

## Care Home Medication Audit

Frequency: Monthly

### Details of Care Home

Name of care home	
Address of care home	
Type of setting	
Number of residents	
Name of Care Home Manager	
Email Address	
Full name of care home staff in charge during the visit	
Details of medicine administration system	
Details of medicine administration record (MAR) used	
Confirmation details of MAR system	

### Policies and Systems for Managing Medicines

Most care home settings rely upon medication management, it is essential that the care setting has effective systems in place for the safe management of its medication. During the audit check and view evidence for each of the following:

Policy Guidance	YES	NO	N/A
Is there medication policy available			
Does it med policy meet the NICE guidance			
Is the medication policy signed by all staff who deal with medicines			
Is the policy being adhered to			
Does the care home follow separate guidance for Covert administration			
Medicine policy when residents are on social leave			

Information Sources	YES	NO
Does the care home have access to BNF or other sources for medicines		
Are PILs available and accessible for current meds in use		
Are there systems in place to facilitate sharing of information for residents - care home transfers, hospital admins		
System in place for Drug Recalls		

GP Referrals	YES	NO
Does each resident have their medications reviewed at least once a year		
Are all GP medications reviews recorded with resident care plans		
Further Follow-up notes: All good systems in place		

## Ordering and Receipt of Medication

The management of medication ordering and receipt is crucial to ensure that the residents receive in correctly and timely manner, whilst minimising unnecessary waste. The care home manager or the lead is responsible for ensuring what is dispensed is received. So, it is essential that the care home has effective systems in place for safe management of medication.

Check re-order MAR sheets for regular items. The care home staff should:

Check existing stock levels before placing further order.

Order appropriate pack sizes of products - dressings, nutritional supplements and when required medicines with regards.

to usage and expiry dates.

Ensure process is in place for ordering emergency medications that are being sent by care home or GP.

During the audit check with the care staff a sample of MAR sheets for the date, quantity and staff management initials being entered for each medicine.

Ordering Medications	YES	NO
Is there a robust process or safe ordering of medication as outlined above.		
Record is kept of medicines ordered		
All residents' meds are ordered in sufficient time for processing, delivery, and check-in ready for next cycle start		
Does the care home staff check the accuracy of dispensed medication received to ensure it corresponds to the prescribed meds		
Does the care home staff record the date when items received from the pharmacy		
Does the care home staff record the quantity of items received from the pharmacy		
Are entries of meds receipt made upon the relevant residents MAR chart / eMAR		
Do residents drug balances being recorded on the MAR / eMAR		
Do the drug balances tally		
Does the care home have a process for the following up anything that is not correct		
Are all prescriptions that are faxed / emailed to the pharmacy accompanied by full communicated details		
Use this section for any issues, advice given and timelines for any actions to be followed up:		

## Storage of Medication

The safe and secure storage of medicines is essential to prevent unauthorised access to such products. The care home staff must ensure the medication is stored securely in appropriate location(s), to which only authorised person has access. Medicines must be stored in a locked cupboard, trolley, or room. If medicines are stored in a trolley must be secured to the wall when not in use. Some controlled drugs (CD) must be stored separately, to which only authorised person has access and up-to-date list of keyholders should be in place. Check whether there is a set of duplicate CD and keys and kept in secure location.

It is very important to store medicinal products at the correct temperature to ensure their on-going integrity and efficacy for the specified shelf life. Products requiring refrigerator storage should be kept in a designated location of has internal temperature of 2c to 8c. Products that can be stored at room temperature should not be stored above 25c for prolonged period.

The care home staff should check the expiry dates of medicines regularly, the care home must have a record available to check the activity of expiry dates, any date expired must be returned to the pharmacy. Some medicines have a shorter shelf life once they have been opened (eye drops)

During the audit, review how medications is stored, remembering all locations, kitchen for sip feeds and some dietary supplements.

Safe storage of medicines	YES	NO
Are the medications storage facilities appropriate and safe		
Internal meds within MDS		
External medications (creams, ointments, shampoos, inhalers)		
Internal meds not provided within MDS		
Controlled drugs that require safe custody under the Misuse of Drugs legislation		
Are Opened on..dates recorded on the appropriate items - (liquids, eye drops)		
Is there a list of persons authorised to hold keys to the medicine cupboard, trolley, room		
Are there satisfactory arrangements in place for the security of the keys to the medicine's cupboard/trolley/room and CD cabinet		
Is the trolley secured to the wall or room when not in use		
Are MAR folder or eMAR system locked in a secure place when not in use		
Is the maximum temperature of the room in which the medicines are stored checked and recorded on daily basis		
Is the medicine trolley stored away from direct sunlight at all times		
Are expiry dates of medicines checked regularly		
Are dis-continued/expired medications segregated from those in use		
Are medical gas cylinders secured and stored correctly with appropriate signs displayed		
Are there appropriate arrangements in place for residents to store meds in their room who are self-administrating		
is there a separate medical fridge for medicine storage		
Are only medications lines that require refrigeration being stored in the fridge		
Is there daily record kept for internal fridge for min and max temperature		
Is there a rota that confirms regular cleaning of the fridge		
Further Follow-up notes		

### Controlled Drugs (CDs) - storage and use of register

Controlled Drugs (CDs) are subject to additional legislative monitoring because they have potential to cause serious harm to individuals if mis-used. Some CDs require safe custody. These must be stored in a designated cabinet which needs to be complied with specific legal requirements. The cabinet must be made of metal, with 5 lever and fixed to a solid floor or wall. Schedule 2 CDs and certain Schedule 3 CDs must be stored in the cabinet. Other CDs must be stored securely in accordance with the care home policy.

The classification of various CDs within the five legal schedules can change. Any discontinued or date expired CD medication requiring safe custody should be stored in the CD cabinet but segregated from others that are in use and for subsequent lawful disposal.

Care home staff must maintain a register of all receipts, disposals, and administration of CDs. The CD register must comply with the current CD regulations. It must be a bound book with sequentially number pages. A separate page must be used to record all receipts and administrations of CDs for each resident and for each drug. Each entry in the CD register requires 2 [signatures](#) so that there is a record of the person receiving or administering the CD and a record of the person who witnessed the transaction. The CD register must record the running balance for each of the drug and care home staff are required to undertake periodic CD stock checks.

Review the CD register during the audit. Entries in the balance of stock held in the CD cabinet that it corresponds with the specified in the CD register. Attempt to reconcile by reviewing the records. Highlight any CD stock balances that cannot be reconciled to the care home manager or lead as a priority, If the issue cannot be resolved, the care home staff should contact their Accountable person.

Checks required in relation to CD storage and use of the CD register	YES	NO	N/A
Are CD requiring safe custody being prescribed for any residents in the care home			
Are CDs being stored appropriately			
Is there CD register in use which compiles with the legislative requirement			
Are the care home recording all receipts, disposals, and administration of CDs correctly in the CD register			
Does the actual stock level in the CD cabinet correspond with the written balance that is recorded in the CD register			
Are CD stock level checked and two signatures recorded on every entry in the CD register			
Are CD stock balances counted, checked, and recorded regularly			
Further Follow-up notes			

## Disposal of Medication

Key part of medicines management is avoiding unnecessary waste. As a general principle, pharmaceutical waste per care home should not exceed 1 litre per month. Care homes should dispose their waste in appropriate boxes and not in loose bags. (e.g., 100 residents should not produce more than 100 litre of waste)

The process for the lawful disposal of pharmaceutical waste varies according to the care home type and the country in which it is located. Any care home with nursing contract in England, Wales, NI must make a separate arrangement for the pharmaceutical waste collection by an approved contractor. The care home should have a poster that shows what can be placed in the waste bin.

Complete if the Care Home is a Nursing Home in England, Wales, and NI	YES	NO	N/A
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Is there entry made in the controlled drugs register for every CD destruction			
Are sharps being disposed in the correct bin.			
Further Follow-up notes			

## Clinical Advice and Medicine Optimisation

Clinical and Medicine Optimisation	YES	NO	N/A
Does the care home staff use the Patient Update Form to notify the pharmacy of any changes to the resident's medication and allergy status			
Are there any drug related problems giving cause for concern			
Are there any compliance related problems giving cause for concern			
Are the administration times of medicines being managed appropriately where is potential for an interaction (drugs or food)			
Are any medicines purchased by or for the resident for his/her personal use checked by the GP or Pharmacist for compatibility with the persons prescribed items			
Are any residents taking Warfarin, Lithium or Methotrexate			
Is there evidence of regular monitoring of INR for patients taking Warfarin			
Is there evidence that residents taking Lithium are having appropriate blood tests			
Is there evidence that residents taking methotrexate are having relevant blood tests			
Are there residents with dementia or suspected dementia that are taking an anti-psychotic medicine			
Are residents taking anti-psychotic medicines showing Behavioural and Psychological Symptoms of Dementia for which the antipsychotic medicine is prescribed			
Have all such residents had their anti-psychotics medication reviewed in the last 3 months			
Are any residents experiencing side effects commonly associated with their anti-psychotic medication			
Further Follow-up notes			

## Administration of Medication

The process of administering medication to the care home requires diligence and the care home staff must observe the 6 Rights of administration - the right resident, right medications, right route, right dose, right time, and the residents right to refuse. If appropriate residents should have the option to self-medicate and the care

home must provide the resident with a suitable storage facility in their room. The care home should keep a list of all the staff who are authorised to administer medicines and ideally kept with the MARs.

If ant residents are being administered covertly, ascertain whether a mental capacity assessment has been undertaken to demonstrate that this activity is in the residents' best interest. Confirm whether the necessary authority has been provided by the residents GP to allow covert administration to take place. The home should have available up to date policy for covert administration policy that reflect the relevant legal framework for assessing mental capacity.

Review Records for Medication Administration	YES	NO	N/A
Does the care home use a recent photographic image of individual residents as part of its checks to confirm the recipient's identity before medication is handed over			
Does the care home provide the facility for residents to self-medicate			
Have all residents who have opted to self-medicate been able to take or use medication without any problems			
Is there up to date risk assessment in place to show that it is still appropriate for resident to self-administrate			

Administration by Care Home Staff	YES	NO	N/A
Are all current prescribed medicines for each resident available to administer			
Are all residents non acute medicines scheduled for replenishment in line with care home regular monthly medication cycle			
Are all containers of medication which have limited shelf line upon opening suitably annotated with the date after which the contents should not be used			
Are all external products containing a paraffin-based excipient labelled with a suitable warning about their flammability			
Are the prescribed medicines that administered to a given resident taken only from the container that been labelled specifically for that individual by the pharmacy			
Are there appropriate arrangements in place to notify the GP regarding the refusal of medication			
Has the Pharmacist advice been sought if administration involves altering a medicine licensed presentation (crushing and etc)			
Has the Pharmacist advice been sought if medication needs to be PEG tube			

Covert Administration	YES	NO	N/A
Are there any residents receiving medications covertly			
Is the requisite paperwork been completed for any covert administration			
Further Follow-up notes			

## Recording the administration of Medication (Homes using paper MAR Sheets)

This is statutory duty to record all medications that is brought into the care home. The Registered Manager must keep records of all medicines kept in the care home for its residents and details of the specific medicines that are administered to each resident. Separate MAR required for each resident who receives medication. The MAR must particularise the residents regular and as and when required medication together with the dose and times of administration. Some residents may have additional MAR records for topical preparations and patches.

Care Homes using Paper MAR Sheets	YES	NO	N/A
Are all MARS legible and complete			
Does each MAR indicate the resident's allergy status, or NONE KNOWN			
Are the prescribed does specified on each MAR unambiguous (correct dosage administration)			
Where the medication is prescribed has variable dose, is the actual dose that been administered clearly recorded on the MAR			
Are the timings on the MAR appropriate in terms of drug interactions			
Are there any duplicated items on the MAR			
Are there any discontinued medicines specified on the MAR			
Are all discontinued medicines clearly recorded on the MAR with date, name and role of the person who authorised it.			
Are any changes to medicine recorded with new entry on the MAR			
Are medicines obtained from anywhere other than the usual pharmacy recorded on the MAR with 2 staff signatures			
Are topical items recorded correctly on the appropriate MAR			
Are MAR folders locked away when in a secure place when not in use			

Care Homes using eMAR	YES	NO	N/A
Does each printed MAR from the eMAR system indicate the resident's allergy status, Check some profiles of residents on the eMAR			
Are the prescribed doses specified on each printout from the eMAR record unambiguous (correct time/dose)			
Are the timings on each printout from the eMAR appropriate in terms of Drug interactions and Drug/Food			
Are there any duplicated items on the printout of eMAR			
Are all discontinued medicines recorded on the eMAR as discontinued			
Is the eMAR system locked away when not in use			

**Further Follow-up notes****Homely Remedies**

A 'homely remedy' is a non-prescription medicine that is available over the counter from a community pharmacy and used in the care home for the short-term management of minor, self-limiting conditions, e.g., toothache, cold symptoms, constipation, cough, headache, occasional pain, etc. Homely remedies are often used in care homes to reduce the potential waste if such items were kept for individual residents on an 'if required' basis.

The care home should have a policy in place for the use of such medicines. The policy should have been signed by the GPs responsible for the overall medical care of the residents and the medicines listed should have been checked for the compatibility with the prescribed medicines for each resident. Only homely remedies listed in the policy should be used.

Homely remedies should be stored securely in an area that is separate from prescribed medicines. Check that the care home is not using named patient medication or de-labelled items that previously belonged to a resident as a homely remedy. Review the ordering of homely remedies; the care home should have a copy of the receipts for such items purchased over the counter.

Review the arrangements for the recording the receipt and administration of homely remedies. These should be recorded in a separate book, also showing the resident to whom they were given and the current stock balance of each item. The administration of a homely remedy should also be recorded on the relevant resident's MAR (drug, dose, time, date, and the person administering it) and the reason for its use recorded on the reverse of the MAR.

<b>General Homely Remedies Observations</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Are the homely remedies used within the care home			
Is there a written policy in place for use of homely remedies			
Has the policy been signed off by the GP			
Can the care home staff demonstrate that homely remedies are purchased over the counter			
Are the purchases of homely remedies being recorded appropriately			
Is the administration of the homely remedies recorded on the relevant residents MAR with the reason of use			



Further Follow-up notes

### First Aid Kit Audit

First Aid Kit	Num	Location		
Number of first aid kits in the home and location.				
Number of spillage kits and location.				
	Yes	No	N/A	
Is there an appropriate number of appropriate first aiders on site.				
Are there posters showing names of first aider and location of kits. owing names of first aiders or appointed persons and the location of first aid kits.				
Is there a procedure for when and how to call emergency services displayed.				
Contents within kit including quantity.				

### Care Home Staff Training

Given the inherent vulnerability of care home residents, it is essential that the staff who are involved in administering medication to them have received appropriate training and been properly assessed as competent. Care home staff need to understand the requirements for the safe keeping recording, handling, and administration of medications together with their disposal for un-wanted or expired medications.

During the visit ask what training has been completed in the home and ask for evidence, Current training certificates should be available for all carers who administer medicines.

Staff Training	YES	NO	N/A
Have all carers who are responsible for administering medicines received appropriate competency-based medication and eMAR training.			
Are training certificates available and in date			
Have all carers who have completed such training been assessed as competent to administer medicines			
Does the care home have a process in place to ensure ongoing competency of its staff with regards to safe administration of medicines			
Are all error and near misses involving medication administering by the care home staff recorded and reported as part of the care home policy			

Are such errors and near misses followed up so the learning is shared with other members in the care home			
Are there remedial procedures in place if staff are deemed not competent following the training			
Are there any unmet training needs regarding Medicine Management			
Are there records of first aider training and regular refresher training on site.			
<b>Further Follow-up notes</b>			

### Summary and Reflection

Summary and Reflection	YES	No	N/A
Have you identified anything that needs to be followed up urgently			
Have you taken appropriate action to address issues in the timely manner			
Have you identified any issues - safeguarding that requires external agency to be involved			
<b>Further Follow-up notes</b>			

### Details of Auditor

Name of Auditor	
Role	
Date of audit	
Date for actions to be completed	