Medicine Errors (Managing, Identifying, Reporting and Reviewing Medicines-related Problems) Policy

Policy Sponsor	Executive Director Children's Services - Delivery
Policy Owner	Director of Health, Quality and Inclusion
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1. Purpose

This policy is here to support colleagues in the safe administration of medication, which is a vitally important area for care providers. Barnardo's recognises that many of our children and young people (CYP) are prescribed some form of medication, and many have multiple medication needs. While some children and young people can, with support, manage their medication effectively themselves, others require their medication to be managed for them. We provide care for children and young people in a variety of settings. Please check and read the **Medicines Policy** 2. Medicine Policy V1 25 07 31.docx alongside this policy which is relevant to your area of work.

This policy describes Barnardo's approach to situations where mistakes might have occurred in the administration of any medicines to a child or young person for which the service has agreed and accepted responsibility.

The objective of the service **Medicines Policy** is always to ensure medicines are given safely in the prescribed manner, so this policy applies to the occasional failures to follow agreed procedures or where mistakes may have occurred accidentally. In addition to this, we always learn from mistakes to avoid future recurrence.

2. Scope

This policy primarily references NHSE guidance. However, has been cross referenced and used across all four nations.

The principal objectives of this policy are to:

1. Ensure the immediate and long-term safety of the CYP.
2. Support the member of staff who made the error in an individualised manner so that risk of such errors is minimised as far as possible.
3. Identify any factors that may have contributed to the error (e.g. team, colleague level of noise etc...)
4. Support managers when dealing with colleagues who have made an error.
5. Provide a framework for grading errors so that colleagues are dealt with fairly and consistently.
6. Ensure that the organisation can learn lessons from the error to minimise such occurrence in the future.
7. Barnardo's should have a no-blame culture embedded. The aim of incident reporting is not to assign blame, but to learn from incidents, with the purpose of reducing the risk of future errors.

3. Policy

Person Centred Principles
We work on the principle that every child and young person has the right to manage and administer their own medication if they wish to and provide support to enable safe self-administration wherever possible. The service believes that encouraging self-medication promotes the independence and autonomy of children and young people and will enhance their dignity and privacy. Please see section on consent for information about capacity to consent.

However, some children and young people may not wish to manage their own medication, and others may be unable to even if they wish. Therefore, to ensure their safety, and the safety of others, and to ensure that adequate support can be provided, all service users must be assessed on a regular basis and will be considered for self-administration only if considered safe to do so.

Records are kept of all medications prescribed to children and young people who self-administer.

Information on a person's current medication and likely medication needs are routinely sought on their referral and admission to the service, when a detailed list is routinely drawn up, checked and built into their care plan (see Medicine Reconciliation and Review procedure).

In line with guidance from the Royal Pharmaceutical Society, Scotland (HIS), Healthcare Inspectorate Wales (HIW), The Care Quality Commission (CQC), The Regulation and Quality Improvement Authority (RQIA), The Care Inspectorate (CI), and Care Inspectorate Wales (CIW). Monitored dosage systems and other compliance aids should not be used unless this is something that is brought in from home, e.g. for short breaks. Each child or young person's medication needs are regularly reviewed in consultation with the individual, GP and other professionals who need to be involved in ensuring that their medication requirements are being correctly and safely met. (Please read Barnardo's Medicines Policy, which will take you through this in more depth).

Barnardo's supports the NHS STOMP NHS England » STOMP – Stopping the over medication of people with a learning disability, autism or both initiative in respect of the over prescription of psychotropic and other drugs to control behaviors that are often inappropriately prescribed, particularly for people with learning disabilities and autism. From its observations, it will always question the prescribers about any situation where they consider there has been over-prescribing that is affecting the health and well-being of the individual concerned.

4. Definitions and Key Concepts.

Abbreviations

Abbreviation	Full Description
CYP	Children and Young people
CQC	Care Quality Commision
GP	General Practitioner
NHS	National Health Service
PRN	Pro re nata 'as needed'
MAR	Medicines administration record
RCP	Royal Collage of Pharmacists

5. Roles and Responsibilities

This policy applies to permanent and fixed term contract employees (including apprentices & students) who hold a contract of employment or engagement with Barnardo's. It also applies to external contractors, and other workers who are assigned to the organisation. The policy applies to Barnardo's professionals administering medication to CYP residing in care homes, who may be considering the use of covert medication administration as part of a treatment plan and covers ordering, prescribing, supply, administration, storage and disposal of medicines and is an important aspect in the treatment of all CYP receiving care provided by the organisation. Barnardo's aims to take all reasonable steps to ensure the safety and independence of its service users to make their own decisions about their care and treatment.

This policy applies across the whole charity and all subsidiaries. There is a requirement for third parties contracted by Barnardo's to adopt the policy. This will be achieved via individual contract agreement.

Roles	Responsibilities
Policy Sponsor	Ultimately accountable for ensuring the risk is managed appropriately and responsibilities include keeping this policy fit for purpose, ensuring training is delivered, risk reporting is undertaken, and the risk register is kept current.
All Managers	Directly responsible for implementing the Policy within their operational areas and for adherence by colleagues they line manage. All Managers must ensure: • All colleagues are aware of and have access to policy documents.

	• All colleagues access training and development as appropriate to individual employee needs. • All colleagues participate in the appraisal process, including the review of competencies.
All trustees, colleagues and volunteers	Must comply with this Policy and engage in any relevant training at appropriate intervals Some CYP may require their medicine to be disguised (administered covertly). This may be because, they actively refuse, or the medicine may be hidden in food, drink or given via a feeding tube. All colleagues must reflect on the treatment aims of disguising medicine and be confident that they are acting in the best interests of the CYP. The treatment must be considered necessary to save a life, prevent deterioration in health, or ensure an improvement in the young person's physical or mental health status. In addition, Barnardo's **will ensure that:** • All employees have access to up-to-date evidence-based policy documents. • Appropriate training and updates are provided. • Access to appropriate equipment that complies with safety and maintenance requirements is provided. • Practice within their level of competency and within the scope of their professional bodies where appropriate. • Read and adhere to Barnardo's policy • Identify any areas for skill update or training required. • Participate in the appraisal process. • Ensure that all care and consent comply with the Mental Capacity Act (2005) – see section on MCA Compliance below.
Unregistered Practitioners	Unregistered practitioners can administer medication as a task delegated by a registered practitioner trained and competent in the administration of medication. The unregistered practitioner must have undertaken Barnardo's approved training and been assessed as competent in the specific task. The registered practitioner who delegated the

	task holds the accountability for safe administration of the medication.

6. Procedure

Medicine Errors Management and Incident and near miss reporting.

IMMEDIATE ACTION.

- Check the child is not suffering an adverse reaction.
- Contact the child's GP, a local pharmacist or national NHS online service for advice.
- If the child is suffering an adverse reaction (e.g. collapse/difficulty in breathing), summon an ambulance via 999 and provide first aid care.
- In both instances the Registered Manager must be informed and, where appropriate, the child's parents.

The person who made the error is required to report the incident to the registered or responsible manager or the manager on call. **At the time the error occurred.**

1. The medication error must be documented in the child's records and on the Medication Administration Record (MAR).
2. The person who made the error will record the incident using the SORT (Safety Online Reporting Tool), which will align with Barnardo's Patient Safety Incident Response Framework (PSIRF). Safeguarding/Safety Online Reporting Tool | Inside Barnardos
3. If the service is an NHS service, the incident will also need to be reported on LFPSE (Learning from Patient Safety Events). Service managers will already have access to LFPSE.
4. Our commitment to the Patient Safety Incident Response Framework | Barnardo's
5. NHS England » Patient Safety Incident Response Framework

6. For moderate and severe harm, for CYP safety incidents, Regulation 20 Duty of Candour must be considered and guidance for colleagues can be found in the organisations policy Safeguarding | Inside Barnardos and the overarching Principle of 'Being open' should apply to all incidents.

7. For moderate and severe harm, the incident will be considered for a PSIRF specific safety response. For advice on this, managers can contact the Head of Corporate Safety or Strategic Lead for Quality & Clinical Governance,

8. Everyone has a different genetic makeup and therefore it is very difficult to predict whether an individual will experience a side effect. All Barnardo's employees and volunteers can help others by reporting side effects, which you or the CYP you look after experience, to the MHRA Yellow Card scheme. Reports help us gain a better understanding of medicine interactions and safeguard patients through vigilant monitoring About the Yellow Card scheme | Making medicines and medical devices safer

Medication Error - What Constitutes a Medication Error (not an exhaustive list)
Prescribing Errors

- Incorrect or incomplete patient or medicine details on the prescription including incomplete "prn" details
- Inappropriate medicine / dose / route / rate
- Inappropriate indication
- Prescribing without taking into account the CYP's clinical condition, including past medical history, past drug history
- Incorrect length of course for the patient
- Medication prescribed to the wrong patient
- Transcription errors
- Inappropriate monitoring/follow up
- Medicine prescribed that the patient is allergic to
- Prescription not signed

Dispensing Errors

- Patient dispensed the wrong medication / dose / formulation /strength / quantity / Medication dispensed to the wrong person.
- Patient dispensed an out-of-date medicine
- Medication is labelled incorrectly or not at all

Preparation and Administration Errors

- Administration without a valid authorisation
- Patient administered the wrong medication / dose / route
- Patient administered an out-of-date medicine
- Medication administered to the wrong patient

- Medication omitted without a clinical rationale
- Medication incorrectly prepared
- Incorrect infusion rate
- Inappropriate use of “prn” medicines
- Medication administered late / early*
  (RCP) recognises this is a complex issue and the full context of late/early administration should be considered, however where it would have a significantly detrimental effect on patient care, this would constitute an error)

Monitoring Errors

- Inappropriate monitoring/follow up
- Failure to monitor therapeutic levels
- Failure to monitor patients / carers self-medication

All mistakes, including near-misses (e.g. even when a mistake has been discovered early enough to prevent any harm), should be recorded and the records made available to inspectors and local commissioners as required.

Medication-related incidents that have resulted in harm to a child or young person will be notified by the service manager to the relevant care inspectorate/regulator for the nation, under its notification procedures and should be reported to the local children’s services authority for investigation and further action.

Initial investigations will usually be carried out or arranged by the service manager, who will draw on expert advice and guidance as required by the errors being investigated, e.g. senior nursing and other clinical colleagues, pharmacist and GP. In some more serious instances or situations where there might be weaknesses in systems, the service manager might seek to appoint an independent person who has the necessary qualifications and experience, e.g. a pharmacist or medical consultant, to carry out the investigation required.

Where safeguarding matters are being investigated, the service will follow the policies and procedures set out by the local safeguarding children partnership. It will also take into account any requirements of the relevant care inspectorate/regulator in response to any notification it has made.

To summarise:

1. **All adverse effects** of any medication given to or taken by a child or young person are reported or referred to the prescribing practitioner without delay; or are discussed fully with an appropriate healthcare professional such as pharmacist or GP or national out of hours service.

2. **All medication errors** identified by colleagues are reported to the person in charge or to a responsible medical practitioner without delay.

3. It is important that **any medication errors** are reported immediately if the health and wellbeing of our children and young people is to be protected. The rapid reporting of such errors means that prompt medical action can be taken where necessary.

4. **All medication errors are fully and carefully investigated** taking full account of the context, the circumstances and the position and experience of the colleagues involved.

Individual Mistakes

Human error is inevitable. A member of staff who has been practicing successfully does not suddenly become incompetent or unsafe after a single medication error. However, for an error to occur an important step in the process would have to be omitted and there is a potential for this to recur if the cause is not identified.

It is therefore vital that the line manager and member of staff who made the error identify exactly what went wrong, how and take steps to rectify this.

The line manager must ensure that any remedial action (such as supervised practice) is carried out as soon as possible. Prolonged delay in resuming activity could adversely affect the colleague's confidence and practice in their area.

Where the mistake or potential mistake involves an individual, the service's investigation is based on checking against the six R's (e.g see below), of medicines administration for that person. The procedure is followed for a routine review of an individual's medication needs.

- **Right child or young person**: has or would the person be given or be taking (in cases of self-administration) the actual medicine prescribed for that person? The answer could entail checking the prescription(s), ordering and dispensing procedures involved, the list of medicines being taken by the person as stated in their care plan (reconciliation list) and the MAR chart.
- **Right medicine**: has the right medicine been prescribed? This could involve checking the care plan/reconciliation list with the prescribing practitioner and pharmacist to make sure that all medicines are fit for purpose and are compatible with one another. Any medicines taken as required or over-the-counter medicines used by the person will also be checked for possible adverse effects.
- **Right route**: are the medicines in a form that enables the person to obtain maximum benefit from them, e.g. if taken orally? Do they have difficulty swallowing tablets? This will involve checking their abilities and preferences against the prescribing practices to assess whether the prescribed route is compatible with their ability to follow the procedure.

- **Right dose**: has the person been given or taken the correct dosages? This again will involve checking MAR charts against prescriptions, etc.
- **Right time:** has the medicine been given or taken at the times prescribed? This again will involve checking MAR charts against prescriptions, etc.
- **Right to refuse:** has the person refused to take the medication as prescribed? A yes answer will mean further assessment of the individual's reasons and their capacity to take their own decisions.

Self-administration
Where the mistake has been made by or in connection with a child or young person who is responsible for taking their own medication, the same process as described above will apply. The service will also review the individual's capacity to self-administer, the risks involved and whether these have changed.

Checking the Medicines Administration System
Whenever a mistake is identified for one or more children or young person, the service will also make wider system checks to ensure that others are receiving and taking their medicines safely.

It will therefore make checks on:

- The accuracy of child or young person's medicines requirements (medicines reconciliation lists)
- The accuracy of Medication Administration Record, (MAR) charts in terms of colleagues recording practices
- The prescribing practices used to obtain medicines, including for repeat prescriptions, etc..
- The practices associated with the dispensing and supplying of the medicines
- The service's systems for receiving, storing and administering the medicines
- The competence and training of the colleagues responsible for administering medicines
- Communications between colleagues (verbal and written) to identify any mistakes or misunderstandings in their modes of communication
- The capabilities of children and young people who are responsible for their own medication and the procedures by which agreements for self-administration are made
- The service's methods for routinely monitoring and reviewing its medicines administration.

How Medication Errors are Managed.
Medication errors can pose a threat to the child and young person as well as the charity. The member of staff who made the error can also be affected.

Broadly speaking, medication errors encompass:

- Prescribing errors,
- Preparation errors,
- Dispensing errors,
- Administration errors
- Monitoring errors.

The procedures in this policy describe how to manage medication errors including immediate actions to consider as well as long-term actions.

Mistakes include incidents where:

- Medication is given to the wrong person,
- The wrong medicine is given,
- The Wrong dose is given,

The investigation that follows will always work systematically through the whole process of medication administration to find the source of the error and to identify the actions needed to make changes to the system and to prevent any future occurrence.

Barnardo's adopts an open **"no blame"** policy where colleagues will not be blamed for an error unless they have been found clearly negligent in their duties. If such a policy is not followed, Barnardo's believes that there is a risk of concealment which could lead to potentially dangerous consequences.

Directors may make the decision to refer registered nurses that are involved in serious errors to the Nursing & Midwifery Council (NMC), whose Professional Conduct Committee will investigate. The NMC supports the use of local multidisciplinary critical incident panels to investigate incidents and ensure that lessons are learnt from them.

In particular, the NMC will distinguish between errors that are the result of reckless or incompetent practice or where an attempt has been made to conceal the error, and errors which result from system failures and where the error has been immediately reported.

The results of any investigation into medicines errors will always be used to inform changes and improvements in the service's medication administration guidance.
Incidents resulting in a child or young person being harmed by a medication error should be reported to the relevant care inspectorate/regulator. Such incidents should also be referred to the local children's services authority for further investigation and possible action under its referral procedures.

Longer-term Actions & Leaning

To ensure that individuals, teams, directorates and charity can learn from errors , Barnardo's are committed to reporting all incidents - mild, moderate and severe harm. For all service user's safety incidents, Regulation 20 Duty of Candour must be considered and guidance for colleagues can be found in the organisation's policy Safeguarding | Inside Barnardo's and the overarching principle of 'Being open' should apply to all incidents. The organisation is committed to communicating with children, young people and their families any significant mistakes it might have made and to engage with them in the process of inquiry and remedial action. Families should be directed to use the complaints procedure Complaints Management Framework | Inside Barnardos Inside Barnardo's if they consider that the service has not acted sufficiently rigorously on the matters that have been raised, or they have not been kept adequately informed of or engaged in the issues as they are being addressed.

For moderate and severe harm, for CYP safety incidents, Regulation 20 Duty of Candour must be considered and guidance for colleagues can be found in the organisations policy Safeguarding | Inside Barnardos and the overarching Principle of 'Being open' should apply to all incidents.

Medicines-related Safeguarding

- For Barnardo's, the safety and safeguarding of CYP is considered paramount. This includes safety from any misuse of medicines by colleagues or errors in medicine administration. We will take all possible action to safeguard children and young people from such risks, including by explicitly linking its medicines management safeguards with its wider safeguarding processes.
- Colleagues in our services are required to report and record all medicines related incidents, including errors, "near misses" and incidents that might represent a safeguarding risk. Where necessary these should be reported to the regulator and to local safeguarding authorities.
- Immediately after the discovery of any medicines-related safeguarding incident, the service will contact an appropriate health professional to check that suitable action has been taken to protect the health and wellbeing of any child or young person involved — this will usually be the GP, or the case of an overdose, A&E.
- The home environment may be included the investigation of medicine's incidents in the wider safeguarding and governance processes, establishing root causes of incidents and monitoring reports for trends. Lessons learnt will be included in a review of Barnardo's medicines policies and processes, including training for colleagues.

- Children, young people and/or their family members or carers will be provided with full information about any medicines-related safeguarding incident, and about the progress of any investigation.
- Children, young people and/or their family members or carers will be provided with full information on how to report a medicines-related safety incident or any concerns about medication.

NICE guidance recommends that care providers implement any local action plans for improving the safety of service users by always finding out the root causes of any medication errors and correcting them. Whilst every care is taken by individuals and the charity when managing medication, errors involving medicines are inevitable. This policy describes how medication errors are managed. The policy describes immediate action to ensure children and young people's safety, grading of errors (where appropriate) and longer-term actions to ensure that individuals, team, directorate and charity can learn from errors.

7. Compliance and Oversight

In addition to the compliance and oversight arrangements set out under Roles and Responsibilities, the following applies:

- The Risk Owner will ensure that management information demonstrating adherence to and compliance with this Policy is produced and provided to relevant parties as required and on request complete a business self-assessment.
- The Audit and Assurance Team will periodically and independently review adherence to and compliance with this Policy and associated procedures and processes across the charity in line with their approved audit and inspection plans.

Process for monitoring compliance

Monitoring Requirements and Methodology	Frequency	Further Actions
Regular audits of individual aspects of the policy will be carried out along with specific audits linked to individual services. 1. Completion of training. 2. Completion of process template. 3. Safe and secure handling of medicines audit. 4. Covert administration of medicines audit. 5. Inpatient antimicrobial prescribing audit (local level).	Annually (all below)	Audit and evaluation team & Learning and Developemnt team to be utilised to review training / competences. The security and standards around administering of medicines within the organisation.

Training

Training covering basic information about management of medicines, and about common medicines and how to recognise and deal with medication problems or errors (See Medications Policy) :2. Medicine Policy V1 25 07 31.docx

All colleagues working with medicines must be assessed as competent to do so by their line manager and competencies must be reviewed **at least annually** as part of the appraisal process.

The Medicines Administration Competency must be completed by all colleagues who administer medication. All nursing registered colleagues are expected to keep themselves up to date as required by their revalidation process and as specified in their professional code of conduct (*The Code: Professional standards of practice and be* The Code. *haviour for nurses, midwives and nursing associates*, October 2018).

Please refer to section 18 of the Medicine policy which identifies mandatory training associated with this policy.

Where applicable (Residential/short breaks):

1. All new colleagues will receive training as part of their induction covering basic information about common medicines and how to recognise and deal with medication problems. Those who will be involved in medicines administration in the home will have additional training to the level required by their roles and responsibilities.
2. All training will reflect up-to-date evidence-based guidelines.
3. Only colleagues who have been assessed as sufficiently skilled and competent will be designated to administer medicines.
4. Colleagues who have been assessed but who do not have the skills to administer medicines, despite completing the required training, will not be allowed to administer medicines to children and young people.
5. Colleagues will be expected to attend refresher training and additional training every three years, or as deemed necessary by their line manager, as part of the appraisal process.
6. Access to additional training will be supported for those fulfilling any enhanced role.
7. Up to date records will be kept of all medicines administration training.
8. A register will be kept of designated colleagues.
9. Nursing colleagues are expected to keep themselves up to date as required by their revalidation process and as specified in their professional code of conduct (*The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates*, October 2018).

10. Colleagues should never undertake any duties or roles regarding medication that they have not been trained to do, or for which they do not feel competent.

8. Associated Legislation, Guidance, References and Documents

Barnardo's will always act in compliance with relevant legislation and best practice guidance relating to the management and administration of medication in residential care. Legislation differs between nations so please see the legislation (below) relevant to where you work: Health and Care Act 2022

This policy should be read and used as part of a suite of related policies and procedures that address specific matters involved in the management of medication, all of which reflect current best practice guidance. They include:

- Record Keeping Recording Policy Inside Barnardo's
- Information Governance Under the General Data Protection Regulation Information governance and data protection | Inside Barnardos
- Caldicott Principles Data protection: jargon buster | Inside Barnardos
- Medicines Policy (administration, storage, disposal, reporting) 2. Medicine Policy V1 25 07 31.docx Guideline – Personal Care & Therapeutic Massage Personalised Care & Therapeutic Massage Guideline 25 07 31.docx Invasive Clinical Procedures Medication safety management 2025 **(United Kingdom).** NHS England » Medication safety management
- The Regulated Services (Service Providers and Responsible Individuals) **(Wales)** Regulations 2017 2). The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017
- The Children's Homes Regulations **(Northern Ireland)** 2005 3) Minimum Standards for Children's Homes (NI) 4) Health and Social Care Standards my support my life. The Children's Homes Regulations (Northern Ireland) 2005
- The Health and Social Care Standards **(Scotland)**: my support, my life (2017). Health and Social Care Standards: my support, my life - gov.scot

The policy is to be reviewed every three years and benchmarked against:

- CQC Medicines management - Care Quality Commission (S4) and:
- NICE Overview | Medicines optimisation | Quality standards | NICE
- (QS120) guidelines to ensure its continual alignment to best quality and safe practice. Overview | Medicines optimisation | Quality standards | NICE

The Royal Pharmaceutical Society (which covers all four nations), details four core governance principles that underpin a framework for the safe and secure handling of medicines and can be used to develop Barnardo's working practices, policies and procedures. Reference to the principles can be found here: Professional guidance on the safe and secure handling of medicines. The focus is on the handling, storage, administration and disposal of all medicine.

Children's Homes Regulations. England / Wales / Northern Ireland / Scotland. The Children's Homes (England) Regulations 2015 A key terminology here is "registered person". This policy refers in the main to staff that hold a professional nursing or medical registration.

The Children's Homes Regulations (Northern Ireland) 2005 - Children in residential care | Department of Health

The Health and Social Care Standards (Scotland): my support, my life (2017). (As above).

The Regulated Services (Service Providers and Responsible Individuals' (Wales) Regulations 2017. 170502regulations1en.pdf

The Residential Family Centres Regulations 2002 - Residential family centres: national minimum standards - GOV.UK

Residential Family Centres National Minium Standards 2013 - Residential family centres: national minimum standards - GOV.UK

- Record Keeping Recording policy | Inside Barnardos
- Information Governance Under the General Data Protection Regulation Information governance and data protection | Inside Barnardos
- Caldicott Principles Data protection: jargon buster | Inside Barnardos
- Medicines Errors Policy – as above
- Guideline – Personal Care & Therapeutic Massage (Invasive Clinical Procedures – as above.

Recommended Reading / References / Related Barnardo's Documents

- Recommendations | Managing medicines in care homes | Guidance | NICE (this is key and applies to children's care home settings too)
- Covert administration of medicines - Care Quality Commission (adult version)
- Medicines and Healthcare products Regulatory Agency - GOV.UK
- Promoting the health and wellbeing of looked-after children - Publications - GOV.UK

- Supporting pupils at school with medical conditions - Publications - GOV.UK
- Children and young people's continuing care national framework England January 2016
- Delegation of authority to carers: developing your local policy - Publications - GOV.UK
- Gov.uk Delegation of authority to carers YP version.pdf
- Handling of medicines in Social care Guidance 2016-11-17
- Pharmaceutical services to social care settings
- Managing medicines in care homes | Guidance and guidelines | NICE
- NMC Publications revised/new Nursing and Midwifery Council The Code
- NMC Standards for Medicines Management
- Consent | Nursing and Midwifery Council
- Transition from children's to adult services (24 February 2016) Nice guidance
- NHS England » Medication safety management
- **https://www.rpharms.com/**
- Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes
- Examples of culturally appropriate care - Care Quality Commission

9. Version History

Document History	Date	Author	Comments	Approval
V1	10/7/25	Sam Murray		Rukshana Kapasi Direct of Health, Quality & Inclusion

10. Appendices

I. Risk assessment templates: (Corporate Safety Hub - Service Users - All Documents). For young people sixteen and under. The administration of medication will depend on their level of understanding e.g. Contraception and Fraser Guidelines. Their level of development must be considered and a risk assessment completed of their ability to safely administer their own medication.

II. Additional process / procedures template written and approved by service Director, to
support service specific settings, to ensure the safe use and security of medicines. (Barnardos Medicines Policy Process Template 2025.docx).

III. Recording all medication usage in a (MAR) (Effective record keeping and ordering of medicines | Quick guides to social care topics | Social care | NICE Communities | About | NICE)

IV. ELFH – All Barnardo's colleagues can register for eLearning training on NHS eLearning for health:
Self-registration - social care colleagues

- Please register from this link http://portal.e-lfh.org.uk/Register
- Enter your email address –Use Barnardo's email and click r register
- Click 'I work in social care'
- Enter your postcode IG6 1QG in the location box to find the address (BARNARDOS, NHS ENGLAND LONDON, TANNERS LANE, BARKINGSIDE, ILFORD, GREATER LONDON, IG6 1QG) in the drop-down menu
- Enter the location code **ND-DY0**
- You will then be able to continue through the registration wizard

If anyone needs assistance with the registration process, they should contact support@e-lfh.org.uk

V. Fraser Guidelines & Gillick competency explained: GP mythbuster 8: Gillick competency and Fraser guidelines - Care Quality Commission