

Audit Template for Compliance with a Medicines Policy in Care Homes (with or without Nursing)

This template has been produced to audit a care homes medicine policy against current legislation and also best practice. It can be completed as a whole or can be used to undertake an audit in specific areas:

• Section A - Training	2
• Section B – Ordering	4
• Section C – Storage.....	6
• Section D – Administration.....	8
• Section E – Disposal of Medicines.....	19
• Section F – Use of Patients Own Drugs	20
• Section G – Controlled Drugs	23
• Section H – Medicine Incidents.....	28
• Section I – Safety Alerts.....	29
• Section J – Admission to and Discharge from Hospital	31
• Section K – Other Information.....	32

Please read in conjunction with the 'Guidance on the Development of Medicines Policies in Care Homes (with or without Nursing).

Advice for completing template Audit

- Work through each of the questions and tick box (yes or no as appropriate)
- If you have ticked all **white (yes)** boxes then the self assessment is complete. No further action is needed.
- If you have ticked any boxes that are shaded **grey** it means that action needs to be taken.
- Implement all required actions and sign right hand column to demonstrate completion of actions.
- Keep a copy of all self assessment forms and file as evidence for CQC Inspectors and Oxfordshire County Council Contract Monitoring Visits
- To undertake an audit in a specific area click on the required area in the list above - this will take you to the relevant section within this document.

This audit is not intended to be exhaustive and can be adapted to meet the need of individual services.

Section A - Training

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
Training					
1. Is there written evidence of medicines training provided for all staff who give medicines?					
2. Is there written evidence that all staff who give medicines have been formally assessed as competent?					
3. Are there enough members of staff trained at any time to administer medicines?					
4. Is there written evidence of staff having been trained in certain techniques: <ul style="list-style-type: none"> • Rectal administration including suppositories • Injectable medicines including insulin • Administering medicines through a percutaneous Endoscopic Gastrostomy (PEG) tube • Oxygen • Controlled Drugs • Syringe drivers • End of Life Care 					
5. Are the medicine listed in no 4. only administered by staff that have satisfactorily completed training in those techniques?					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
6. Is there written evidence that all staff who have been trained in the techniques listed in no 4. have been formally assessed as competent?					
7. Are there enough members of staff trained at any time to administer medicines as listed in no 4. should it be required?					

Section B – Ordering

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
How medicines are ordered					
8. Are all prescribed medicines on an NHS or private prescriptions for individual residents?					
9. Is there an agreed method for requesting repeat prescription orders from the GP practice(s)?					
10. Is there an agreed method for obtaining repeat prescription orders from the community pharmacist?					
11. Are medicines ordered in advance so residents do not miss any dosages of their medicines?					
12. Are records kept of medicines ordered?					
13. Are records kept of medicines received?					
14. Are discrepancies in the above raised with the community pharmacists and/or GP?					
15. If medicines are out of stock, is there a process for notifying the GP so an alternative can be prescribed if necessary?					
16. If a new prescription is issued for an out of stock medicine, is there a process for notifying the community pharmacy, that the out of stock item is					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
no longer required?					
17. Does the above process work in practice?					
18. Is there a process for ordering prescriptions in the middle of the ordering cycle e.g. for acute medicines or new medicines?					
Treatment of minor ailments					
19. Is there a policy for homely and house hold remedies in line with the OCCG guidance that has been agreed with the residents GP?					

Section C – Storage

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
Storage of medicines					
20. Are medicines stored securely in an appropriate designated area?					
21. Are storage areas clean and organised?					
22. Are expiry dates checked on a monthly basis – both prescribed and over the counter medicines?					
23. Is there a record of expiry date checks?					
24. Is the medicines cupboard kept locked when not in use?					
25. Are keys stored as per the medicines policy?					
26. Is there a procedure for keys at hand-over?					
27. If there are duplicate keys, are these kept securely?					
Fridge items					
28. Are medicines requiring refrigeration stored appropriately in a secure area?					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
29. Are items requiring refrigeration put away as soon as they are received?					
30. Is there a process for stock rotation where the patient has more than one bottle/box of the same medicine?					
31. Is there signage that the refrigerator should not be switched off?					
32. Do staff know not to overstock the refrigerator to make sure there is space for the air to circulate?					
33. Do staff know to only open the refrigerator door when necessary and to keep it open for as short a time as possible – to keep a constant temperature?					
34. Do staff know to ensure products are not allowed to freeze?					
35. Do staff check products are not frozen before administering to a resident?					
36. Does the refrigerator have a maximum/minimum thermometer?					
37. Are all maximum/minimum refrigerator temperature checked daily?					
38. Is a record of daily fridge temperatures kept?					
39. Is action taken if the fridge temperatures are outside the normal range 2-8°C?					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
40. Is this action documented and retained?					
41. Is the fridge cleaned and defrosted regularly – at least quarterly?					
42. Is there a process to follow in the event of a refrigerator failure?					

Section D – Administration

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
Administration of medicines					
43. Have all staff who are involved with prescribing and/or administering medicines read the Medicines Policy?					
44. Do staff understand the principles behind all aspects of the care homes Medicines Policy?					
45. Is there a signatory list to demonstrate staff have read <u>and</u> understood the policy?					
46. Are there procedures for recording the receipt, administration and disposal of all medicines?					
47. Does the medicines policy cover the receipt, storage and use of oxygen?					
48. Is there a formal system to identify residents?					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
49. Is the formal system to identify residents used by staff?					
50. Are medicines only given to the resident they are prescribed for?					
51. Are expiry dates checked before administering a medicine to a resident?					
52. Are allergies checked before a medicine is administered to a resident?					
53. Are medicines administered to residents from their original containers (also see secondary Dispensing)?					
54. Is a drink offered when administering a residents medicine?					
55. Are medicines with short expiry dates e.g. drops, some liquids etc dated when they are opened?					
56. Is there a process for stock rotation where patients have more than one box/bottle of the same medicine?					
57. Are special instructions observed when administering medicines e.g. before or after food, resident needs to remain seated for a period of time etc?					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
58. Do residents have access to counselling on their medicines e.g. inhaler technique?					
59. Is advice sought from a pharmacist or GP if staff need clarification on a residents medicine?					
60. Do residents on repeat medicines receive an annual medication review from their GP?					
61. Where a resident has difficulties swallowing and there is no liquid preparation available, is the advice of a GP or pharmacist sought before crushing tablets or opening capsules?					
62. Is it recorded when a resident refuses a medicine?					
63. If a resident regularly refuses a medicine, is this raised with their GP?					
64. If Monitored Dosage Systems (MDS) are used, are these clearly labelled?					
65. If Monitored Dosage Systems (MDS) are used, is there a process within the home for highlighting medicines that cannot be put in these systems i.e. medicines susceptible to moisture e.g. effervescent tablets, liquid medicines, creams, drops etc?					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
66. Does the process for identifying medicines not within the MDS system work i.e. do patients always receive their medicines that aren't within an MDS system on-time and as per the doctors prescribed instructions?					
Adverse Events					
67. Is there a process for reporting and managing adverse events in relation to medicines and medical devices?					
68. Are all adverse events actioned as needed – action should be recorded?					
69. Is the residents GP contacted about concerns regarding a change in a residents condition?					
70. In addition to the reporting of adverse incidents are all staff aware of the yellow card reporting system? For further information see; http://www.mhra.gov.uk/Safetyinformation/Howwemonitorthesafetyofproducts/Medicines/TheYellowCardScheme/index.htm					
Medication prescribed to be taken when required					
71. Do care plans provide detailed information on					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
medication prescribed as when required?					
72. Is a specific plan for administration of when required medicines recorded in the care plan?					
73. Are the care plans kept with the MAR charts?					
74. Are when required medications regularly given?					
75. If when required medications are regularly given, has a review of the medication taken place?					
76. Are when required medications offered at times to meet the needs of the resident?					
77. Are accurate records of administration of when required medicines made?					
78. Are when required medicines held in suitable quantities?					
79. Are when required medicines in date?					
Enteral/Oral syringes					
80. Are labelled enteral/oral syringes used to administer liquid medicines when indicated as per NPSA alert No.19?					
Covert administration of medicines – see CQC Pharmacy Tips					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
81. Is there a clear policy on the covert administration of medicines which includes guidance on the action to take if it is necessary as per CQC guidance?					
82. If covert administration is considered necessary is the decision, the action taken and the names of all parties concerned documented in the person's care plan as per CQC guidance?					
Secondary dispensing – see CQC Pharmacy Tips					
83. Is secondary dispensing only undertaken in exceptional cases as defined by CQC?					
84. Do exceptional cases have a documented risk assessment?					
85. Is there a written procedure for these exceptional cases covering the information required by CQC?					
86. Is a clear record kept as per CQC guidance for any exceptional cases?					
Procedures for providing medicines when residents take 'leave'					
87. Does the medicines policy cover medication administration when residents take 'leave'?					
MAR Chart					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
88. Is the writing on the MAR chart legible?					
89. Are all entries on the MAR chart in ink?					
90. If handwritten MAR charts are used is there a robust system to check the MAR chart is correct before it is used?					
91. Are handwritten entries on a MAR chart, cross referenced to the resident's notes?					
92. Is there a six monthly audit of use and accuracy of MAR charts?					
93. Does the MAR audit cover appropriate and accurate recording, missed/omitted dosages and the use of when required medicines?					
94. Are all residents details completed on the front of each drug chart?					
95. Are any hypersensitivity completed on the front of each drug chart?					
96. Is the number of drug charts in use completed on the front of each drug chart?					
97. Are all boxes on the MAR chart signed for regular medicines?					
98. Can you determine what medication has been given to the resident from the MAR chart?					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
99. Does the Care Home Manager have a list of signatures and initials used on MAR charts?					
100. Does the person who gives the medicine sign the MAR chart?					
101. Are the directions for the administration of a medicine clear on the MAR chart?					
102. Do directions on the MAR chart match the pharmacy label for that medicine?					
103. Are all doses and times clearly stated on the MAR chart?					
104. Is it clear from the directions on the MAR chart the number of medicines that should be given?					
105. If the directions are, for example; '1 or 2 tablets...' is it clear on the MAR chart if one tablet or 2 tablets have been given?					
106. If medicines are not administered within half an hour of the prescribed time is the time recorded?					
107. Is it clear when medicines have not been given / have been refused etc?					
108. Are the correct codes being used on the MAR charts?					
109. If a residents medicine is altered if does the					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
medicine policy cover how this should be documented on the MAR Chart?					
110. If a prescriber stops a medicine, is this crossed off the chart, dated and signed by an appropriate person?					
111. Is the MAR chart stored so that other residents, etc cannot see it?					
Records					
112. Are all administrations of medicines recorded in the appropriate place i.e. medicines chart, residents notes, CD register?					
113. Is the administration of medicines recorded as soon as possible after the resident has taken the medicine?					
114. Are all omissions of medicines recorded in the appropriate place i.e. medicines chart, residents notes					
115. Is a resident's GP asked to sign the MAR chart when they visit if they change the dose of a medicine prescribed?					
116. Is there a process for verbal orders from a GP?					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
117. Is a resident's GP asked to sign the MAR chart when they next visit following a verbal order?					
Obtaining resident's consent if care workers give medicines					
118. Is there a process for obtaining residents consent if care workers/nurses administer the residents medicine for them?					
Equality and Diversity					
119. Is there a process for ensuring vegetarian residents do not receive medicines in gelatine capsules?					
120. Does the care planning process accommodate resident's preferences to have their medicines given to them by a member of the same sex?					
121. Is there a process for ensuring the timing of residents medicines can be altered during religious festivals when they are fasting?					



**Oxfordshire
Clinical Commissioning Group**

Section E – Disposal of Medicines

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
Waste medicines – see CQC Pharmacy Tips					
122. Does the medicines policy cover the safe disposal of surplus, unwanted and expired medicines?					
123. Is residents consent obtained to dispose of changed, discontinued or unwanted medicines?					
124. Is resident consent recorded to dispose of changed, discontinued or unwanted medicines?					
125. Are all medicines disposed of in line with the current legislation?					
126. Are medicines of deceased residents retained in line with current legislation?					
127. Are all medicines that leave the premises as waste recorded?					

Section F – Use of Patients Own Drugs

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
Patients Own Medicines					
128. Does the medicines policy cover the handling and use of resident's own medicines?					
Self medication					
129. Does the medicines policy cover self-medication for residents?					
130. Does the medicine policy cover situations where a resident self medicates for only some of their medicines, e.g. an inhaler, medicines for immediate use etc?					
131. Are residents offered the opportunity on admission to manage their own medicines?					
132. Are residents offered the opportunity throughout their stay to manage their own medicines?					
133. Is there a documented risk assessment for a resident wanting to manage their own medicines?					
134. Is the documented risk assessment for a resident wanting to manage their own medicines reviewed regularly?					
135. Is there a documented risk assessment for other people living in the home if a resident wants to self					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
medicate?					
136. Is the documented risk assessment for other people living in the home if a resident wants to self medicate reviewed regularly?					
137. If a resident is managing their own medicines does the care plan reflect the person's wishes and the specific arrangements for their medication?					
138. Does the care plan include the frequency of any checks made that the resident is managing their medicines successfully?					
139. If a resident is managing their own medicines is a record made as the medicines are handed over to the person?					
140. Does the MAR chart indicate that the person self-medicates?					
141. Is personal locked storage provided for the person who is self medicating?					
142. Do suitably trained, designated staff have access to medication with the residents permission?					
143. If needed, is the community pharmacist consulted to help residents manage their own medicines e.g. by providing large print labels for those eligible under the Disability Discrimination Act?					



**Oxfordshire
Clinical Commissioning Group**

Section G – Controlled Drugs

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
Controlled Drugs					
144. Is the Controlled Drugs register a 'bound book or register with numbered pages'?					
145. Does the Controlled Drugs register include records of receipt, administration and disposal?					
146. If residents own Controlled Drugs are received in the care home are these recorded in the CD book on a separate page for each Controlled Drug for each person?					
147. If residents own Controlled Drugs are received in the care home is the quantity received checked against the quantity expected?					
148. If the quantity received is different to the quantity expected (and there is nothing from the pharmacy to explain this) is the supplying community pharmacy contacted?					
149. If the quantity received is different to the quantity expected (and there is nothing from the pharmacy to explain this) is the discrepancy documented?					
150. Is there a running balance for each Controlled Drug for each resident?					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
151. Is this balance checked against the amount of medicine left in the residents pack or bottle at each administration?					
152. Is this balance checked against the amount of medicine left in the residents pack or bottle on a regular basis e.g. monthly?					
153. If stock Controlled Drugs are kept is there a running balance for each Controlled Drug?					
154. If stock Controlled Drugs are kept, is the stock balance of Controlled Drugs checked every week on a different day (including out of date ones)?					
155. If there is a difference in the Controlled Drugs register and the Controlled Drugs cupboard (either residents own or stock Controlled Drugs) is this investigated by the Care Home Manager or designated person?					
156. If there is a difference in the Controlled Drugs register and the Controlled Drugs cupboard and after investigation this cannot be rectified is this reported to the Accountable Officer, Oxfordshire CCG (Geoff Payne, available at Geoffrey.payne@nhs.net on 01865 336709)?					
157. Are entries in the Controlled Drugs register written correctly (i.e. no cancellations)?					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
158. Are Controlled Drugs stored securely in a Controlled Drugs cupboard which complies with the Misuse of Drugs regulations?					
159. Are only Controlled Drugs kept in the Controlled Drugs cupboard?					
160. Are the Controlled Drugs cupboard keys kept by the designated person?					
161. Is the Controlled Drugs cupboard kept locked when not in use?					
162. Is there a procedure for the Controlled Drugs cupboard keys at hand-over?					
163. If there are duplicate Controlled Drugs cupboard keys, are these kept securely?					
164. Does the medicines policy cover the safe <u>and</u> prompt disposal of surplus expired and unwanted Controlled Drugs (including those refused by residents and syringe drivers containing Controlled Drugs)?					
165. Are all Controlled Drugs disposed of in line with the current legislation and best practice?					

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
166. Are Controlled Drugs of deceased residents retained in line with current legislation?					
167. Are all Controlled Drugs that leave the premises as waste recorded?					
168. If the Care Home has any problem with controlled drugs, for example following an inspection, from a complaint or Reg. 37 reports, does the Care Home Manager or designated person notify the Accountable Officer, Oxfordshire CCG (Geoff Payne, available at Geoffrey.payne@nhs.net or on 01865 336709)?					



**Oxfordshire
Clinical Commissioning Group**

Section H – Medicine Incidents

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
Medication incidents					
169. Are all medication errors that lead to a medical consultation reported on an appropriate incident form?					
170. Are all medication errors that lead to a medical consultation investigated and outcomes recorded?					
171. Are all medication errors that lead to a medical consultation actioned as needed – action should be recorded?					
172. Are all notifiable errors reported to CQC?					
173. Is there are process for reporting and managing all near misses and errors in relation to medicines?					
174. Are all medication errors and near misses reported on an appropriate incident form?					
175. Are all medication errors and near misses investigated and outcomes recorded?					
176. Are all medication errors and near misses actioned as needed – action should be recorded?					

Section I – Safety Alerts

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
NPSA Alerts					
177. Is action taken on national patient safety alerts?					
178. Is the effectiveness of implementation of national patient safety alerts audited?					
CAS Alert					
179. Has the Care Home signed up to receive CAS safety alerts as strongly recommended by CSCI in January 2009?					
180. Is action taken on national safety alerts and medical device bulletins?					
181. Is the effectiveness of implementation of national safety alerts and medical device bulletins audited?					



**Oxfordshire
Clinical Commissioning Group**

Section J – Admission to and Discharge from Hospital

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
Admission to hospital					
182. Is there a procedure to ensure if a resident is admitted to hospital, a list of their current medicines / their medicines go with them?					
Discharge from hospital					
183. Is there a procedure for checking a resident's medicine on discharge from hospital against the MAR chart to ensure any changes have been made?					

Section K – Other Information

	Yes	No	Not Applicable	Action needed and comments	Sign and date on completion
Community Pharmacy Visit					
184. Does the Care Home receive two advice visits from a community pharmacist as part of the OCCG funded scheme? If not please contact the OCCG at 01865 336800					
Controlled stationary					
185. Is all controlled stationary stored in a secure locked cupboard or drawer? (e.g. blank drug administration charts)					

Adapted from the Community Health Oxfordshire – Audit of Compliance with the Care and Control of Medicines Policy – Self Assessment / Declaration. Lloyds Oxfordshire Community Hospitals Controlled Drug Audit and The Order of St. John Care Trust Medicines Policy.