



# **MEDICATION POLICY**

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# MEDICATION POLICY

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# 1. Introduction to the Policy

This policy sets out the framework, principles, and procedures that **Byram House** follows to ensure the safe handling, storage, administration, and disposal of medicines for children and young people in our care. The policy applies to all staff, agency workers, volunteers, and contractors working at Byram House, whether at 62 Deighton Road, 66 Deighton Road, or elsewhere, including when children are away from the home.

**The Home is Byram House, which comprises the two residences at 62 Deighton Road and 66 Deighton Road.** This policy applies equally across both residences.

This policy covers prescribed medication, controlled drugs, non-prescribed medication (homely remedies), and medical emergencies. It also addresses invasive treatments as well as oral, aural, topical (creams/lotions), and other routes of administration. Medicines may not be administered without appropriate consent.

All staff are required to read this policy, sign to acknowledge their agreement to abide by it, and complete mandatory training and competency assessments.

The objectives of this policy are to:

- Comply with all relevant legislation, including the **Human Medicines Regulations 2012** (which replaced the Medicines Act 1968), the **Misuse of Drugs Act 1971**, the **Misuse of Drugs Regulations 2001**, the **Data Protection Act 2018 & UK GDPR**, and the **Health and Safety at Work etc Act 1974**.
- Ensure that medicines are obtained, stored, administered, recorded, and disposed of safely and in accordance with legal requirements.
- Protect children from medication errors, adverse reactions, and unauthorised access to medicines.
- Provide clear guidance on consent, covert administration, self-administration, and medicine errors.
- Ensure staff are trained and assessed as competent before administering medicines.

## 2. How this Policy Benefits the Home

This Medication Policy benefits Byram House in the following ways:

- **Legal Compliance** – It meets duties under the **Human Medicines Regulations 2012** (prescribing, dispensing, administration), the **Misuse of Drugs Act 1971** (controlled drugs), the **Misuse of Drugs Regulations 2001** (safe custody, record keeping for Schedule 2 and 3 CDs), the **Data Protection Act 2018 & UK GDPR** (confidentiality of medical information), and the **Children’s Homes (England) Regulations 2015**.
- **Child Safety** – It ensures the “six rights” of medication administration (right medication, dose, time, route, person, right to refuse). It includes protocols for handling medicine errors, refusal, and emergencies.
- **Controlled Drug (CD) Security** – It sets strict requirements for storage (separate locked cabinet, key not on main key ring), double-signing, and transfer between locations (locked metal box). It also covers emergency use (e.g., Buccolam in a bum bag with risk assessment).
- **Homely Remedies** – It allows for safe use of non-prescribed medication for minor ailments (e.g., paracetamol, ibuprofen, antihistamines) with written consent and clear limits (48 hours, then GP review).
- **Self-Administration** – It includes a risk assessment and consent process for children who are competent to manage their own medication, including contraception and STI treatment, while respecting confidentiality.
- **Medication Errors** – It provides a clear, non-punitive (but accountable) procedure for reporting, investigating, and learning from errors, including immediate medical advice, suspension from administering duties pending reassessment, and potential LADO/Ofsted notification.
- **Covert Administration** – It sets out a strict best-interest meeting and written permission process for administering medication without the child’s knowledge, only where the child lacks capacity.
- **Training and Competence** – It requires accredited training every 2 years and annual competency assessment, with records maintained.
- **Inspection Readiness** – The **Social Care Common Inspection Framework (SCCIF) 2026** expects safe medication management. This policy provides clear evidence.

### 3. Definitions & Legislation

#### 3.1 Definitions

Term	Definition
<b>Home</b>	Byram House, the children's home registered with Ofsted, comprising two residences at 62 Deighton Road and 66 Deighton Road.
<b>Company</b>	IMS Care LTD, the registered provider and legal entity responsible for operating Byram House.
<b>Byram House</b>	The name used throughout this policy to refer to the home and its staff.
<b>Prescribed Medication</b>	A medicine supplied only against a prescription written by an authorised prescriber (GP, nurse prescriber, pharmacist prescriber).
<b>Controlled Drug (CD)</b>	A drug listed in the Misuse of Drugs Act 1971 (e.g., morphine, diazepam, methylphenidate). Schedules 1–5 have different legal requirements.
<b>Non-Prescribed Medication / Homely Remedy</b>	An over-the-counter medicine that can be purchased without a prescription (e.g., paracetamol, ibuprofen, antihistamine, topical hydrocortisone).
<b>MAR Sheet</b>	Medication Administration Record – the document used to record each dose given.
<b>Six Rights</b>	Right medication, right dose, right time, right route, right person, right to refuse.
<b>Covert Administration</b>	Administering medication to a child without their knowledge (e.g., hidden in food or drink). Only lawful where the child lacks capacity and it is in their best interests.

<b>Fraser Competence</b>	A child under 16 may consent to medical treatment if they have sufficient understanding and intelligence.
<b>Secondary Dispensing</b>	Transferring a medication from its original container into another container for later administration (e.g., putting tablets in a daily pill box). This is prohibited.
<b>Best Interest Meeting</b>	A meeting of the MDT (including parent, social worker, prescriber, manager) to decide on treatment when a child lacks capacity.

### 3.2 Key Legislation and Statutory Guidance

Legislation / Guidance	Key Provisions	Relevance to this Policy
<b>Human Medicines Regulations 2012</b> (replaced Medicines Act 1968)	Regulates the licensing, prescribing, dispensing, and administration of human medicines. Schedule 17 covers administration by care staff.	Byram House staff may administer medicines only where permitted under these regulations (e.g., under a Patient Specific Direction – PSD – from a prescriber).
<b>Misuse of Drugs Act 1971</b>	Classifies controlled drugs (Class A, B, C). Makes possession and supply without authority a criminal offence.	The home must have safe custody and recording for CDs.
<b>Misuse of Drugs Regulations 2001 (as amended)</b>	Sets out schedules for CDs (Schedule 2 – most stringent, e.g., morphine; Schedule 3 – certain CDs like temazepam; Schedule 4 –	Byram House must keep a Controlled Drugs Register for

	benzodiazepines; Schedule 5 – low-strength preparations). Requires registers for Schedule 2 CDs.	Schedule 2 CDs (e.g., morphine, methadone).
<b>Data Protection Act 2018 &amp; UK GDPR</b>	Governs processing of personal data, including health information.	Medication records are sensitive personal data. Access is restricted to relevant staff.
<b>Health and Safety at Work etc Act 1974</b>	Duty to ensure safety of employees and others.	The home must provide safe systems for handling medicines (e.g., avoiding needle-stick injuries, safe disposal).
<b>Children’s Homes (England) Regulations 2015</b>	Regulations 12 (Statement of Purpose), 23 (health and wellbeing). Quality Standards.	Medication management is part of promoting health and wellbeing. Inspectors will assess compliance.
<b>Working Together to Safeguard Children 2026</b>	Published March 2026. Safeguarding includes protection from medication errors and inappropriate use of medicines.	Medication errors that cause harm may be a safeguarding concern (referral to LADO or local authority).
<b>Social Care Common Inspection Framework (SCCIF) for Children’s Homes 2026</b>	Effective 1 April 2026. Focuses on children’s lived experience, including health and medication.	Inspectors will review MAR sheets, staff training, storage, and error management.

<b>NICE guideline NG5 (Medicines optimisation, 2015, updated)</b>	Includes principles of shared decision-making, consent, and safe systems.	The home should involve children in decisions about their medication where possible.
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## 4. The Policy

### 4.1 General Principles

1. **Consent** – Medicines may not be administered without consent. Written consent (from a person with parental responsibility, or the child if Fraser competent) must be obtained for both prescribed and non-prescribed medication. Consent forms must be kept on the child's file.
2. **Recording** – Any medication must be recorded immediately on a **Medication Administration Record (MAR)**. For controlled drugs, also enter into the **Controlled Drugs Book** and sign with two staff.
3. **Checking** – MAR sheets must be completed carefully and checked by another member of staff for accuracy (dosage, name, frequency).
4. **Topical medicines** – Can be delegated to the staff member giving personal care; they must sign the relevant record sheet.
5. **Parental permissions** – Each child's file must contain prior written permission for staff to administer first aid and medication, and specify who has authorisation for routine/emergency treatment.

### 4.2 Confidentiality and Information Sharing

- Byram House will respect the confidentiality of children's medical history and medicines.
- Information will be shared only with relevant people in line with **GDPR** and the **Data Protection Act 2018**.
- Staff must not discuss a child's medication with unauthorised persons (e.g., other children, unauthorised family members).
- Medical information may be shared without consent for safeguarding purposes (e.g., if a child is at risk of harm from medication misuse).

### 4.3 Designated Staff (Training and Competence)

- **Only designated staff** should record, handle, or administer medication.
- Designated staff must:
  - Attend accredited training on medication administration (including receipt, storage, administration, and controlled drugs).
  - Be assessed as competent by the home's manager (initial and then annually).
  - Have their competence signed off.
- Staff who have not completed training or competency assessment must not administer medication (except in a genuine emergency where no trained staff are available and delay would cause harm – record fully).

### 4.4 Prescribed Medication

#### **Receipt of prescribed medication:**

- All medicines brought into the home must be recorded on the MAR sheet and medication stock record as soon as received.
- Staff must check:
  - The drugs received against the signed prescription or GP/consultant letter showing changes.
  - Tamper seals intact, no damage.
  - Drug name, child's name, amount, dosage strength, and dosage instructions.
- Staff must sign to confirm the check.
- **Patient information leaflet (PIL)** must be read and filed (or retained electronically).
- The home will not accept medication labelled "as directed" unless there is an accompanying protocol from the prescriber. If such medication is received, it must be returned to the pharmacist for clear instructions.

**Prescribing responsibility:** The primary responsibility for prescribing and managing medicines rests with the child's doctor in consultation with the primary healthcare team. The home's role is to administer as prescribed.

## 4.5 Controlled Drugs

### Receipt:

- On receipt of a controlled drug (CD), the MAR sheet and the **Controlled Drugs Book** must be completed and signed **by two members of staff**.

### Storage:

- CDs must be stored in a **separate locked medicine cupboard** (which may be within the main medicine cupboard). The CD cupboard must be affixed to a wall.
- The key for the CD cupboard must be locked in the key cabinet and **MUST NOT be on the same key ring/chain** as for the generic medicines.
- The shift leader responsible for the key must sign to this effect at staff handover.

### Administration:

- Follow the preparation process and the **six rights** (section 4.8).
- The MAR sheet and the Controlled Drugs Book must be signed **immediately** after administration.

### Emergency use (e.g., Buccolam for seizures):

- If a CD needs to be used within a few minutes of a medical emergency (e.g., Buccolam, midazolam), the drug may be carried on a staff member in a **'bum bag'**.
- The bag must also contain a clear protocol document.
- There must be a **risk assessment** to record the reasons why the drug is not locked away.
- The bag must not leave the staff member's person at any time; it must not be passed to anyone else or put down.
- The shift leader remains responsible for checking the medication at the end of the shift.

### Transfer of CDs between locations (e.g., home and school/family):

- Use a **locked metal box** with two keys – one key retained by the parent/carer or school, one by the residential home.
- Record the transfer in the CD book and MAR.

## 4.6 Non-Prescribed Medication / Homely Remedies

**Purpose:** Non-prescribed medication (e.g., paracetamol, ibuprofen, antihistamines, mild topical creams) is intended for minor, self-limiting ailments (e.g., headache, mild fever, hay fever) without necessarily consulting the GP.

### **Conditions:**

- A **non-prescribed medication list** must be maintained (approved by the home's manager and reviewed annually).
- **Consent** must be obtained in writing from a person with parental responsibility (or the child if Fraser competent) **before** any homely remedy is given. A clear understanding of when the medication would be administered must be documented.
- Dosage instructions must be clear; the date of purchase recorded.
- All homely remedies are stored in the **locked medicine cabinet** (not the CD cabinet).
- Homely remedies may be administered for a **maximum of 48 hours** without GP review. If symptoms persist or deteriorate, the GP must be contacted.
- Each administration must be recorded on a MAR sheet.
- **Allergies** – Before administering any homely remedy, check the child's allergy record (which should be prominently displayed on the medication cabinet).

### **During the referral/admission process, the home must obtain:**

- Any known allergies.
- Any current prescribed medication.
- Any history of adverse reactions.
- Written consent for homely remedies.

## 4.7 Storage of Medicines

### General principles:

- All medicines must be stored in their **original container** with the original dispensing label, as received from the pharmacy.
- The label must clearly show the child's name, dose, frequency, and route. If a label is unclear or faded, a replacement must be obtained from the pharmacy.
- Medicines must be stored in a **locked cabinet** that is securely fixed to a wall (bolts not accessible from outside). The cabinet is for medication storage only – no other items kept.
- Room temperature where the medication cupboard is located must be checked and should not exceed 25°C.
- **Only designated staff** hold the key. At all other times, the key is locked in the house key cabinet (not part of the master key system).
- The shift leader responsible for the key signs at handover.
- The front of the medication cabinet must display the child's name and information about any allergies (e.g., "Penicillin allergy" or "No known allergies").

### Refrigerated medicines:

- A separate, secure refrigerator must be used **exclusively** for medicines requiring cold storage (2–8°C).
- The temperature must be monitored daily (using a max/min thermometer) and recorded. Action taken if outside range.

**Self-administration storage:** Children who self-administer must be provided with appropriate **lockable storage** in their room (e.g., a lockable box). The key is kept by the child (if competent) or by designated staff.

## 4.8 General Administration of Medication (Six Rights)

### Before administration, staff must check the 'six rights':

1. Right medication
2. Right dose
3. Right time
4. Right route (e.g., oral, topical, inhaled)
5. Right person
6. Right to refuse (the child may refuse; this must be recorded and advice sought)

### **Steps:**

- Read the MAR sheet and cross-reference with the medication label.
- Check the patient information leaflet (or known side effects) – be aware of side effects and interactions.
- Check the medication has not already been administered.
- Wash hands before handling medication. Use gloves if appropriate (e.g., creams).
- **Do not touch tablets/capsules by hand** – use a plastic medicine cup or similar.
- Pour liquids with the drug label facing up to prevent spillage onto the label. Hold cup at eye level.
- Give medication to the child and **observe that it is swallowed** (where appropriate).
- **Immediately sign** the MAR sheet (and CD book if applicable) to confirm administration. Lock medicine away.
- If the child refuses, record refusal, seek advice from a pharmacist or 111, inform relevant people (parent, social worker), and document advice given.
- When a course is completed or medication discontinued, draw a line through the remaining section of the MAR sheet, date, and sign.

### **Prohibited actions:**

- **Secondary dispensing** – Never transfer medication from its original container into another container (e.g., pill box) for someone else to administer later.
- Do not tamper with prescribed packs (e.g., mixing medicines) – this could void product liability protection.

**Difficulty swallowing:** If a child has physical difficulty swallowing, seek advice from a health professional (GP, pharmacist) and record a plan.

## 4.9 Children Who Self-Administer

**Eligibility:** Some children may wish to manage and administer their own medication (e.g., antibiotics, inhalers, contraception) where safe to do so.

### **Requirements:**

- **Consent** – From a person with parental responsibility (unless the child is Fraser competent, in which case their consent is sufficient, but informing parents is encouraged).
- **Risk assessment** – Must be completed by the Registered Manager, covering:
  - The child understands their medical condition and the side effects of misuse.
  - The child understands the importance of correct timing, dosage, and what to do if they forget or lose the medication.
  - Staff are aware of side effects and how to respond in an emergency.
  - Risks of other children accessing the medication.
  - Safe storage arrangements.
- **Storage** – Medication kept in a locked box/cabinet in the child's room. Record of name, strength, dosage, and quantity received on MAR.
- **Monitoring** – Staff monitor repeat prescriptions and order if needed.

### **Sensitive medication (e.g., oral contraception, STI treatment):**

- Staff must be aware of confidentiality issues. The child's views on who knows should be respected where possible.
- A health professional would only prescribe contraception to a child assessed as competent. If compliance concerns arise, seek advice from that prescriber.
- For STI creams, the child should apply their own; otherwise, a nurse may administer. Any concerns, consult prescriber.

## 4.10 Administration of Medication Away from the Home

- When a child is away overnight, medication must be taken in its **original container** – never in unsuitable containers (e.g., envelopes).
- For regular overnight stays (e.g., with family), consider arranging a **separate prescription** for the family. Discuss at placement planning.
- Record in MAR and child's records that they have been away, and detail the amount of medication taken.
- Medication that travels between home and school should be in an original container, inside a sealed prescription bag or sealed envelope. Only use taxi companies approved by the local authority.

## 4.11 Disposal of Medication

- **When a child leaves the home** – Any remaining prescribed medication should go with them to their new home. Record the transfer and obtain signature from a designated person at the new placement. Keep a copy on file.
- **Unused prescribed medication** – Return to a pharmacist for disposal. Complete a **Returned Medicines Book** (and CD book if applicable). Keep a copy.
- **Expired non-prescribed medication** – Check expiry dates regularly. Return to pharmacist for disposal.
- **MAR sheets** – These are legal documents. Do not use correction fluid (Tippex) or highlighter. Mistakes must be crossed out with a single line, initialled, and dated. Use black pen.

## 4.12 Covert Administration of Medication

**Definition:** Administering medication to a child without their knowledge (e.g., hidden in food or drink).

**Legal position:** Covert administration is only lawful where the child **lacks capacity** to make decisions about their medication (under the Mental Capacity Act 2005, applied appropriately for children) and it is in their **best interests**.

### **Procedure:**

- **Do not** administer covertly if the child has capacity (including Fraser competent children).
- If a need is identified, convene a **best interest meeting** including the child's parent, social worker, prescriber (GP or pharmacist), and the Registered Manager.
- Written agreement must be obtained from the prescriber and person with parental responsibility.
- Record the method of administration (e.g., hidden in yoghurt) and the decision-making process.
- Review regularly (at least monthly).

### **Thickened liquids and crushing medication:**

- Thickened liquids can be a choking hazard if wrong consistency. Any staff administering thickened liquids must be observed by a competent person.
- **Crushing medication** can affect absorption rate and efficacy and may pose a risk (e.g., crushing slow-release tablets can cause overdose). Crushing must only be done with specific written permission from the prescriber. Record the conversation and instruction.

## 4.13 Medicine Errors (including Recording Errors)

**Definition of a medication error:** Giving the wrong medication, wrong dose, wrong time, missing a dose, or giving to the wrong person.

**Recording error:** Correct medication given but recorded incorrectly (e.g., wrong time, missing signature).

### **Immediate actions for a medication error:**

1. **Seek immediate medical advice** – contact GP, pharmacist, or NHS 111. Record the conversation and advice given.
2. **Monitor the child's condition** continuously; keep clear records.
3. **Inform the senior person on shift** (Registered Manager or Deputy). They must inform:

- Parent/carer
  - Local authority social worker (or EDT out of hours)
  - On-call manager
4. **If hospital attendance is required** – a staff member must accompany the child, taking:
    - The MAR sheet
    - Information about allergies
    - All current medication
    - Full details of the error
  5. **The staff member who made the error** must be suspended from medication administration duties until their competency is reassessed.
  6. **Report to Ofsted** (Regulation 40 notification) if the error caused or could have caused serious harm.
  7. **Consider LADO referral** – if the error may indicate abuse or neglect.
  8. **If harm has occurred** – report to local authority under safeguarding procedures (Safeguarding Policy).

#### **Recording the error:**

- Complete a **medication error form** and an **incident form** (on Clear Care).
- Record details of the error on the MAR sheet (e.g., “Error – given at wrong time – see incident report”).
- Keep a record of all actions taken, including investigation reports.

#### **Investigation:**

- The Registered Manager will investigate (or appoint an investigator) with the Responsible Individual.
- The investigation will consider both individual (training, competence) and systemic (processes, procedures) factors.
- If the local authority is conducting a safeguarding investigation, the home’s internal investigation must not begin until the LA investigation has concluded (unless agreed otherwise).
- An action plan will be agreed to prevent recurrence (e.g., additional supervision, retraining, changes to MAR layout).

**Twice-daily checks** of medication-related tasks will support monitoring for errors.

#### 4.14 Record Keeping (MAR sheets, signature sheets)

- Each child must have a signed **consent form** for first aid and medication (prescribed and non-prescribed) from the person with parental responsibility, or the child if Fraser competent.
- The MAR sheet must include the child's name, medication name, strength, dose, frequency, route, start date, stop date, and any allergies.
- Each administration is signed with the staff member's **initials**. Full names and initials of all staff who may administer must be recorded on a **signature sheet** kept in the medication folder.
- **Refusal, spillage, regurgitation** – record clearly. If regurgitated, do not re-administer (seek medical advice).
- MAR sheets must be retained for **at least 8 years after the child leaves** (or longer if required by local policy).

## 5. How the Home Trains its Staff About this Policy

Byram House provides structured training to ensure all staff understand and can implement this Medication Policy effectively.

Training Element	Frequency	Method / Content
<b>Induction</b>	Upon appointment	Face-to-face training covering: legal framework (Human Medicines Regulations, Misuse of Drugs Act), the six rights, MAR sheet completion, controlled drugs (double-signing, storage), homely remedies, storage (including fridge monitoring), self-administration, covert administration (when lawful), medication errors (reporting and investigation), disposal, and the dual-site operation (62 & 66 Deighton Road).
<b>Accredited medication training</b>	Every 2 years	External or internal accredited course covering safe handling, administration, and recording.
<b>Annual competency assessment</b>	Yearly	Observed administration, MAR sheet completion, and scenario-based test (including errors). Signed off by manager.
<b>Controlled drugs refresher</b>	Annually	Practical training on CDs: key separation, double-signing, CD register, emergency use (bum bag risk assessment), transfer between locations.
<b>Medication errors and safeguarding</b>	Annually	Training on identifying, reporting, and investigating errors; liaison with Ofsted, LADO, and local authority.

<b>Covert administration</b>	At induction and as needed	Training on Mental Capacity Act 2005, best interest meetings, documentation, and the lawful limits.
<b>Record keeping and data protection</b>	At induction and refresh	Training on completing MAR sheets, signature sheets, consent forms, and GDPR compliance.

**Staff are required to:**

- Read and sign this policy annually.
- Complete accredited medication training every 2 years and annual competency assessment.
- Never administer medication unless designated and competent.
- Immediately report any error or near miss.
- Keep medication keys secure and never share key codes.

## **6. Related Policies and Guidance**

This policy must be read in conjunction with:

- Safeguarding Policy
- Health and Safety Policy
- Infection Control Policy
- Data Protection Policy
- Whistleblowing Policy
- Supervision of Children Policy
- Children's Homes (England) Regulations 2015
- Working Together to Safeguard Children 2026
- Social Care Common Inspection Framework (SCCIF) for Children's Homes 2026
- NICE guideline NG5 (Medicines optimisation)
- Human Medicines Regulations 2012
- Misuse of Drugs Regulations 2001 (as amended)

## 7. Policy Approval and Review Details



Byram House

<b>Policy Name</b>	Medication Policy	
<b>Home</b>	Byram House	
<b>Reviewed by</b>	Danyaal Iqbal / Mustafa Amin	Deputy Manager / Registered Manager
<b>Approved by</b>	Stacey Wagstaffe	Responsible Individual
<b>Date</b>	May 2026	