Fairfield Farm Trust

Charity No. 273924

Medication Policy

Policy number	New or Reviewed	Date of next review	Responsibility
P009	June 2020	June 2021	Registered Manager

'Providing outstanding opportunities for people with learning difficulties to be successful'

1. Introduction.

1.1. This policy applies to all young people at the Fairfield Farm Trust (FFT) and covers both the residential houses and day students (unless otherwise specified). Throughout the text, the term young people is 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 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. FFT is committed to ensuring that its young people are fully safeguarded in every aspect of the 24-hour curriculum and care provision.

1.5 Fairfield Farm Trust works with young people across its 2 college and training sites but also within its residential provision.

1.6 Where possible, young people will be supported to take their medication independently, but we recognise that this is not always the case. Therefore, in order to support young people with their medication, a rigorous and thorough process is needed in order to safeguard all concerned. This will involve specific training, support and guidance along with comprehensive recording processes. It is recognised that each young person is different and as such, their requirements will differ. In order to ensure that the support is consistently of a high standard the following will apply in all cases, as specified.

1.7 Each young person requiring support with medication will have

- 'Consent' which outlines details of the medication, route, dose, frequency and also emergency contact details for parents, guardians and the GP. This is signed by the parents/guardians.

- '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 Checklist' that records all medication being signed in and out between college/residential houses/home.

Young people living in the Trust's residential houses have different requirements for the administration of medication. To ensure that we are compliant with our CQC registration and reporting processes, residents will also have:

- 'Medication Care Plan' that demonstrates capacity assessments and also 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.
- 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

1.8 **Maladministration**

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 to the SLT.

ii. Within 24 hours the line manager will debrief with those concerned to better understand what has happened and establish if additional training or safety measures are required. The outcome of this meeting will be recorded in SchoolPod

iii. The record will be reviewed by SLT within 48 hours to determine whether a formal investigation (such as repeated occurrence, safeguarding concerns or the potential for disciplinary action) is needed.

2. Philosophy Statement

2.1. All employees of the FFT, are required to support the following philosophy statement:

Young people at Fairfield Farm Trust have the right to support in order 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 to young people will receive appropriate training and support by their manager. In addition, specific medication administration qualifications are offered throughout the year.

3.2 Additional training will be provided to all staff who have responsibility for administering emergency medication.

3.3 Additional training will be provided for all staff who have responsibility for invasive treatments or specific medication.

4. Limitations

4.1. Consent will be sought for **all** medication administered by the FFT staff. Copies of consent will be kept on file for the young people. This process applies to prescribed medication and over the counter medication (homely remedies). Volunteers and work experience students may not administer any medication to any young person.

4.2. Staff within the residential provision may administer homely remedies in accordance with the manufacturer's instructions in order to reduce pain or temperature. Permission to do this is from a GP in all occasions. This is to identify if the individual has any allergies to these medications and they do not impact the effects of any prescribed medication.

4.3. Staff administering medication will do so, in accordance with the prescription/instructions outlined on the signed consent form. Medication cannot be altered unless there is consent from a GP. NB In the residential setting, verbal consent from the GP can be accepted and must be recorded on a contact log and / or appointment log on SchoolPod.

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

5. Managing medication

5.1. Recording processes are used for the receipt of medication from parents and the administration of medication to young people. It is crucial that we have clear and systematic processes for checking, quality assurance and rigour.

5.2 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.

5.3 Medication taken home for holidays, etc and returned/brought from home will be recorded on a Medication Checklist. These records will be archived with individual medication records and will be kept for 8 years.

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

5.5 Any medication that is refused, declined will need to be recorded on the MAR 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. Anti-biotics, then the length of the course will be recorded on the MAR sheet and the boxes for signing will be blacked out when the course ends.

6. Errors

6.1. If there is an over dose or incorrect dose of medication administered, then staff members must contact 101 and seek medical advice as soon as possible. This information should then be relayed on to a Manager.

6.2. 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 1.8. For errors in the residential settings, the is a statutory duty to report this to the CQC in certain notifiable instances.

7. Capacity and Consent.

7.1 Consent is obtained for all medication administered at the FFT. There are no exceptions to this.

7.2 All Residents are assumed to have capacity on arrival and can consent to taking their medication and this will be recorded within their care plan and medication care plan. If capacity is deemed to be diminished, then an MCA (Mental Capacity Assessment) will be conducted in relation to their care and treatment. Where an individual does not have capacity, then a best interest decision will be made, which will include, families, social worker and other care professionals. A DOL's application may need to be applied for through the individuals Local Authority.

7.3. Medication can only be given covertly as a result of a best interest decision awaiting a Deprivation of Liberty (DOL's) application. If the individual 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.

10. Self-administration of medication

10.1. Young people are supported 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 should be followed in order to support young people to do this safely.

11. Emergency medication

11.1. The administration and management of emergency medication is recorded in in the same way. Specific 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.

12. Prescribed Medication, P.R.N. Medication and homely remedies

12.1. 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 protocols. A separate form will be in place for each PRN 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 will tick and sign off that they are able to take alongside current medication and with regards to allergies and health needs. This allows for individuals to have medication easily accessible without having to visit the GP or nurse.

13. 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.

BY ORDER OF THE BOARD

Tanya Takle
Registered Manager
June 2020