Policy and Procedure on

Medication Errors

Cambian Dilston College

Policy Author / Reviewer	Alain Sockalingum / Rick Johnson
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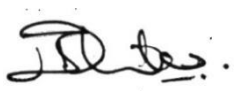
Staff Groups Affected	All Staff

This procedure document applies to all locations:

Contents



Jeremy Wiles
Group Executive Director- Children's Services

1. Introduction

1.1. The procedures set out in this document are to be read in conjunction with:

- Cambian's Medication Policy and
- further procedure documentation relating to Ordering, Storage and Disposal of Medication and
- Administration of Medication.

This procedure supports a *fair-blame, open reporting culture* in line with CQC expectations, encouraging staff to report all medication-related incidents without fear of blame.

Learning from medication errors will be shared systematically across the service to support improvements in practice

2. Terminology and Definitions

2.1. The **Medication Lead** is the person with day to day responsibility for the delivery of medication policy and procedure e.g. Head of Care/Care Services Manager, Registered Manager. The medication Lead at this location is the Day Care Manager, Lindy Siddle.

2.2. Authorised Persons are any member of staff who has received the appropriate training on MYRUS E-Learning or face to face and been deemed to be competent. Authorised Persons may administer, order, store, and dispose of medication.

For information on competency evaluation refer to the procedures for Administration of Medication, section on Competency

2.3. A **Medication Error** occurs when an individual does not receive their medication exactly as it has been prescribed to them such as:

- Wrong time or wrong date
- Wrong/missed dose or quantity
- Wrong medication
- Wrong strength of medication
- Wrong name / person
- Administered after medication no longer prescribed
- Wrong storage e.g. incorrect temperature
- Out of date medication
- Clerical errors e.g. not signing MAR sheet after administration
- Improper administration techniques/wrong route

A Controlled Drug error is any discrepancy or mistake involving a medicine governed under controlled drugs legislation requiring enhanced oversight, documentation and escalation

The medication error may or may not cause potential or actual harm to an individual.

Medication errors must be considered in the context of safeguarding where errors may indicate neglect, omission of care or potential harm

2.4. A **Near Miss** is defined as an incident which could have led to harm but did not, and are subsequently regarded as potential errors that are spotted before reaching the individual and have caused no harm.

3. Responsibility and Review

Responsibilities

3.1. At Cambian Dilston College the:

3.1.1. Head of Service is Rick Johnson (Head of Care/Registered Manager) CQC, and Marie Flatman (Principal) for Ofsted (education)

3.1.2. Medication Lead is the Day Care Manager Lindy Siddle.

3.2. The Head of Service/Registered Manager has overall responsibility for:

3.2.1. Ensuring that all medication errors are recorded using the correct procedures and paperwork.

3.2.2. Ensuring that all medication errors are notified to the appropriate regulatory bodies according to their notification criteria. At [enter location] this is [enter Ofsted/CQC/CIW etc).

3.2.3. Ensuring that all information required under internal reporting procedures such as Cambian KPI's requirements is made available at the required times.

3.2.4. Overseeing and having final sign off of any investigations that arise as a result of a medication error.

3.2.5. Ensuring that all staff at Cambian Dilston College have the appropriate level of training to carry out their duties with regards to administering, ordering, storing and disposal of medication and that this training is refreshed within appropriate time frames.

3.2.6. Leaders must promote and maintain a transparent, learning-focused safety culture where medication errors are openly reported

3.2.7. staff involved in medication processes must receive regular reassessment of competency, in accordance with national guidance.

3.2.8. Adopting a culture and practice of continuous learning following any

- single incident of medication error
- patterns, trends or themes arising in medication errors

3.3. The Medication Lead has responsibility for:

3.3.1. Day to day delivery of medication ordering, storage, disposal and administration of medication.

3.3.2. Recording and reporting of medication errors to the Head of Service.

3.4. A wide range of medication errors can occur from those which have negligible consequences to those with severe consequences. It is therefore only right that the response and suggested actions in light of the error should also fall within a range. However, being prescriptive in this matter is challenging and therefore the

guidance given in Medication Errors – Suggested Actions can only be a guide. Therefore mitigating circumstances will play a part in the action deemed appropriate.

Review

3.5. This document will be reviewed in line with the overarching policy at least once every two years and is next due for review on the date at the foot of this page.

3.6. Review processes must incorporate analysis of trends in medication errors and demonstrate documented learning shared with staff teams

3.7. The localised content of this procedure was last reviewed by Rick Johnson in January 2026.

4. What to do if a Medication Error Occurs

Medication Errors

4.1. All medication errors must be recorded no matter what the level, or perceived level of resulting harm to the individual.

4.2. Complete a Medication Error (Part 2) and hand this to the Registered Manager (CQC) or Principal (Ofsted Education) soon as possible but no later than 24 hours. Ensure that the Medication Lead receives a copy.

4.3. The Head of Service, or in their absence another member of SLT, receiving the report will ensure that the matter is assigned and investigated within 24hrs. It is acknowledged that there may be delays for a variety of reasons but the core of the investigation must take place within 24hrs. The incident should be

investigated by the Head of Service unless another investigator is indicated by the Operations Director/ Managing Director of Education. The investigation will indicate further actions to be taken, for example:

- Further training or re-training.
- Authorised person supervised with medicines.
- Suspended from administering medication.
- Alteration in policy/process.
- May result in disciplinary action.
- No further action.

4.4. The investigation must adopt a *fair-blame approach* and focus on identifying system improvements rather than individual fault, unless misconduct is evident

4.5. The [Head of service/Registered Manager or senior member of staff] will ensure that appropriate reports are made to parents and external authorities and regulators, as necessary to the incident; this will be varied depending on the severity of the incident.

4.6. Where an error affects care across settings (e.g., education, residential, family home), relevant professionals and carers must be notified within 24 hours to meet continuity-of-care expectations.

4.7. The individual must be involved in discussions about the error, including what happened, any changes to treatment and what support is required.

4.8. Where a medication error suggests potential neglect, omission of care or risk of harm, the safeguarding lead must be consulted to determine whether a safeguarding referral is required.

Classification and Internal Reporting

4.9. The [Head of service/Registered Manager or senior member of staff] will assign a code to the error and will discuss with the regional care lead/regional manager if clarification is required (with reference to Medication Errors – Suggested Actions)

4.10. The codes will be used for internal and external monitoring and for corporate governance purposes:

4.11. Codes 1 – Negligible and 2 – Minor will be collated internally. The [Registered Manager] will be responsible for maintaining an overview of any trends or concerns related to these low level errors and taking any necessary action where difficulties are noted

4.12. Codes 3 – Moderate, 4 – Major, 5 - Severe will be reported externally to regulatory bodies as expected.

4.13. All moderate to severe medication errors should be collated and submitted on Cambian KPI on a Monday morning (before 12.00pm) for the previous seven days. Each recorded medication error should be accompanied by a short explanation within the Cambian KPI system. The Head of service together with the regional manager/regional care lead are to review medication errors on a weekly basis to identify any trends or pattern and take action in order to improve practice.

4.14. Reference should be made to the Medication Error Pathway for guidance on how and who to report errors.

4.15. Medication error interview form (Form 60.03.02) and medication error investigation report (Form 60.03.04) will be collated on site in a file held by the Registered Manager/. The front page of the file should record a summary of all medications errors as part of a medication error log book to enable review and analysis, with evidence of action taken through the medication investigation error records to complete the medication. A **medication error outcome** form (Form 60.03.05) can also be completed to identify lessons

learnt and how this can help to improve practice in the future. Please refer to medication error pathway (Form 60.03.06).

Near Miss

4.16. Near misses should be recorded following guidance for Medication Errors. The Service Head and Medication Lead/s are to be informed within 24 hours.

4.17. Near misses should be actively used as learning opportunities, with themes reviewed during governance meetings and outcomes communicated to staff.

Dropped or Spoiled or Missing Medication

Administration

4.18. It is Cambian policy that if medication is dropped on the floor an entry should be made in the drug error/near miss book.

4.19. Medication dropped is to be returned to the company pharmacy. Guidance on how to return medication is listed in the returns book supplied from the pharmacy.

4.20. Check that there is sufficient prescription left for the individual and if not arrange order of further prescription required.

4.21. If medication is **found** on the floor an entry should be made on a Medication Error form.

4.22. Medication found is to be returned to the company pharmacy. Guidance on how to return medication is listed in the returns book supplied from the pharmacy.

4.23. Medication that is spoiled should be replaced from the individuals supply and an entry should be made an entry should be made on a Medication Error form.

4.24. If medication is not available (dropped/spoiled/missing) for administration the code E for spoiled/dropped, A for missing) is to be entered on the MAR with a note documented on the back of the MAR. Advice should be sought from medical professional in case of potential harm.

4.25. The drug error/near miss book is to be fully completed.

4.26. The Registered Manager and Medication Lead are to be informed at the earliest opportunity.

4.27. A supply of medication is to be ordered within 72 hours by Authorised Person if required.

4.28. If during the administration of medication the authorised person notices a missed administration on the MAR, the drug error/near miss book is to be fully completed.

4.29. The Registered Manger and Medication Lead are to be informed at the earliest opportunity.

4.30. Pharmacy is to be contacted to ascertain whether administration can still take place.

4.31. Where medication involved is a Controlled Drug, CD-specific recording, witnessing and reporting processes must be followed.

4.32. If a dropped or spoiled medication leads to a missed dose, a risk assessment must be conducted and communicated promptly to appropriate health professionals.

All medication errors are to be reported through the weekly KPI data submission and weekly reports to be checked thoroughly to ensure accuracy of medication errors reported.

Registered Manager is responsible in ensuring there is a robust system of monitoring and checks on missed administration of medications on the MARS on a daily basis, to ensure prescribed medications are being administered. Any discrepancy identified must be addressed to evidence medication has been administered as prescribed.

Serious Incidents

4.33. Where the error is classed as a serious incident (an error that has caused harm) it is to be identified as such and the **Serious Incident Policy** and procedures should be followed including escalation and internal reporting.

4.34. The [Registered Manager and Medication Lead] should ensure that the individual and their next of kin (if appropriate) are informed.

4.35. Errors classified as moderate, major or severe must be reported to CQC where criteria include harm, potential for serious harm, controlled drug discrepancies or safeguarding concerns

4.36. For educational provision, medication incidents requiring medical attention or indicating a safeguarding issue must be reported to Ofsted in line with education sector requirements

4.37. Controlled Drug errors must be escalated immediately to the Registered Manager and recorded in accordance with CD oversight requirements.

4.38. Serious incidents must be reviewed with reference to national patient-safety reporting systems and must include structured learning, feedback to staff and identification of systemic improvement.

5. Standard Forms, Letters and Relevant Documents

This Procedure

5.1.

5.1.1. 60.00-Medication Policy
5.1.2. 60.03 -Medication Error Recording and Reporting-all services
5.1.3. 60.03.01 - Medication Error - Suggested Actions
5.1.4. 60.03.02 - Medication Error interview Form – Part 1
5.1.5. 60.03.03 Medication Error Report – Part 2
5.1.6. 60.03.04 - Medication Error Investigation Report
5.1.7. 60.03.05 – Medication Error Outcome form
5.1.8. 60.03.06 - Medication Error Pathway Final

Other procedures under the Medication Policy

5.2. 60.01 PROCEDURE – Ordering Storage and Disposal of Medication

5.3. 60.02 PROCEDURE – Administration of Medication

5.4. 60.04 PROCEDURE – Transcribing (locations with Nurses only)

Other Cambian Policy

5.5. Child Protection – Safeguarding
5.6. Serious Incidents
5.7. Duty of Candour
5.8. Admissions
5.9. Mental Capacity and Consent