



Richmond House

Social Care Services CIC

Medication Policy

2026 - 2027

Richmond House Social Care Services CIC
Medication and First Aid Policy & Procedures
2026–2027

Policy Number: MA-POL-007 | Version: 3.0 | Date of Issue: 01 September 2026

Next Review Date: September 2027

Scope: Applies to all staff, volunteers, and service users across all provisions — Short Breaks, Alternative Provision, Group Activities, Outreach, and Community-Based Support.

Legislative & Guidance Alignment:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- CQC Safe Management of Medicines Guidance (updated 2026)
- NHS England: Managing Medicines in Care Settings (2026)
- NICE Guideline NG5: Medicines Optimisation (updated 2026)
- DfE: Managing Medicines in Schools and Alternative Provision Settings (2026)
- Mental Capacity Act 2005
- Health and Safety (First Aid) Regulations 1981 (as amended)

Signed: Hala Okasheh

Registered Manager / Responsible Person

Date: 01 September 2026

Approved: Jay Al Karaki

Head of Services

Date: 01 September 2026

1.0 Introduction & Principles

1.1 Richmond House is committed to the safe, effective, and person-centred management of medication. This policy ensures compliance with all relevant legislation, regulatory guidance, and best practice standards.

1.2 Key Principles:

- The service user's safety and welfare are paramount.
- Service users are supported to self-administer medication where safe, appropriate, and in line with their capacity.
- All staff involved in medication management are trained, assessed, and annually validated as competent.
- Robust procedures are maintained for prescribing, receiving, storing, administering, recording, and disposing of medication.
- Consent is always obtained and documented — or best-interests decision recorded — before any medication is administered.

2.0 Roles, Responsibilities & Training

Table

Role	Key Responsibilities
Registered Manager	Overall accountability; policy approval; resource allocation; regulatory compliance; CQC notifications
Designated Medication Lead	Daily oversight; staff training & competency audits; MAR reviews; storage & temperature checks; incident investigations
Trained & Competent Staff	Administer medication only after completing training + annual competency assessment; follow the RIGHT protocol; record accurately
All Staff	Report concerns, errors, or near-misses immediately; never administer medication outside scope of training

Training Requirement: Medication administration training + competency assessment every 2 years (aligned with KCSIE 2026 and CQC expectations).

3.0 Consent & Person-Centred Care

3.1 Valid consent must be obtained before every administration:

- Under 16 years: Consent from parent / legal guardian; recorded in care plan.
- 16–17 years: Consent assessed alongside capacity (Gillick competence applied).
- 18+ years: Capacity assessed under Mental Capacity Act 2005. If capacity absent, best-interests decision documented.

3.2 A Medication Administration Record (MAR) and Personalised Care Plan must be in place for every service user receiving medication. The care plan must be reviewed at least annually or following any change in medication, condition, or capacity.

4.0 Receiving, Storing & Transporting Medication

4.1 Receiving Medication

- Medication must arrive in original, pharmacy-labelled packaging — name, drug, dose, frequency, expiry visible.
- Accuracy check completed: prescription ↔ label ↔ MAR ↔ care plan.
- Signed transfer record completed by parent/carer and receiving staff upon handover.
- No medication accepted without pharmacy label.

4.2 Storage

- General medication: Locked, non-portable cupboard — cool, dry, secure.
 - Controlled Drugs: Separate internal locked compartment; dual sign-in/out; weekly count.
 - Refrigerated medication: Dedicated locked fridge 2–8°C. Temperature logged daily.
 - Keys: Held by designated trained staff only — never part of master key set.
 - Emergency medication: Inhalers, rescue meds may be carried if risk assessment + care plan + consent in place.
-

5.0 Administering Medication — THE "RIGHT" PROTOCOL

Confirm ALL SEVEN RIGHTS BEFORE EVERY ADMINISTRATION:

1. Right Service User — two identifiers
2. Right Medication — label ↔ MAR match
3. Right Dose — verify strength and quantity
4. Right Route — confirm method
5. Right Time — within prescribed window
6. Right to Refuse — respect and document
7. Right Documentation — sign MAR immediately after

⚠ "As directed" is NOT acceptable. Obtain written clarification before administering.

6.0 Routes of Administration — Scope of Practice

✓ Permitted: Oral, topical, eye/ear/nose drops, inhalation, emergency auto-injectors.

✗ NOT permitted: Rectal, intravenous, intramuscular, subcutaneous, complex specialist regimens — unless administered by a qualified healthcare professional.

7.0 Specific Medication Types

- Prescribed: Exact instructions only; clarify if unclear.
 - PRN: Care plan must specify symptoms, dose limits, monitoring. Record reason given each time.
 - OTC: Not administered unless prescribed by a prescriber.
 - Controlled Drugs: Witnessed administration; separate register; weekly count.
-

8.0 Supporting Self-Administration

Encouraged where risk assessment confirms capacity. Self-Administration Plan documents level of support provided. Staff retain responsibility for safety and recording.

9.0 Errors, Incidents & Near Misses

1. Ensure safety — assess user; call 999 or 111 if needed.
2. Inform immediately — Manager + Parent/Carer.
3. Preserve evidence — do not discard.
4. Report within 24 hours — full incident form.
5. Investigate root cause — learning recorded.

6. Notify CQC if required.

Near-misses must also be reported — no blame, all learning.

10.0 Disposal of Medication

- Preferred: Return to parent/carer for pharmacy disposal — obtain signature.
 - Exceptional: Staff dispose via pharmacy — full audit trail.
 - Never flush or place in general waste.
-

11.0 Care Plans & Medication Reviews

- Personalised plan includes: purpose, dose, PRN criteria, side-effects, non-verbal cues, review date.
 - Reviewed every 6 months minimum.
 - MAR reconciled monthly against prescription and care plan.
-

PART B — FIRST AID POLICY

12.0 First Aid Principles

12.1 Richmond House provides adequate first aid equipment, facilities, and trained personnel to respond promptly to injury or illness.

13.0 First Aid Provision

- First Aid Kits: Main Office, Kitchen, Minibus — checked and restocked regularly.
- Appointed Person: Responsible for provision at all times — name displayed.
- First Aiders: Staff holding valid Paediatric First Aid or Emergency First Aid at Work certificates.

14.0 Procedure for Incidents

1. Assess for danger → ensure safety.
2. Provide first aid within training limits.
3. Summon help:
 - 🚒 Life-threatening → 999
 - Non-urgent → Manager or NHS 111
4. Inform parent/carers as soon as possible.
5. Record fully — injury, treatment, parties informed.

References:

- CQC: Safe Management of Medicines Guidance (2026)
- DfE: Managing Medicines in Schools and Settings (2026)
- NHS England: Medicines Optimisation in Care Settings
- NICE NG5: Medicines Optimisation (2026)
- Health and Safety (First Aid) Regulations 1981

Approved by Senior Management Team — 01 September 2026

Document Update Log

Version	Date	Author	Changes Made
3.0	01/09/2026	Hala Okasheh	Full policy review; updated legislative references to 2026 guidance; clarified consent procedures; enhanced error reporting protocol; updated training requirements
2.0	01/09/2025	Hala Okasheh	Annual review; minor amendments
1.0	01/09/2024	Hala Okasheh	Initial policy issue