Administering medication in children's homes. Is a two-person signature policy good practice? Or does it fail to safeguard children?

I've been visiting children's homes for a number of years as a commissioning manager, a consultant and a regulatory visitor. Over this time I am have become increasingly mindful of the struggles that staff have with adhering to medication policies.

Its common practice for children's homes organisations to have a "2 person signature" policy whereby 2 members of staff are required to sign to confirm they have witnessed that medication has been administered to a child.

Whilst this may appear at first glance to be a robust policy that safeguards both the child and carers, my view is that the policy fails to safeguard children and places staff and organisations at significant risk of carrying out poor practice or even malpractice.

In reviewing medication policies, children's homes organisations may wish to consider the following:

1. **Legislation**

   It is not a legal requirement for two staff to sign a medication sheet.

2. **Ambiguity**

   Are staff clear as to what they are signing for? Are they signing to confirm that (a) they have witnessed the medication being given (b) they have seen the medication taken from the cabinet (c) a colleague has informed them that medication has been administered.
   I have found that, in discussions with staff, they often have very different opinions as to what they are actually signing for.

3. **Practicality**

   If your policy is that both staff must witness the administration, how practical is this in reality? Medication is often given during morning and evening routines, a time, which is often very busy in a children's home. How practical is it to ensure two staff witness administration? What impact is this having on the other children in the home? Have you had frank and open discussions with your staff about whether or not they are actually signing to say they have witness medication being administered when they have not? In my opinion the policy is likely to be highly impractical in the vast majority, if not all, children's homes. This needs to be recognised.

4. Risk

From personal observation, experience and discussions with residential care workers, I fully believe that a culture exists whereby staff are routinely signing medication records when they have not actually witnessed medication being administered. I believe this happens because (a) staff are unclear as to what it is they are actually signing for or (b) there is a culture in the home whereby staff countersign records on the basis of good faith and simply have to trust their colleagues when they say they have administered medication, as it is simply impractical to have two people witnessing administration.
This leads me to believing that the policy places staff at significant risk. Consider a scenario whereby two members of staff regularly work together. Staff member A always administers medication and asks staff member B to counter sign the record (even though B has not seen the child receive the medication). Imagine if a child required very expensive drugs that could reach a premium in an illegal market. This policy allows A to steal medication yet B would become unfairly implicit in any investigation. This could have serious consequences to B if a child was harmed due to A not administering the required dose of medication.

5. Peer and cultural pressure

Because there is an expectation that two staff must be present when medication is administered, staff are under the impression that it is potentially a disciplinary offence if this policy is not adhered to. Staff do not feel empowered to argue against the policy and this has led to a culture where there is peer pressure for staff to 'cover backs'. The phrase "Can you sign this to say that I have given X their medication" is one I have personally heard on a frequent basis in residential care over the years. Because of the pressure to adhere to policy, I believe that the sector has created a culture where staff feel they have no option but to fraudently sign medication records.

6. Professional status

There is a recognised need to improve the status of residential care workers. How can we have a sector that trusts an individual foster carer and acknowledges their competency to administer medication to a child, but one which disempowers those that work in children's homes? If foster carers are able to administer medication to children without another adult watching them, then we must afford residential care staff the same respect. I fail to see why there should be any difference in the professional status of these roles.

7. Dignity & Privacy

Having two adults watching a child take their medication questions whether or not the home is affording the child the utmost degree of respect. It arguably means that the process is not carried out in as private a way as possible.
Privacy practice needs to be questioned. If two staff are required to be present when medication is given to child A, this may require one member of staff to stop assisting child B. It may be necessary to provide child B with an explanation as to why the member of staff may need to leave them for a short period of time. Staff are then in the difficult position whereby they need to either lie to child B, provide them with a vague response (which may be very difficult for some children) or to inform them of their need to observe child A take their medication. The latter of these being an intrusion of child A's privacy.

8. Trust

The two-person medication policy is based on a medical model, not on a social care model. It does not recognise the very specific challenges of working in a children's home environment.

Above all, I have a significant concern about the message this policy gives young people. They enter a new strange place where we give them the message that the adults working in the home can be trusted. Trust is a significant issue for many children in care and the challenge of gaining the trust of a child who is new to a home can be significant. This is made even more difficult for staff when sector leaders are culturally programmed not to trust them. How can we expect children to trust staff when they observe a culture where staff are not able to trust each other? To be frank, if I was a child in a children's home I'd be thinking "You can't even give me a paracetemol without being watched. Your colleagues don't trust you; your manager doesn't trust you. Why should I trust you?"

For all the reasons above, I believe the two-signature policy is damaging. It may represent 'good practice' in a controlled hospital environment, but it is wholly inappropriate, and I believe dangerous, to implement such a policy in a children's home.

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