



Reviewing medication policies - assessing the level of staff awareness, the practicality of our arrangements and action planning

Important reference for all children's homes

The handling of medicines in social care

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643>

Developing a methodology for assessing the level of staff awareness, the practicality of our arrangements and action planning

1. Legislation

The Children's Homes Regulations and the Guide to the Regulations do not specify that the administration of medication should be counter-signed by two staff.

Ofsted issued internal guidance to inspectors on medication and health care tasks and below is an extract from the guidance.

There is no legislative requirement that sets out how medication administration and specific health care tasks are carried out in children's social care settings.

Overall – we have understood the legislation – the Quality Standards and Guide.

Actions required

Reasons

2. Ambiguity

Outcome: providers ensure medication policies make it clear as to what staff are signing for.

Where a two-person signature is in place, is your policy clear as to what the second member of staff is signing for?

Are they signing to confirm that:-

(a) a colleague has informed them that medication has been administered.

(b) they have witnessed the medication being given.

(c) they have seen the medication taken from the cabinet and the correct amount returned and this has been recorded.¹

(e) Other – if so, what?

Does your policy make it clear as to what should happen if a second member of staff is unable to witness administration? For example, if lone working or facilitating an activity.

Overall – staff are clear/ unclear as to what they are signing for.

Actions required

Reasons

(N.B. If your policy states that you must have two people signing and this does not occur, even on one occasion, Ofsted will record negatively as it will be a practice that breaches your policy).

3. Practicality

Outcome: providers ensure they review the practicality of the policy to determine whether or not staff are able to adhere to this in practice.

Are all staff who may be expected to administer medication, as part of their duties, trained in doing so?

Does the training (and indeed policy document{s}) offer a clear distinction between prescribed and 'over the counter' medication?

¹ Schedule 3(25)(b of the Children's Homes Regulations (2015))

Medication is often given during morning and evening routines, a time which is often very busy in a children's home.

If your policy is that both staff must witness the administration, does it occur:-

- routinely on all occasions, we never let other things get in the way.
- sometimes, other things can get in the way.
- rarely, other things always get in the way.
- never.

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 witnessed medication being administered, when they have not?

Overall - How practical and effective is your current practice?

Actions required

Reasons

4. Risk

Outcome: providers raise staff awareness of potential risks of a two-person signature, particularly where it may be practically difficult for two staff to witness administration.

Is there any occasion when staff have signed medication records when they have not actually witnessed medication being administered?

If this is the case, should 'falsifying the record be a matter that would lead to disciplinary investigation/process being implemented?

Would the staff consider any of the following could be found happening?

- (a) Not being clear as to what it is they are actually signing for.
- (b) Current practice makes it simply impractical to have two people witnessing administration.
- (c) Counter-signing occurs on the basis of good faith and have to trust their colleagues when they say they have administered medication.

Are staff aware of the potential legal implications, if records are falsified (even with good intent)? Are they aware that by signing to confirm something that is not true, this could result in a criminal conviction?

What methods do you use to assess your current level of risk?

What was the outcome?

Overall – What is the level of risk from your current practice?

Actions required

Reasons

5. Peer and cultural pressure

Outcome: providers enable staff to consider how the policy may place young people and staff at risk, if it directs them to carry out an impractical task.

A review of the culture in your home is recorded.

Staff are confident to report that they are able/unable to follow the policy,

Where medication policies are difficult to adhere to (due to being impractical), have staff ever felt a pressure to sign to say they have witnessed medication being administered when they have not done so?

Do staff know to whom they can raise concerns regarding errors in administration or recording?

Is it a disciplinary with regard to administration and recording? Has it ever been used? Why/not?

Has anyone ever signed for something they did not see happen?

Has anyone ever felt they had to cover themselves or a colleague?

Overall – What is the level of risk from your current practice?

Actions required

Reasons

6. Dignity & Privacy

Outcome: providers enable staff to consider the impact of the policy on the child's mental and emotional wellbeing.

The policy has been reviewed to ensure there is individualised administration, in line with the needs of individual children.

How may having two staff watching a child take medication impact on the child's ability to trust adults? This may be a particular consideration for children who have experienced trauma.

Consider how well a child is likely to trust staff when they witness everyday practice, where it appears to them that staff are unable to trust each other.

Consider the dignity and privacy afforded to each child having two adults watching them take their medication.

Does such a process contribute to a sense of 'institutionalisation'?

These are our conclusions...

Actions required

Reasons

7. Trust

Outcome: young people trust staff; staff trust each other; the policy is trusted to deliver safe practical administration.

Is there any informal message in our current practice?

The informal message of our practice is as follows ...

Actions required

Reasons

8. Practical arrangements

Outcome: practical arrangements are in place

The most practical arrangements for administration and recording in this home are as follows ...

Actions required

Reasons

Additional reference materials

Staff competency assessment for the management of medicines in domiciliary care.

<http://www.harrogateandruraldistrictccg.nhs.uk/data/uploads/medicines-management/staff-competency2.pdf>

A briefing and review tool created in partnership by ICHA and CICADA Services.

www.icha.org.uk

<http://www.cicadaservices.co.uk/>

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