

Medication Policy (Administration, Storage, Disposal, Reporting)

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

This policy sets out the standards and principles which Barnardo's expects its directly and indirectly employed colleagues and volunteers to adhere to in relation to the **care and control, supply, storage, and administration** of medicines, along with clear **procedures for reporting medication related incidents**.

The aim of this policy is to ensure that Barnardo's colleagues offer a high level of health care to children and young people (CYP), which minimises risk and harm. It aims to raise knowledge of safe boundaries in their work with CYP and in the administration of medicines and to offer guidance to colleagues on what is best practice for the handling, storage and administration of medicines.

2. Scope

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

This policy seeks to define practice and enable competent colleagues to practice within a legal framework.

All Barnardo's colleagues working with CYP and who are involved in the handling and administration of medicines have a duty of care that requires all medication to be handled in a way that is as safe as possible. This means any policies and procedures regarding medication must be detailed and precise with all carers aware of such procedures.

For young people aged sixteen and under the administration of medication will depend on their level of understanding e.g. Contraception and Fraser Guidelines (See Appendices). Their level of development must be considered and a risk assessment completed (See Appendices) to determine their ability to safely administer their own medication.

Young people aged sixteen and over should be encouraged and supported to take responsibility for their medication and the administration of it, whilst recognising that, at times, a young person may be at risk if they have medication in their possession.

3. Policy

Management of medicine.

The principles which govern the management of medicines must be applied to all the activities in which medicines are involved. The key principles are:

- Compliance with current legislation
- Adherence to guidance issued by the Department of Health and other national guidance
- Management of the risks to CYP and colleagues arising from the use of medicines.

This is the only medicines policy in Barnardo's. This policy should be read in conjunction with any process guidance, written and approved by the Services Director.

A link to additional procedures written to support this policy in relation to the care and control, supply, storage, and administration of medicines along with clear procedures for reporting medication related incidents and the administration of covert medication, can be found in section 6 of this policy.

This policy does not include invasive treatment. Information regarding this can be found in the [Invasive Clinical Procedures Policy V2 25 07 31.docx](#)

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 Errors Policy [Medication Errors V4 25 07 31.docx](#)
- Medication Guidance for Foster Carers/Post 18 Carers [View as Web Page: Fostering: Medication Guidance for Foster Carers/ Post 18 Carers](#). Found in Barnardos Family Placement Policies: [Family Placement Policies, Procedures, Templates June 2021](#)
- Guideline – Personal Care & Therapeutic Massage [Personalised Care & Therapeutic Massage Guideline 25 07 31.docx](#)
- Invasive Clinical Procedures Policy [Invasive Clinical Procedures Policy V2 25 07 31.docx](#)

Children looked after by a member of Barnardo's (either indirectly or directly employed staff, volunteers' foster carers, should experience the same level of care as children who live with their own families. However, there needs to be clear guidelines and regulations to protect both colleagues and children within residential care. The policy gives colleagues and children precise detail on what is acceptable and safe for everyone, whilst ensuring there are clear lines of accountability.

4. Definitions and Key Concepts

The following is a list (although not exhaustive) of legislation/guidance that has a direct impact on the handling of medication within a care setting/home (including foster homes) for children:

- Risk & Safety Plans / Care Assessments are in principle the same document. All are used to determine risk.
- Care Standards Act 2000 - [Care Standards Act 2000](#)
- The Medicines Act 1968 (revised 2006) - This provides the legal framework for manufacturing, licensing, prescribing, supply and administration of medicines which includes - [Medicines Act 1968](#)

- Prescription Only Medicines. (POM) - Prescription Only Medicines can only be supplied or administered to an individual on instruction of an appropriate practitioner namely a doctor or Nurse e.g. Antibiotics
- Pharmacy Only Medicines. (Over the Counter) - Over the Counter medicines can only be obtained from a registered pharmacy under the supervision of a pharmacist e.g. Emergency Contraception
- General Sale List. ('Household Medication') - General sale list medicines can be obtained from retail outlets e.g. Paracetamol - [Medicines: reclassify your product - GOV.UK](#)
- The Misuse of Drugs Act 2024 - This covers controlled drugs and must be prescribed by a doctor and written in ink e.g. Methadone, Diamorphine ² The Misuse of Drugs (Safe Custody) Regulations 1973 SI 1973 No 798 as amended by Misuse of Drugs Regulations 2001. [001/2024: The Misuse of Drugs Act 1971 \(Amendment\) Order 2024 and The Misuse of Drugs and Misuse of Drugs \(Designation\) \(England and Wales and Scotland\) \(Amendment and Revocation\) Regulations 2024 - GOV.UK](#)
- The Data Protection Act 1998 ² The Health and Social Care Act 2001 - [Data protection: The UK's data protection legislation - GOV.UK](#)
- The Administration and Control of Medicines in Care Homes and Children's Services NICE - 2014 – [Managing medicines in care homes](#)
- The Regulated Services (Service Providers and Responsible Individuals' (Wales) Regulations 2017. [170502regulations1en.pdf](#)
- The Children's Homes (England) Regulations 2015 - [QS Stat Guidance \(Consultation version - Formatted for Pub\)](#)
- The Children's Homes Regulations (Northern Ireland) 2005 - [Children in residential care | Department of Health](#)
- The Residential Family Centres Regulations 2002 - [Residential family centres: national minimum standards - GOV.UK](#)
- Residential Family Centres National Minimum Standards 2013 - [Residential family centres: national minimum standards - GOV.UK](#)
- Regulation of Care (Scotland) Act 2000 - [National Care Standards- A Guide - gov.scot](#)

Abbreviations	Full Description
PRN	'Pro re nata' (Latin) / 'As needed'.
SOP	Standard Operating Procedure.
CYP	Children & Young People.
POM	Prescription Only Medicines.
GP	General Practitioner
NHS	National Health Service
A&E	Accident & Emergency
MAR	Medical Administration Record
OTC	Over the Counter

5. Roles and Responsibilities

This policy applies to permanent and fixed term contract employees (including apprentices, students & foster carers) 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 charity. The policy applies to

Barnardo's professionals administering medication to CYP residing in care homes, who may be considering 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 charity.

General Roles, Responsibilities and Accountability.

Barnardo's aims to take all reasonable steps to ensure the safety and independence of its CYP and 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 contractual agreements.

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	<p>Directly responsible for implementing the Policy within their operational areas and for adherence by colleagues they line manage.</p> <p>Each service manager has overall responsibility to nominate a person responsible for storage and administration of medicine within the service</p> <p>Each service manager is required to complete a process template (if required by a specific service). This is to be signed off by an assistant director.</p>
All trustees, colleagues and volunteers	<p>Must comply with this Policy and engage in any relevant training at appropriate intervals.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> • Staff will practice within their level of competency and within the scope of their professional bodies where appropriate. • Read and adhere to Barnardo's policy • Any areas for skills update or training required are identified. • There is participation in the appraisal process. • All care and consent comply with the Mental Capacity Act (2005) – see section on MCA Compliance below.
Directors and Managers of Service	<p>Ensure that:</p> <ul style="list-style-type: none"> • All colleagues are aware of and have access to policy documents. • All colleagues access training and development as appropriate to individual employee needs depicted in the Barnardo's Learning & development site: Our approach to learning and development Inside Barnardos • All colleagues participate in the appraisal process, including the review of competencies.
Unregistered Practitioners	<p>Unregistered practitioners can administer medication as a task delegated from a registered practitioner trained and competent in the administration of medication. The unregistered practitioner must have undertaken Barnardo's approved training (as included in section 7) 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.</p>

6. Procedures and other relevant documents

Detailed procedures setting out standards and principles which Barnardo's expects its employed colleagues and volunteers to adhere to in relation to the **care and control, supply, storage, and administration** of medicines along with clear procedures for reporting medication related incidents can be found here:

- Medicine procedures - [2. Medicine Policy Procedure V4 25 07 31.docx](#)

Additional processes / guidance written to meet **specific service requirements**, should only be completed using the following embedded template, which should be downloaded and stored with the policy for ease of access by the service:

- [Barnardo's Medicines Policy Process Template 25 07 31.docx](#)

For the Medication Error Policy - Overdosage or Medication given to Wrong Child – Please refer to:

- Barnardo's Medication Errors & Reporting Policy [Medication Errors V4 25 07 31.docx](#)

IMMEDIATE ACTION.

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,

Informed consent.

Can only be obtained if the person has been given a full explanation of the nature, purpose and likely effects of the medication, and there is no pressure or coercion, and that the person has capacity.

Consent to treatment must always be sought in the first instance. On occasion the child/young person may consent to treatment but prefer to take medication that is presented in food or drinks. In this case all communication with the child/young person and involved others should be clearly documented in the notes and a specific care plan written. It is not necessary to confirm this method of administration each time the medication is administered as this may cause unnecessary distress to the child/young person. However, the Care Plan must be evaluated in conjunction with the child/young person at pre-planned and regular intervals.

Where the child/young person does not meet one or all the requirements for having capacity to consent to the proposed treatment then the following must be taken into consideration:

Prior to giving medication covertly:

- Lack of capacity must be discussed with the child/young person as far as possible, with the parent/carer, the GP and / or the Consultant Psychiatrist and any other relevant involved professionals and a team decision formed and recorded;
- All decisions to covertly administer medication **must be made by the prescriber** and in the best interests of the child/young person; and not the interests of the team, relatives or service;
- The decision must consider the previous known views of the child/young person and the information available on these views from parents/carers and involved others;
- The aims and implications of the covert administration of medication must be fully explained in the care plan alongside the information set out above and review dates;
- The Care Plan must be reviewed at regular, pre-planned intervals by the team and take into consideration that the child/young person may be judged to have periods where they have capacity to consent. There should always be a risk assessment in place duly signed by all parties;
- Covert administration must not continue if the child/young person is seen to be able to enter the decision-making process at any time, and this is against their wishes.

Where a child/young person may or may not have capacity to consent but is unable to communicate their views, there should be no need to administer medication in a covert manner. The child/young person should be told that they are receiving medication and if they spit it out or otherwise demonstrate refusal this should be respected and the above steps followed, if deemed appropriate. A relevant Care Plan demonstrating that the best interests of the child/young person have been taken into consideration must be in place and reviewed regularly.

Administering medication covertly must not automatically take place if a CYP refuses their medication. Barnardo's Staff must always ensure that the above previous processes have been followed. Otherwise, you would be acting illegally and if you hold a professional registration, you would be breaching your code of professional conduct.

7. Compliance and Oversight

Training.

Once this policy has been read, all staff that administer medicine must complete the following online eLearning for health (ELFH) NHS training (see appendices for how to access this training, which is currently outside of the Barnardo's learning site). The eLearning for health site will provide you with a certificate which you must share with your line manager. This training will form part of Barnardo's 'Focus' learning opportunities, tailored to your role or the area of work to support your development.

1. <https://portal.e-lfh.org.uk/Component/Details/440724> - Title: **Drug administration** - **Keywords:** drug administration, medicines, methods, subcutaneous injection, intramuscular injection, intravenous injection, intravenous infusion pumps, inhalers, nebuliser, eye, ear, skin, drugs, patient, medicines, administration. The course is broken down into sections and colleagues can be advised to only do what is appropriate following a discussion with their line manager.
2. [Catalogue](#) – Title: **Safe-Management of Medicines for Social Care Colleagues** – **Key words:** the safe management of medicines for social care colleagues e-learning modules are aimed at

the non-registered medicines workforce, focusing on the knowledge and skills necessary to handle and administer medicines safely in domiciliary and residential settings. It also explains some of the differences between handling medicines in residential care homes compared with nursing care homes. The materials are based on the requirements of the CQC and NICE. At the end the course learners will be able to: Describe their roles and responsibilities in relation to managing medicines (including training, legislation, policies, record keeping and medicines safety). Describe the process for safely administering medicines via the common range of administration routes. Describe the process for ordering, storing and disposing of medicines in different social care settings. Describe safe processes for the general use of medicines in social care settings (including when required medicines, homely remedies and covert administration).

3. Additional resources linked to the programme can be found here: [An Interactive Guide to What good looks like for assisted medicines taking](#) could also be added to the medicines policy.
4. First Aid Training – Please follow this link to log on: [Log in to the site | Barnardo's](#)

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 relevant legislation (below) 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:

- 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.

Fostering & Adoption Legislation

- England - [Fostering Services \(England\) Regulations 2011](#) and [Fostering Services: National Minimum Standards \(2011\)](#)
- Scotland - [Looked After Children \(Scotland\) Regulations 2009](#) and [Guidance on Looked After Children \(Scotland\) Regulations 2009 and the Adoption and Children \(Scotland\) Act 2007](#)
- Wales - [Social Services and Well-being \(Wales\) Act 2014](#) and [The Regulated Fostering Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2019](#)
- NI - [The Children \(Northern Ireland\) Order 1995](#) and [The Arrangements for Placement of Children \(General\) Regulations \(Northern Ireland\) 1996](#) and [The Foster Placement \(Children\) \(Amendment\) Regulations \(Northern Ireland\) 2012](#) and [Guidance & Regulations Volume 3 - Family Placements and Private Fostering](#)

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 Minimum Standards 2013 - [Residential family centres: national minimum standards - GOV.UK](#)

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](#)

Process for monitoring compliance

Monitoring Methodology	Requirements and Frequency	Further Actions
Regular audits of individual aspects of the policy will be carried out along with specific audits linked to individual services.		
<ul style="list-style-type: none"> Completion of Training Completion of Process Template Safe and Secure Handling of Medicines Audit Covert Administration of Medicines Audit Inpatient Antimicrobial Prescribing Audit (Local Level) 	<p>Annually</p> <p>Annually</p> <p>Annually</p> <p>Annually</p> <p>Annually</p>	<p>Audit and evaluation team & Learning and Development team to be utilised to review training / competences.</p> <p>The security and standards around administering of medicines within the organisation.</p>

In addition to the compliance and oversight arrangements set out under Roles and Responsibilities, the following also 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.

9. 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](#)).

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](#)). Barnardo's MAR's Template: [MAR Proforma blank.docx](#)

- III. 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 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
 - Managers will be able to run training reports straight from elfh. Please see attached instructions: [Elfh Registration and running a report.pptx](#)
- V. Fraser Guidelines & Gillick competency explained: [GP myth buster 8: Gillick competency and Fraser guidelines - Care Quality Commission](#)

10. Version History

Document History	Date	Author	Comments	Approval
V1	10/07/25	Samantha Murray/Rebecca Warnes	Drafted, stakeholder group discussion. CSMT for approval.	Rukshana Kapasi Direct of Health, Quality & Inclusion