



Cyngor Bwrdeistref Sirol
MERTHYR TUDFUL
MERTHYR TYDFIL
County Borough Council

Medication Policy for Merthyr Tydfil Children's Residential Homes

(Regulation 58 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017)

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1. Purpose

1.1 The purpose of this policy is to ensure that all Merthyr Tydfil Children's Homes have a consistent approach to medicines. In times of crisis, for example pandemic, Public Health Wales guidance should be followed. This policy is to ensure that there are arrangements in place to maintain a sufficient supply of medicines, effective ordering, reordering, recording, handling and disposal of medicines, plus regular auditing of the storage and administration of medicines.

2. Care Homes and Care at Home

2.1 This policy is most relevant to care homes, where medication is managed by staff.

2.2 Where appropriate it is noted in the policy and procedures when a different approach is required for care homes and care at home services.

3. Responsibilities

3.1 It is the responsibility of the Responsible Individual/Home manager to ensure the principles and scope of the policy are followed by the staff within their service.

3.2 Any serious breaches of the policy or related procedures will be reported to the relevant Manager, and where appropriate to the Social Care Wales and Care Inspectorate Wales.

4. Self-Medication

4.1 An appropriate risk assessment will be completed to determine whether service users are able to manage their own medication. This risk assessment will consider the individual's state of physical and mental health and their own wishes, as well as practicalities around storage and disposal of medical equipment.

4.2 Where service users are independent with regards to managing their medication, staff will maintain a flexible service including information, education and support at an appropriate level, taking into account the changing needs of the service user.

5. Support to Manage and Administer Medication

5.1 Service users who require support to manage their medication will have a support plan in place that will include details of their expectations and those of staff in encouraging effective management of medication.

5.2 Where staff have responsibility for the actual administration of medication, any procedures accompanying this policy must be followed.

6. Training

6.1 Merthyr Tydfil Staff are required to undertake annual medication training.

6.2 This training will be refreshed annually and accurate training records will be held for every member of staff.

6.3 All new staff will receive an induction around Medication procedures within the home before starting work.

6.4 Staff are not permitted to administer medication if they have not had accredited training. Training will be offered within a six month period of start date when available. Whilst awaiting accredited training, staff will work in pairs alongside a more experienced and accredited colleague.

7. Quality Assurance

7.1 All of Merthyr Tydfil City Council's (MTCBC's) children's care services are required to have quality assurance arrangements in place, to ensure that medication procedures are being effectively communicated, are clearly understood by staff, and are being followed consistently.

7.2 In care homes a Fortnightly audit will be carried out by the Home Manager and / or Assistant Manager using a standard template. The purpose of these audits is to review medication records and identify any errors or anomalies that have occurred.

8. Disciplinary Procedure

8.1 Specific disciplinary procedures are used within Merthyr Tydfil to ensure that any errors in the administration of medication are appropriately addressed:

- If the Fortnightly audit or spot checks carried out by management show that a record has not been signed correctly the manager will meet with the relevant staff members and explain their error.
- If the wrong medication has been given or medication is missed, this will immediately result in formal action being taken.

8.2 Any disciplinary action will be taken by managers with appropriate support from HR. It is recognised that errors may indicate a training need that needs to be addressed, and if so this training will be provided.

Medication Procedures

1. Self-Medication

1.1 A detailed risk assessment will be completed to determine whether service users are able to manage their own medication. The assessment and its outcome will be clearly recorded in the individual's support plan. This will be considered during three-monthly reviews to ensure their needs have not changed.

1.2 Where service users in care homes manage their own medication, individual locked cupboards will be provided in the person's room so that medicines can be stored safely.

1.3 The service user's GP will be asked where necessary to prescribe self-medicating medicines in smaller unit containers.

1.4 For insulin-dependent service users an individual sharps container will be provided by the community nurses. The container will be disposed of in accordance with the local procedure for disposal of sharps.

2. Prescriptions & Supplies

2.1 Supply of medicines to service users will be on prescription of a doctor (or dentist) unless the medicine is an over the counter medication.

2.2 Medicines supplied for a service user are the property of that individual. They will only be administered to the person for whom they have been prescribed, labelled and supplied. This principle applies to all prescribed items.

2.3 Medication received from the dispensing pharmacist will vary, some pharmacies use blister packs with a 28-day supply while others use packs for each individual week. In all cases these packs will clearly state the name of the service user and the medication strength and dosage it contains.

2.4 Supplementary short courses, such as antibiotics, will be sent separately in their own bottle or phial from the pharmacist. Again these will be clearly labelled.

2.5 Where relevant, we will keep copies or scans of original NHS prescriptions before they are sent to the pharmacy. Once delivered, all medication will be checked against the original copies by the Manager, Assistant Manager or Link Worker to ensure that quantities and instructions are as directed by the GP. Similar checks and records will be in place for medicines carried over from month to month.

2.6 Labelling and changes to medication will not be altered unless it is on the instruction of the prescribing GP and should be carried out by the pharmacist. The packs will be returned to the pharmacist for the changes to be made and appropriate labels attached. Labels on creams and eye drops etc. will be on the container itself and on the outside box.

2.7 Advice will always be sought from the pharmacist or GP before over the counter medicines are purchased, as these may interfere with prescribed medications.

3. Storing Medical Supplies

3.1 Within care homes, medicines are stored individually in a designated room that is secure, and has a lockable cupboard where they will not be subject to extremes of temperature. Medicine cupboards will be kept locked at all times except when medicine is being issued.

3.2 Items that require to be refrigerated (stored between 2° and 8° C) will be kept in a lockable medicine refrigerator. This refrigerator is located in a designated area and is solely used for storage of medicines. The temperature will be monitored daily and recorded. If the temperature falls outside the normal range this must be reported to the Designated Manager and relevant action is to be taken to repair and fix the issue. Regular defrosting and cleaning of the appliance is also required.

3.3 Details of who holds keys to each cupboard are to be recorded on daily handover. The cupboard and refrigerator keys should not be held as part of the master system and access is to be restricted to authorised members of staff only.

3.4 When oxygen has been prescribed for a service user it will be stored in their own room and relevant safety advice, and appropriate safety notices displayed. A risk assessment will also be completed. All rooms where oxygen is in use will display the statutory warning notices: "Compressed Gas / Oxygen: No Smoking, No Naked Flames".

4. Administration by Staff

4.1 Only appropriately inducted members of staff will administer medication, as per Medication Policy. Staff will need to have had accredited training to administer medication.

4.2 Staff in Merthyr Tydfil care homes will work in pairs wherever possible when dealing with medication. They will work together throughout the entire process and have joint responsibility for any errors. If medication needs to be administered by an individual working alone, this will be Risk Assessed and communicated to the on shift team so everyone is aware. Only the Home Manager and Assistant Manager have authorisation to carry out this Risk Assessment and agree lone administration can happen.

4.3 The arrangements for care at home services mean medication will often be administered by an individual member of staff.

4.4 All members of staff will comply with the following process:

- Identify the service user.
- Check that the medicine has not already been administered.
- Check the particular dose and method of administration.
- Administer the medicine.
- Enter the administration in the appropriate record sheet.

4.5 Medicines will only be crushed before administering after receiving confirmation in writing from the pharmacist that this will not alter the properties of the medicine.

4.6 Medication will not be handled whilst dispensing it. Medicines can be placed in a small pot from the dispensed container to hygienically hand it to the service user.

4.7 Medicines will never be dispensed by the designated person and then left for someone else to administer at a later date or time.

4.8 Gloves must always be used by staff when administering steroid creams and other external applications.

5. Record Keeping

5.1 Medication Administration Records (MARs) are to be used with all medication being administered by Merthyr Tydfil Care homes.

5.2 Merthyr Tydfil staff will usually administer medication in pairs, there will be space on the MAR sheet for main person administering the medication to sign and one space for a witness to sign.

5.3 For care at home, where medication is not managed centrally but is still administered for some service users, we will put in place their own (MARs) forms to record the necessary information. As a minimum these will include:

- Service user's name.
- Medicine name, quantity, dosage, form and strength.
- What the medicine is for.
- Prescription instructions.
- Date and time of administration.
- Who administered the medication, or if it was withheld / refused.
- Who witnessed this.

5.4 The member of staff will only record administration once they have confirmed that the person has taken their medicine, not when the medicine has been removed from the dispenser.

5.5 A record of all current medication and emergency contacts will be kept in each child's file and taken if supporting at home this can then be accessed quickly and passed to the hospital or paramedics should an emergency occur.

5.7 It is a legal requirement for care home records to be retained within the home even when a service user has left. It is recommended that these records are kept for a minimum of three years from the date of the last entry and should be retrievable in needed. These Documents will be archived once service user has left but will be accessible if needed for audit.

5.8 Each service user's personal support plan will also include detailed, regularly updated information relating to medication, including:

- When a medicine is started.
- Who prescribed it.
- What it is for.
- How it is administered.
- How long it has to be used for.
- When it should be reviewed.

6. Refusal of Medication

6.1 A service user has the right to refuse medication. The reason for refusal will be recorded for further discussion at a review – this will be recorded using a Code system on the MAR sheet. (R) For refusal.

6.2 The service user's GP and Parent/social worker will be consulted if there is persistent refusal to accept medication.

6.3 Covert administration or administration of medicines without the knowledge of the recipient will never be carried out unless it has been decided by a multi-disciplinary team (including carers, social worker and family of the person) that the person will miss out on essential treatment if they do not take the medication prescribed. A full and detailed record of the reasons for this will be kept, with a review date.

7. Withholding Medication

7.1 Medication will only be withheld from a service user if there are concerns that administering medicine will mean a risk to their health, for example if the individual has been drinking alcohol and the medicine instructions warn that it should not be taken with alcohol. In these cases the staff member will inform their line manager, and the GP or other appropriate health professional will be consulted.

7.2 As with refusals, any withheld medication will be recorded using a Code on the MAR (W) withheld with reasons.

7.3 Any adverse reaction or suspected adverse reaction will be reported to the service user's GP and Family Members.

8. Disposal of Medicines

8.1 All medicines will be returned to the named pharmacist if they are no longer required, have not been used for three months, or have reached their expiry date.

8.2 A receipt book is used for recording returns, which is signed by the pharmacist and a senior member of staff. The information recorded will detail the following:

- Date of disposal / return to pharmacy.
- Name and strength of medicine.
- Quantity removed.
- Service user's name.

9. New Admissions and Those Leaving the Service

9.1 Designated Managers / Assistant Managers or Link Workers will ensure that all relevant medication details and medication accompany a new service user on arrival.

9.2 Designated Managers / Assistant Managers or Link Worker will ensure that the same applies when the person leaves the service. If medication is transferred to another care provider this should be recorded and receipted.

9.3 Following the death of a service user, medicines will be retained for seven days in case an investigation requires them.

10. Medicine Related Problems

Action to take in the event of the wrong medication being administered to a young person.

10.1 Contact the Young Persons Doctor immediately giving them as much information as possible e.g. medication given and any other medication that they take, any medical condition and their present state of health. If 'out of hours' contact NHS Direct on 0845 46 47 for advice.

10.2 If the Young Person is unconscious or unresponsive in any way. Phone 9/ 999 for an ambulance. Ensure paramedics have a copy of MAR sheet and admission to hospital form.

10.3 Inform the Young Persons Family or Next of Kin/Principal Officer/Head of Service. (If appropriate)

10.4 A monitoring chart must be filled in for the next 12 hrs to record any adverse effects

10.5 MAR sheets are to be amended and an explanation is recorded

10.6 Write up a full statement of Incident using the medication incident recording form.

10.7 Fill in Regulation 60 form if appropriate, this must be signed by the Team Manager or Residential Home Manager before entering onto CIW online system

10.8 Record incident on young person's personal file.

Controlled Drugs

- All staff should be aware of any controlled drugs on site.
- All controlled drugs need to be kept in a separate compartment within the medication cabinet, with a separate key used to access.

- A controlled drugs book should be used to record all controlled drugs stored and administered within the home.
- As well as the controlled drugs book, signed by two staff members, the MAR sheet is to be filled out in the usual way as a second recording of the medication as it is administered.

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