

OVER THE COUNTER REMEDIES:

- Young people are permitted to take over the counter remedies if necessary.
- If young people are taking other medication, Mentors must check with GP/CAMHS psychiatrist that these medications do not interact before purchasing.
- Over the counter remedies provide temporary relief for mild illnesses and should not be used long term. If symptoms persist for several days, the young person should see the doctor.

SIGNING MEDICATION IN:

- Mentors must double check that the young person is permitted to take this medication before signing in.
- Medication should be checked to ensure it is correct and in date.
- Medication must be signed in on the medication stock check book in the relevant section with all details filled in.
- If signing in new medication – create a new medication admin sheet with all sections filled in, write a note in the communications book to inform the team, update the medication advice sheet if this medication needs to be administered daily.
- Mentors must check if there are any special instructions and ensure this is written on the admin sheet and highlighted e.g. some medications have to be disposed of within a certain time frame once opened which might not match the expiry date on the packaging (ensure the box/bottle is labelled when first opened and put this in the diary when it needs to be disposed of).
- Repeat prescriptions – work out new reorder date and record this on the medication admin sheet and diary.
- Lock the medication away as soon as possible.

SIGNING MEDICATION OUT:

- Reasons why medication might need to be signed out may include:
 - Medication has been refused by young person
 - Contamination
 - Expired
 - Stored at the wrong temperature
 - No longer needed
 - Course of medication has ended
 - Medication has been taken to school or on family visits etc.
- Please note that empty bottles and tubes may still contain some medication residue and should also be returned to the office for disposal (this does not apply to blister packs).
- Medication must be signed out on the medication stock check book in the relevant section and all details filled in.
- Store the medication safely for transportation (sealed envelopes with sellotape, zip lock bags, liquid medication kept in the syringe or transferred to a pot and sealed, keep in original packaging if possible).
- Complete the appropriate form – Medication Return Form or the Medication to School Form.
- If disposing of medication – take the completed form and the medication to the head office, once the form is countersigned by the office and photocopy taken, return this to the home and file in the Health and Safety folder.

STAFF MEDICATION:

- Staff medication is not be stored together with young people's medication.
- If Mentors need to take medication into work, it is their responsibility to ensure that the medication is not accessible to young people and stored safely in the office.

ANIMAL/PET MEDICATION:

- Young people are responsible for any medication prescribed to their pets and with administering the medication.
- Mentors must safely store the medication in the office and ensure this is locked away when not being used.
- Mentors must save a COSHH sheet in their Health and Safety files for the medication.

REPORTING:

- It is the responsibility of all Mentors to hold each other accountable for safe practice around medication and recognising any issues with medication and passing this onto the relevant professionals.

- Reasons to raise concerns include:
 - Discrepancies found in the daily stock checks.
 - Mentors not following the 6 Rights of Medicines Administration.
 - Significant or persistent mistakes in recording of medication.
 - Poor practice - for example not following hygiene practices, leaving medication out, not checking that the young person has taken their medication and thus leading to potential stockpiling etc.
- Concerns must be reported to the Home Manager and Safeguarding Officer.
- Any concerns reported will be followed up by an internal investigation.
- Based on the outcome of the internal investigation, Managers and Directors will decide if the concern meets the threshold for a LADO referral.
- LADO referrals are also recorded on staff DBS files.

Low Risk – Internal investigation is sufficient

- **Mistakes made in medication logs**
- **Prescription medication not ordered at the correct time where medication did not run out**

Medium Risk – Internal investigation and potential LADO referral based on outcome

- **Persistent mistakes made in medication logs**
- **Discrepancies of prescribed medication, homely remedies or vitamins**
- **Oversights in administration of prescribed medication, homely remedies or vitamins**
- **Prescription medication not ordered in time where medication did run out**
- **Failure to report oversights and discrepancies to the relevant professionals**
- **Medication not stored correctly or left out where young people may have access**
- **Failure to follow hygiene practices or disposing of medication when required where harm may be caused to young people's health**
- **Administering medication without ensuring the young person has taken it and potential risk of stockpiling**

High Risk – LADO referral

- **Discrepancies of Controlled Drugs**
- **Oversights in administration of Controlled Drugs**
- **Oversights in administration of prescribed medication, homely remedies or vitamins where serious harm may have been caused to a young person e.g. overdose of pain medication**

INSPECTIONS:

- Monthly inspections are completed by the medications officer to monitor medication practice and to standardise procedures across all homes.
- The medication checklist provides feedback and recommendations for the home to action. All Mentors are responsible for reading this guidance and ensuring that advice is followed.
- Following a medication inspection, each home is graded according to how well all areas of medication procedure are met. Homes that receive a good or outstanding outcome and little recommendations, are reduced to bi-monthly inspections.

TRAINING:

- All Mentors now undertake a medication induction when starting work at Anderida.
- All Mentors complete a medication competency test annually.
- If concerns are raised about a Mentor's competence around medication, they may be asked to complete an additional competency test.
- All Mentors must complete medication training via online platforms and in person training by external providers.

For any medication queries please contact:

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