

MONTHLY IN-HOUSE AUDIT CHECK

This document is protected. Click the grey box in each section to complete the form.

UNDERTAKEN BY:

DATE:



Please add any additional items that you assessed during this audit. This could be anything that requires further observation, checking or anything that needs to be followed up in the next audit

SUPPLY

Monthly Checks	YES/NO	Findings	Actions and timescales	Completed Date & Signature
Are up to date MAR sheets available for all people?				
Does the support plan state who is responsible for obtaining supply of medicines?				
Were all medicines available for staff to administer at the time of their visit?				
Are there any issues concerning the pharmacy or GP surgery for any person?				
For people prescribed oxygen, are the details of the oxygen provider recorded?				

LEVELS OF SUPPORT

Monthly Checks	YES/NO	Findings	Actions and timescales	Completed Date & Signature
Does the instruction in the support plan accurately reflect the support needed? (e.g. prompt, administer, self-administration etc)				
Is support and training in place for any "level 3" tasks i.e. administration by a specialised technique?				

STORAGE

Monthly Checks	YES/NO	Findings	Actions and timescales	Completed Date & Signature
Have arrangements been made and reviewed for people to have or not have access to their medicines as appropriate?				
Are oxygen cylinders stored upright, in a well-ventilated area away from heat and flames?				

ADMINISTRATION

Monthly Checks	YES/NO	Findings	Actions and timescales	Completed Date & Signature
Are medicines given at the correct time?				
Have any medicines been missed?				
Are the best outcomes being met for people with their medicines?				
Are PRN medicines being given according to the protocol and support plan details?				
Have refusals been monitored and reported back?				
Are medicines being administered covertly to any person?				

RECORDING

Monthly Checks	YES/NO	Findings	Actions and timescales	Completed Date & Signature
Is the current list of staff signatures up to date?				
Has the person's name, address, date of birth, allergy status and GP details been completed on each MAR sheet in use?				
Do all MAR sheets clearly identify the start date including the year?				
Do the MAR sheets list all the medicines for the person? This includes 'bought' medicines where permission has been sought from the GP & recorded.				
Do all entries show the name, strength & form of the medicine and full directions for use?				
Do all entries show any additional information/warnings e.g. take with or after food.				
Are all handwritten dose changes and amendments made to the to the MAR sheet initialled and dated?				
Are all discontinued medicines removed from the MAR sheet?				
If a medicine has not been given has an appropriate code been recorded and can				

Monthly Checks	YES/NO	Findings	Actions and timescales	Completed Date & Signature
this be cross referenced to an entry in the support plan?				
Where a variable dose is prescribed is the dose administered clearly recorded on the MAR sheet?				
Where an 'as required' (PRN) dose is prescribed is the dose administered, time of administration and reason for administration clearly recorded?				
Where warfarin is prescribed is the dose administered recorded clearly on the MAR and can this be cross-referenced to information provided by the anti-coagulant service?				
Are support plans up to date, accurate and complete?				
Are MAR sheets archived appropriately and retained for a minimum of three years?				

DISPOSAL

Monthly Checks	YES/NO	Findings	Actions and timescales	Completed Date & Signature
If staff return medicines to a pharmacy on behalf of a person has the correct documentation been completed?				

SELF-ADMINISTRATION

Monthly Checks	YES/NO	Findings	Actions and timescales	Completed Date & Signature
Are risk assessments completed for all people currently self-administering medicines				
Are verbal prompts / supervision/ monitoring given (and documented) for people who require them?				