



Person-Centred Medicines Audit for Care Homes

Name of Service

Date

Medicines Audit

Introduction

How to use this audit tool

This audit considers in detail, questions that are specific to the medicines administration and recording of administration for a specific person.

As this audit contains a number of questions, it may not be reasonable to audit the records of several people in one go.

As a recommendation, this audit could be used as an in-depth spot-checking tool over a period of time determined by the service (for example, on a monthly basis).

Each column going down the audit relates to one person (for example - All responses in the Column, 'Person 1', should relate to the same person).

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.

Remember: Audits can and should be used to evidence and highlight good practice as well as identifying areas where changes and improvements may be required.

Enter a "Y" for compliance.	No further action required
Enter "N/A" if not applicable.	No further action required
Enter a "N" for non-compliance.	Further action required

Keep a copy of all completed audits. This can be used as evidence for future internal audits, regulatory inspections or local authority monitoring visits.

Contents

Section	Audit Topic Area	Page No.
A.	Supply & Ordering of Medicines.....	4
B.	Receiving Medicines & Medicines Reconciliation.....	5
C.	Storage of Medicines	6
D.	Medicines Administration	8
E.	Management of Controlled Drugs	11
F.	Medicines Support	13
G.	Disposal of Medicines.....	16
H.	Non-Prescribed Medicines and Homely Remedies	17
I.	Dysphagia (Swallowing Difficulties) and Thickeners	19

A. Supply & Ordering of Medicines

Supply & Ordering of Medicines		"Y"= Compliance. "N"= Non-compliance. N/A = Not applicable									
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
A1	Is there at least 7 days medicine supply?										
A2	Have any issues with ordering and supply of medicines been resolved with the GP or Pharmacy?										
Additional Comments											

B. Receiving Medicines & Medicines Reconciliation

Receiving Medicines		"Y"= Compliance. "N"= Non-compliance. N/A = Not applicable									
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
B1	Are medicines received in appropriate, pharmacy labelled containers with clear, unambiguous instructions (for example, there are no 'as directed' dose instructions)?										
B2	Is a patient information leaflet (PIL) available for each medicine in a format that the person can easily read (for example, large print/ in a language that the person can read)?										
B3	If a stock of medicine is already available, when a new supply arrives, does the existing stock have the most up to date instructions for use, is it in date and is stock being rotated appropriately?										
B4	Are remaining stocks of in-use medicines (especially PRNs) carried forward and recorded on the new MAR?										
B5	Are medicines received for the new cycle reconciled with the prescription and the new MAR?										
B6	Are new and old MARs compared to ensure all current medicines are listed on the MAR and any discontinued medicines have been removed?										
Additional Comments											

C. Storage of Medicines

Storage of Medicines		"Y" = Compliance. "N" = Non-compliance. N/A = Not applicable									
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
C1	Are medicines stored in a designated area which is safe, secure and accessible only to the person (for example, if the person self-administers) or authorised staff (as appropriate)?										
C2	Are external and internal medicines stored separately?										
C3	Where a person has more than one bottle/box of the same medicine, are the medicine label instructions the same on all the containers, is the stock in date and is stock being rotated appropriately?										
C4	Are labels on liquids clean and easy to read (i.e. no spillage)?										
C5	Are dates of opening clearly recorded on medicines that have 'once opened' expiry dates (for example, eye/ nose/ ear drops, creams, some liquids)?										
C6	Are expiry dates of medicines checked and recorded? Include expiry dates checks for: <ul style="list-style-type: none"> • PRNs • Fridge medicines • External medicines 										

Storage of Medicines		“Y”= Compliance. “N”= Non-compliance. N/A = Not applicable									
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
C7	Are appropriate quantities of medicines being stored (i.e. to avoid running out or overstocking of medicines)?										
C8	Are medicines requiring refrigeration stored appropriately in a secure area?										
C9	Are emergency medicines (for example, buccal midazolam for seizures or adrenaline auto-injector pens for a severe allergic reaction) easily accessible at all times (including when the person is away from the service)?										
Additional Comments											

D. Medicines Administration

Medicines Administration		"Y" = Compliance. "N" = Non-compliance. N/A = Not applicable									
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
D1	Are staff signatures on MARs clear so that the staff member administering can be identified (including agency and bank staff)?										
D2	Are medicines administered only from labelled containers supplied by the pharmacy?										
D3	Are all directions clear and unambiguous?										
D4	Has information about the name, strength and form of the medicine on the medicine label been correctly copied onto the MAR?										
D5	Has the full dosage instruction appearing on the medicine label been correctly copied onto the MAR?										
D6	Have any special instructions on the medicine label been correctly copied onto the MAR (for example, 'Take with or after food')?										
D7	Are records of refusal/ non-administration made immediately along with an explanation (i.e. appropriate coding and description of the omitted dose(s))?										
D8	Are refusals of medicines reported to the manager?										

Medicines Administration		"Y"= Compliance. "N"= Non-compliance. N/A = Not applicable									
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
D9	Is there evidence that the reason for refusals have been explored, and that the person has been given information to help them to make a decision about taking their medicines?										
D10	Are regular refusals of medicines raised with the GP?										
D11	Is there evidence that gap monitoring and MAR audits are being carried out regularly?										
D12	Does the number of/ amount of prescribed medicine (tablets/ liquids/ patches etc) remaining for a person tally with the MAR?										
D13	<p>Is additional information available to support administration of PRN or variable dose medicine? For example:</p> <ul style="list-style-type: none"> • What the medicine is for • How much to give/ maximum dose • Minimum time between doses • Use of an appropriate assessments tool where appropriate (for example, a pain assessment tool) 										
D14	Are PRN Protocols in place for every PRN medicine?										
D15	Are PRN medicines being given according to the protocol and care/support plan details?										

Medicines Administration		"Y"= Compliance. "N"= Non-compliance. N/A = Not applicable									
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
D16	If a PRN medicine has been administered, are evaluations of the effectiveness of the PRN medicine to achieve the intended purpose being documented?										
D17	Has the manager been informed if PRN medicines are being given regularly?										
D18	If a separate administration record is used for the administration of certain medicines (for example, Topical MAR (TMAR) for creams, Warfarin Administration Record, PRN Record), is this signposted appropriately on the main MAR?										

Additional Comments

E. Management of Controlled Drugs

Management of Controlled Drugs		"Y" = Compliance. "N" = Non-compliance. N/A = Not applicable									
		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"											
E1	Are CDs requiring safe storage stored in a locked cabinet which meets the requirements of the Misuse of Drugs (Safe Custody) regulations?										
E2	Does the CD register contain a separate sheet for each CD for each person and is the index up to date?										
E3	Does the register contain complete records of the receipt, administration and disposal of CDs?										
E4	Are all entries complete, clear and legible?										
E5	When CDs are administered and witnessed, are MARs being signed by two members of staff?										
E6	Are records in the CD register signed by the same two members of staff who administered and witnessed the medicine being administered?										
E7	Does the register contain running balances of CDs?										
E8	Are the stock levels of all CDs correct?										
E9	If the balance is incorrect in the CD register, has this been reported to and investigated by the Manager / designated person?										

Management of Controlled Drugs		"Y"= Compliance. "N"= Non-compliance. N/A = Not applicable									
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
E10	Are alterations to CD entries annotated with footnotes (initialled and dated) rather than by crossing out the initial entry?										

Additional Comments

F. Medicines Support

Medicines Support		"Y" = Compliance. "N" = Non-compliance. N/A = Not applicable									
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
F1	Does the instruction in the care/support plan accurately reflect the support needed and being provided (for example, prompt, administer, self-administration etc)?										
F2	Does the care/support plan cater for person-centred considerations about a person's preference for when, where and how they want to take their medicines? Please note: There may be specific requirements of the medicine or condition(s) the person is living with that need to be considered. Please seek support from a healthcare professional if you are unsure about the suitability of any requests made by a person regarding when, where and how they take their medicines.										
F3	Does the care/support plan provide evidence that matters relating to equality and diversity have been considered in regards to support with medicines (for example, support with hearing or sight loss, different languages, mental health considerations, religious and cultural considerations (for example, fasting))?										
F4	Does the care/support plan clearly indicate how the person will provide consent to taking their medicines and how this will be obtained and recorded?										

Medicines Support		"Y"= Compliance. "N"= Non-compliance. N/A = Not applicable									
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
F5	Does the care/support plan contain information about any allergies a person may have, including the type and severity of the reaction?										
F6	If the person has been prescribed medicines that are considered 'high-risk' (for example, anticoagulants, lithium, valproate, clozapine), has this been identified and are appropriate safeguards in place to manage this risk? Please note: Seek assistance from a healthcare professional such as a GP or pharmacist if you are unsure of the safeguards required for a specific medicine.										
F7	If the person is on any medicines which increase the risk of falls, is this risk being managed appropriately (for example, by carrying out a falls risk assessment)?										
F8	If the person has been prescribed any anti-psychotic/psychotropic/ sedating medicines, are these being used appropriately and not overused (for example, by following the principles of STOMP (stopping over medication of people with a learning disability, autism or both))?										
F9	If the person needs any end of life/anticipatory medicines, are these available and being used?										
F10	Are assessments and support needs reviewed and is this done with the involvement of the person (or their representative) to find out if the support being provided continues to suit the person?										

Medicines Support		"Y"= Compliance. "N"= Non-compliance. N/A = Not applicable									
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
F11	Are medicine reviews (a structured, critical examination of a person's medicines by a healthcare professional) carried out at least once a year (or more often based on the health and care needs of the person)?										
F12	If medicine(s) are being administered covertly to a person, is the correct, documented authorisation (i.e., assessment of capacity, best interest meeting) in place in the person's care/support plan for each medicine being administered covertly?										
Additional Comments											

G. Disposal of Medicines

Disposal of Medicines		"Y" = Compliance. "N" = Non-compliance. N/A = Not applicable									
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
G1	Are medicines awaiting disposal stored safely and securely (for example, in a tamper proof bin) and are they separated from medicines in-use?										
G2	Are appropriate records (person's name, medicine, quantity, date of disposal) maintained of all medicines that are disposed of?										
Additional Comments											

H. Non-Prescribed Medicines and Homely Remedies

Non-Prescribed Medicines		"Y"= Compliance. "N"= Non-compliance. N/A = Not applicable									
		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"											
H1	Has documented authorisation and advice been obtained from the person's GP/ nurse/ pharmacist prior to staff administering any non-prescribed medicines to a person?										
H2	Is administration of non-prescribed medicines by staff recorded on a MAR?										
Additional Comments											

Homely Remedies		"Y"= Compliance. "N"= Non-compliance. N/A = Not applicable									
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
H3	Are homely remedies administered only to people named in the homely remedy policy?										
H4	Are their records of administration of homely remedies on both the homely remedy record and the person's MAR?										
H5	Are homely remedies only being given for the length of time specified in the homely remedies policy (for example, up to 2 days) after which the GP is contacted?										
Additional Comments											

I. Dysphagia (Swallowing Difficulties) and Thickeners

Thickeners		"Y" = Compliance. "N" = Non-compliance. N/A = Not applicable									
Please enter initials of person for whom this audit applies. For Example - "Person 1 - EG"		Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10
11	If the person has any swallowing difficulties, has a Speech and Language Therapist (SALT) assessment been undertaken and are the results of the SALT assessment available?										
12	Is a scare/support plan in place that has been developed/ made available as a result of the SALT assessment?										
13	Are thickeners stored correctly?										
14	Are thickeners administered correctly according to the SALT assessment and the detail in the care/support plan (for example, only using the scoop provided with the thickener)?										
15	Are thickeners recorded correctly?										
16	Are issues relating to a person's swallowing difficulties being addressed appropriately (for example, by seeking further assistance and support from the SALT or other healthcare professional)?										
Additional Comments											

Actions to be taken based on observations and findings from audit		
Date	Additional Comments/ Actions Required*	Staff Signature

* Where areas for improvement have been identified, indicate the actions that will need to be taken to improve the situation. For example, provide detail around questions such as:

- What will you monitor/ what actions will you take?
- How long will you monitor this for?
- Where will you record what you monitor (for evidence)?
- When will you review the progress?

Please note: You may need to detail this information on a separate document if the space provided in this this audit tool is limited.

Person X [Initials]	Date of Audit	Name of Auditor (Print Name)
Person 1 []		
Person 2 []		
Person 3 []		
Person 4 []		
Person 5 []		
Person 6 []		
Person 7 []		
Person 8 []		
Person 9 []		
Person 10 []		