**Medicines in Care Homes Audit**

**Introduction**

**Advice for Completing the Audit**

* Work through each of the questions and tick appropriate box.
* If you have ticked all Yes or N/A boxes, then the audit is complete, and no further action is needed.
* If you have ticked any boxes that are No 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 audits completed and file as evidence.
* To undertake an audit in a specific area, click on the required tab.

**Medicines in Care Homes Audit**

**Contents**

|  |  |
| --- | --- |
|   | Contents |
| Pages |   |
| 3-7 | Medicines Administration & Monitoring |
| 8-10 | Training for Medicines Administration |
| 11-14 | MAR Charts |
| 15-16 | Reconciling Medication |
| 17-18 | Covert Administration |
| 19-20 | Self-Administration |
| 21-22 | Controlled Drugs |
| 23-24 | OTC & Homely Remedies |
| 25 | Medication Reviews |
| 26-27 | Medical Gases |
| 28 | Maintaining Records |
| 29-31 | Medicines Incidents & Near Misses |
| 32 | Ordering Medicines |
| 33-34 | Receiving & Storing Medicines |
| 36 | Disposal of Medicines |
| 37 | Managing & Sharing Information |
| 38 | Equality & Diversity |

**Medicines Administration & Monitoring**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NICE SC1 |  | Medicines Administration & Monitoring | Yes | No | N/A | Comments / Action Required |
| 1.1.2 | **1** | The medicines policy covers medicines administration |  |  |  |  |
|  | **2** | Medicines keys are held by an appropriate person and there is a hand over procedure for them (or if a keypad is used the code is only known by authorised staff) |  |  |  |  |
| 1.14.5 | **3** | Staff are given sufficient protected time to carry out the medicines round without being disturbed |  |  |  |  |
| 1.12.2 | **4** | The medication trolley is supervised at all times when in use, and locked when left unattended |  |  |  |  |
| 1.12.2 | **5** | Medicines trolleys are kept locked when the staff member is administering medication to a resident |  |  |  |  |
|  | **6** | All medicines are administered directly from labelled containers supplied by the pharmacy |  |  |  |  |
|  | **7** | All medicines are individually labelled in appropriate containers |  |  |  |  |
|  | **8** | All labels are legible and not smudged or faded |  |  |  |  |
|  | **9** | Medication details on labels & MARs are checked before each administration |  |  |  |  |
|  | **10** | Allergies are checked before medication is administered |  |  |  |  |
| 1.14.1 | **11** | Staff are aware of the type of side effects that may occur with any newly prescribed medication |  |  |  |  |
| 1.5.3 | **12** | Staff monitor the effects of medication and inform the GP if the resident's condition changes |  |  |  |  |
| 1.14.2 | **13** | Staff are able to offer PRN medication between the regular medication rounds |  |  |  |  |
| 1.14.1 | **14** | There is a procedure in place to administer time-critical medication (i.e. Parkinsons meds) at the correct times outside of the regular medicine’s rounds |  |  |  |  |
| 1.10.11.14.1 | **15** | Medication is only given to the resident it was prescribed for |  |  |  |  |
| 1.14.11 | **16** | Only the person who administers the medicine signs the MAR chart |  |  |  |  |
| 1.14.11 | **17** | Records are made as soon as possible after medication is taken and before moving on to the next resident |  |  |  |  |
|  | **18** | Medication is prepared at the time of administration only (i.e. not potted for use later on) |  |  |  |  |
|  | **19** | If medication is found in the blister pack after it should have been administered, this would be investigated, and remedial action would be taken |  |  |  |  |
|  | **20** | MAR charts are routinely checked for administration gaps following a medicines round |  |  |  |  |
|  | **21** | The pharmacist / GP / other healthcare professional is contacted if staff need clarification on any of the residents' medication |  |  |  |  |
|  | **22** | There is a protocol for managing residents who have difficulty swallowing |  |  |  |  |
| 1.14.1 | **23** | Where a resident has swallowing difficulties, advice is sought from a GP/pharmacist before opening a capsule or crushing tablets |  |  |  |  |
|  | **24** | There is a protocol for managing residents who refuse medication which includes informing the GP |  |  |  |  |
|  | **25** | Staff understand the different techniques required for different inhaler & spacer devices |  |  |  |  |
|  | **26** | Staff are able to assess the suitability of inhaler devices and report to GP / HCP if there are problems |  |  |  |  |
|  | **27** | All resident body weights are recorded at least monthly |  |  |  |  |
|  | **28** | Residents have their body weight recorded weekly when on nutritional supplements, or where there are concerns about their weight |  |  |  |  |
|  | **29** | Residents who have been on nutritional supplements for 6 months are reviewed by a dietitian |  |  |  |  |
|  | **30** | A resident's sudden, significant weight loss triggers a review with GP |  |  |  |  |
| 1.8.2 | **31** | All residents who are prescribed antipsychotic medication are reviewed by a GP or specialist every 3 months |  |  |  |  |
| 1.9.1 | **32** | All medication monitoring tests e.g. U&Es, LFTs, lithium, are carried out at appropriate time intervals |  |  |  |  |
|  | **33** | Residents on warfarin have a current warfarin dose advice slip and dose information is shared with the pharmacy |  |  |  |  |
|  | **34** | Staff are trained and competent to administer seizure rescue medicine (i.e. midazolam buccal/diazepam rectal solution) |  |  |  |  |
|  | **35** | All residents who are at risk of a hypoglycaemic attack have glucose gel or glucagon available to use |  |  |  |  |
| 1.14.19 | **36** | Staff have access to and knowledge of the following information sources: |  |  |  |  |
|  |  | · An up-to-date copy of the British National Formulary (BNF), or online access to it |  |  |  |  |
|  |  | · Access to the patient information leaflet for all items being administered to residents |  |  |  |  |

**Medicines Training**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NICE SC1 |  | **Training for Medicines Administration** | **Yes** | **No** | **N/A** | **Comments / Action Required** |
| 1.1.2 | **1** | The medicines policy covers training staff for medicines administration |  |  |  |  |
| 1.17.4 | **2** | Induction training is carried out by all staff |  |  |  |  |
|  | **3** | All medicines trained staff have knowledge of and access to the medicines policy |  |  |  |  |
| 1.17.6 | **4** | There is a record of all training carried out by staff to ensure that those administering/managing medicines have the appropriate skills and knowledge to do so safely |  |  |  |  |
| 1.17.3 | **5** | An accredited learning provider is used for medicines administration training, which involves staff being assessed by an external assessor |  |  |  |  |
| 1.17.1 | **6** | There is documented evidence that all staff who administer medication have been formally assessed as competent to do so |  |  |  |  |
| 1.17.5 | **7** | We assess and record the competence of all staff administering medicines at least annually |  |  |  |  |
| 1.17.5 | **8** | If there is a medicines incident, competency of staff is assessed to identify & support any learning and development needs |  |  |  |  |
|  | **9** | There are enough members of staff trained to administer medicines at all times |  |  |  |  |
|  | **10** | If a nursing home, all medicines are administered by nurses |  |  |  |  |
|  |  | **If you are not a nursing home, please tick N/A and go to next tab** |
| 1.17.6 | **11** | All registered nurses are suitably qualified and registered with the relevant professional body |  |  |  |  |
|  |  | There is usually a qualified staff member on duty who has training to administer the following: |  |  |
|  | **12** | · Intramuscular medication |  |  |
|  |  | · Subcutaneous medication |  |  |
|  |  | · Medication via a PEG tube |  |  |
|  |  | · Oxygen |  |  |
|  | **13** | All nursing staff receive anaphylaxis training to administer adrenaline, and this is updated annually |  |  |
|  | **14** | There are trained carers who administer medicines delegated by the registered nurse |  |  |
|  | **15** | All CDs are administered by registered nurses or medical practitioners only |  |  |
|  | **16** | A documented assessment is made for residents who are suitable for having their medication given by a carer |  |  |
|  | **17** | All registered nurses are aware of their responsibilities regarding the delegation of medicines administration |  |  |
|  | **18** | All delegating nurses are aware that they are accountable for the carer’s administration of medication in line with their professional code |  |  |
|  | **19** | All carers are aware that they are not permitted to give PRN medication without a nurse first assessing need and appropriateness |  |  |

**MAR Charts**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NICE SC1** |  | **MAR Charts** | **Yes** | **No** | **N/A** | **Comments** |
|   | **1** | There is a system to identify each patient (e.g. photo ID with date picture was taken) |  |  |  |   |
|   | **2** | MAR charts have the following on them: |  |  |  |   |
| 1.14.8 |  | · The full resident information including name, DOB and GP |  |  |  |
| · Allergies listed or 'NKDA' |  |  |  |
| · Page numbers, i.e. 1 of 3, 2 of 3, etc |  |  |  |
|   | **3** | The MAR folder(s) contain an up-to-date record of signatures & initials for staff who administer medication |  |  |  |   |
|   | **4** | All medicines are on the MARs including PRN medicines |  |  |  |   |
| 1.14.8 | **5** | MAR charts contain special instructions for administration where appropriate, i.e. with or after food |  |  |  |   |
| 1.14.7 | **6** | All dosage instructions are clear and unambiguous and not 'as directed' |  |  |  |   |
| 1.14.7 | **7** | All boxes on the MAR chart for regular medication either contain a signature or an appropriate code so that you can clearly see what has been given |  |  |  |   |
|   | **8** | The correct non-administration codes are being used for regular medication where appropriate |  |  |  |   |
|   | **9** | When the non-administration “Other” is used, a note is made on the back of the MAR chart to clearly define why the medication was not administered |  |  |  |   |
|   | **10** | Where there is a choice of dosage (e.g. take 1 or 2) the quantity administered is clearly recorded so that you can see what dose has been given |  |  |  |   |
|   | **11** | Running totals of medicines liable to abuse is recorded |  |  |  |   |
| 1.14.7 | **12** | The handwriting on the MAR chart is legible, accurate and in indelible ink |  |  |  |   |
| 1.14.16 | **13** | All controlled drugs are signed on MAR charts when administered |  |  |  |   |
| 1.14.9 | **14** | All handwritten MAR entries contain full and accurate medicine information to safely administer |  |  |  |   |
| 1.14.9 | **15** | All medication changes are recorded on the MAR appropriately, including the following: |  |   |
| · Previous medication clearly stopped (avoid altering existing MAR entries) |  |  |  |
| · New MAR entry for all new or amended medication |  |  |  |
| · All handwritten changes to be dated and signed by two members of staff |  |  |  |
|   | **16** | Separate MAR charts are used for the administration of creams e.g. Topical MAR charts |  |  |  |   |
|   | **17** | Patch charts are used to ensure compliance with site rotation |  |  |  |   |
| 1.14.14 | **18** | If separate administration records are used (creams, patches etc), they are cross-referenced on the MAR chart and completed at each administration |  |  |  |   |
| 1.14.2 | **19** | Additional information is available to support administration of PRN or variable dose medication including: |  |   |
| · What the medication is for |  |  |  |
| · Other interventions to try before medication |  |  |  |
| · Dose to be given |  |  |  |
| · Maximum daily dose & minimum interval between doses |  |  |  |
| · The expected effect of medication |  |  |  |
|   | **20** | For PRN medication, there is person-centred information documented to support carers administering medication appropriately, i.e. signs/symptoms to look out for, including non-verbal cues |  |  |  |   |
| 1.14.13 | **21** | A record is made on the MAR chart for medicines administered by visiting health professionals |  |  |  |   |
|   | **22** | Short course medication, (i.e. antibiotics, steroids) have an end date or duration clearly indicated on the MAR |  |  |  |   |
|   | **23** | The resident's pulse is taken and recorded before relevant medication is administered, if requested to do so (e.g. digoxin) |  |  |  |   |
|   | **24** | For residents with swallowing difficulties, care records contain information on how to administer medication (i.e. crushing tablets, etc.) |  |  |  |   |

**Reconciling Medication**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NICE SC1 |  | **Reconciling Medication** | **Yes** | **No** | **N/A** | **Comments / Action Required** |
| 1.1.2 | **1** | The medicines policy covers accurately reconciling residents' medication |  |  |  |  |
| 1.7.1 | **2** | There is a procedure in place to co-ordinate the accurate listing of the following information within 24 hours of the resident arriving at the care home: |  |  |
| · Resident's name, date of birth, NHS number and weight |  |  |  |  |
| · GP and other healthcare providers who provide care tothe resident |  |  |  |  |
| · Drug allergies |  |  |  |  |
| · Current medication details (including name, strength, form, dose, administration route, timing and indication |  |  |  |  |
| · Details of last dose of PRN / weekly / monthlymedication |  |  |  |  |
|  | **3** | The procedure for reconciling a resident's medication includes what to do / who to contact if there are discrepancies |  |  |  |  |
| 1.7.1 | **4** | There is a procedure for reconciling a resident’s medication on discharge from hospital to ensure any changes are documented |  |  |  |  |
| 1.7.2 | **5** | When reconciling medicines, we seek to involve the following people to ensure medicines are reconciled as accurately as possible: |  |  |
| · The resident and/or their family members or carers |  |  |  |  |
| · a pharmacist |  |  |  |  |
| · Other health & social care practitioners involved inmanaging medicines for the resident |  |  |  |  |
| 1.14.1 | **6** | If a resident leaves the home (e.g. day leave), the temporary carer is provided with sufficient medication and full administration details |  |  |  |  |
| 1.14.18 | **7** | All medication leaving and, if appropriate, re-entering the home is recorded appropriately |  |  |  |  |
| 1.9.7 | **8** | MAR charts are updated as soon as possible when any changes are made to medication |  |  |  |  |
|  | **9** | New and old MAR charts are compared to ensure all current medication is listed on the MAR and discontinued medication has been removed |  |  |  |  |

**Covert Administration**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NICE SC1 |  | **Covert Administration** | **Yes** | **No** | **N/A** | **Comments / Action Required** |
| 1.1.2 | **1** | The medicines policy covers covert administration of medicine |  |  |  |  |
| 1.15.2 | **2** | The policy and guidance for covert administration complies with the Mental Capacity Act 2005 and applies the Code of Practice |  |  |  |  |
| 1.15.11.2.5 | **3** | Covert administration is never used for residents that have capacity |  |  |  |  |
|  | **4** | All reasons are explored for a resident refusing medication before going down the covert administration route |  |  |  |  |
|  | **5** | Covert administration is only used after a capacity and best interest assessment |  |  |  |  |
| 1.15.3 | **6** | An assessment of mental capacity is recorded in the resident's care records |  |  |  |  |
| 1.15.3 | **7** | For medication being administered covertly, all relevant signatures are present on the consent form |  |  |  |  |
| 1.15.3 | **8** | All covert forms have an up-to-date list of all medication covered by the relevant covert order |  |  |  |  |
|  | **9** | The pharmacist is contacted for advice on how to administer each medicine covertly, with clear instructions on how to do this documented for each medication on the covert form |  |  |  |  |
|  | **10** | We ensure that the need for covert administration is reviewed 6 monthly or after a medication change |  |  |  |  |

**Self-Administration**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NICE SC1 |  | **Self-Administration** | **Yes** | **No** | **N/A** | **Comments / Action Required** |
| 1.1.2 | **1** | The medicines policy covers self-administration of medicines |  |  |  |   |
| 1.13.2 | **2** | The policy includes assessing residents to see if they have capacity & are capable to self-medicate |  |  |  |   |
| 1.13.1 | **3** | Residents are encouraged to self-medicate even with a limited number of their medication, ie. inhalers |  |  |  |   |
| 1.13.2 | **4** | For each self-medicating resident, a risk assessment is completed, which includes the safety of other residents |  |  |  |   |
| 1.13.7 | **5** | For residents self-administering controlled drugs, the following are explicitly included in the process: |  |   |
| · Safety of other residents |  |  |  |   |
| · Storing, ordering & supply of medicines |  |  |  |   |
| · Recording supply |  |  |  |   |
|  ·Disposal of unwanted CDs |  |  |  |   |
| 1.13.2 | **6** | The level of support needed to assist residents to self-administer is documented in the care plan (i.e. reminders needed) |  |  |  |   |
| 1.13.2 | **7** | Assessments and support needs are reviewed at relevant intervals depending on individual residents' needs |  |  |  |   |
| 1.13.4 | **8** | A record is made for the supply of medication to self-medicating residents |  |  |  |   |
| 1.13.4 | **9** | A record is made when self-medicating residents are reminded by staff to take their medicines |  |  |  |   |
| 1.13.6 1.13.7  | **10** | Self-medicating residents have accessible but secure storage of their medication, including items requiring special storage, i.e. fridge, CD items |  |  |  |   |
|   | **11** | Regular checks are made on storage, stock levels and expiry dates of medicines kept by the residents self-administering |  |  |  |   |
|   | **12** | We ensure that residents do not self-medicate from compliance aids filled by other people i.e. family members |  |  |  |   |

**Controlled Drugs**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NICE SC1 |  | **Controlled Drugs** | **Yes** | **No** | **N/A** | **Comments / Action Required** |
| 1.1.2 | **1** | The medicines policy covers controlled drugs |  |  |  |  |
| 1.12.1 | **2** | All CDs are stored in a locked cabinet which meets the requirements of the Misuse of Drugs (Safe Custody) regulations |  |  |  |  |
|  | **3** | There is a hand over procedure for the keys to the controlled drugs cupboard |  |  |  |  |
| 1.12.2 | **4** | The medicines policy states which members of staff are authorised to hold the CD keys |  |  |  |  |
| 1.12.2 | **5** | The CD keys are held by a designated person at all times |  |  |  |  |
| 1.12.2 | **6** | The CD cabinet is kept locked when not in use |  |  |  |  |
|  | **7** | There is a bound CD register with numbered pages and a separate page for each CD for each resident |  |  |  |  |
| 1.14.16 | **8** | All controlled drugs received are entered into the register immediately on receipt and stock balances are updated |  |  |  |  |
| 1.12.2 | **9** | For homes using dossette boxes, blisters containing CDs are stored in the CD cabinet |  |  |  |  |
|  | **10** | The register contains complete records of the receipt, administration and disposal of CDs |  |  |  |  |
|  | **11** | The register contains running balances of CDs which are checked regularly |  |  |  |  |
|  | **12** | Any corrections in the register are bracketed out () and also have initials and date of person making the error (rather than crossed through) |  |  |  |  |
|  | **13** | All stock levels of CDs are currently correct |  |  |  |  |
| 1.14.16 | **14** | The administration of CDs is witnessed by a second member of staff, and both staff members sign the CD register |  |  |  |  |
|  | **15** | There is a process to ensure that if any CD balances are incorrect, this would be reported to the care home manager or clinical lead for investigation |  |  |  |  |
|  | **16** | If after an investigation the discrepancy could not be rectified, this would be reported to the Responsible Individual |  |  |  |  |
|  | **17** | A record is kept of all CDs either returned to the pharmacy or disposed of with a DOOM kit |  |  |  |  |

**Over the Counter & Homely Remedies**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NICE SC1 |  | **Over the Counter & Homely Remedies** | **Yes** | **No** | **N/A** | **Comments / Action Required** |
| 1.1.2 | **1** | The Medicines Policy includes the use of Over the Counter (OTC) medicines and Homely Remedies |  |  |  |  |
| 1.16.2 | **2** | The process names suitably skilled staff who are authorised to administer homely remedies |  |  |  |  |
|  | **3** | The purchase & disposal of homely remedies is recorded |  |  |  |  |
|  | **4** | Homely remedies are stored separately from regular medicines |  |  |  |  |
|  | **5** | Homely remedies are kept in their original packaging together with all information supplied i.e. PIL |  |  |  |  |
|  | **6** | Homely remedy expiry dates are checked on a monthly basis |  |  |  |  |
|  | **7** | All medicines that are administered as homely remedies (i.e. non-prescribed items) are appropriate (i.e. GSL or P meds) and have been approved by the GP/Pharmacist |  |  |  |  |
| 1.16.2 | **8** | Staff members sign the homely remedies process to confirm they have the skills to administer homely remedies and that they are accountable for their actions |  |  |  |  |
| 1.16.1 | **9** | Sufficient supporting information is available to allow staff to administer homely medicines safely, including: |  |  |
| · Name of medicine & what it is used for |  |  |  |
| · dose & administration frequency |  |  |  |
| · Maximum daily dose |  |  |  |
| · Duration of treatment before referring to GP if symptoms not resolved |  |  |  |
|  |  | · where/how to record administration |  |  |  |  |
|  |  | · Excluded residents |  |  |  |  |
|  | **10** | Medicines which are purchased by residents, or their families are recorded and checked with a GP or Pharmacist before being used |  |  |  |  |
| 1.16.1 | **11** | The administration of all non-prescribed medication is recorded on a MAR chart |  |  |  |  |

**Medication Reviews**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NICE SC1 |  | **Medication Reviews** | **Yes** | **No** | **N/A** | **Comments / Action Required** |
| 1.1.2 | **1** | The medicines policy covers medication reviews |  |  |  |  |
| 1.8.1 | **2** | All residents receive a medication review by a GP following admission to the care home |  |  |  |  |
| 1.8.1 | **3** | All residents receive an annual medication review by a clinically qualified professional |  |  |  |  |
| 1.8.2 | **4** | All residents each have a named GP/clinically qualified professional who is responsible for medicines reviews |  |  |  |  |

**Medical Gases**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Medical Gases** | **Yes** | **No** | **N/A** | **Comments** |
| **1** | For any resident(s) prescribed oxygen, is the following information documented: |  |  |
| · The prescriber |  |  |  |  |
| · Clinical reason for oxygen |  |  |  |  |
| · Recommended flow rate |  |  |  |  |
| · How it should be used for that individual |  |  |  |  |
| **2** | For each resident prescribed oxygen, does the oxygen care plan and medicines administration record contain the following: |  |  |
| · The resident’s normal oxygen saturations, both on air & on usual oxygen therapy |  |  |  |  |
| · An escalation plan |  |  |  |  |
| · Who to contact & what to do if the resident becomes unwell |  |  |  |  |
| · Personal emergency evacuation plan (PEEP) |  |  |  |  |
| **3** | Has a risk assessment taken place for each resident prescribed oxygen, and is this updated at least annually (or sooner if |  |  |  |  |
| **4** | Are oxygen cylinders stored securely in the following way: |  |
| · Cylinder secure and unable to fall |  |  |  |  |
| · Not blocking escape routes/fire exits |  |  |  |  |
| · Well-ventilated area |  |  |  |  |
|  | · Away from heat and light sources |  |  |  |  |
|  | · Away from other flammable and combustible materials |  |  |  |  |
|  | · Not covered by items of clothing |  |  |  |  |
| **5** | Are the appropriate statutory hazard notices displayed in storage areas, including residents’ bedrooms? |  |  |  |  |
| **6** | Is the use of oxygen included in your fire risk assessment? |  |  |  |  |
| **7** | Do you ensure that any resident requiring oxygen does not smoke or use any paraffin-based products? |  |  |  |  |
| **8** | Do you ensure there is a no smoking policy near where oxygen is being used? |  |  |  |  |
| **9** | Are oxygen concentrators stored upright and plugged into the mains (not an extension lead)? |  |  |  |  |
| **10** | Are new masks and tubing available and are they cleaned and replaced regularly as per manufacturer’s guidance? |  |  |  |  |
| **11** | Are expiry dates of oxygen cylinders checked regularly? |  |  |  |  |
| **12** | Do all staff involved in the use of oxygen have appropriate and ongoing training to use and store safely? |  |  |  |  |

**Maintaining Records**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NICE SC1 |  | **Maintaining Records** | **Yes** | **No** | **N/A** | **Comments / Action Required** |
| 1.1.2 | **1** | The medicines policy covers maintaining accurate & up to date records |  |  |  |  |
| 1.2.2 | **2** | The residents’ consent to have their medicines administered when they are admitted to the care home is recorded |  |  |  |  |
| 1.2.11.7.2 | **3** | The resident and/or their family are involved in decisions regarding their medication |  |  |  |  |
| 1.7.3 | **4** | When a new resident arrives at the care home, the following information is gathered within 24 hours: |  |  |
| · Resident details; name, DOB, NHS number, weight |  |  |  |
| · Details of GP & other healthcare providers |  |  |  |
| · Known drug allergies |  |  |  |
| · Medication details (inc. name, strength, form, dose, route, timing & indication) |  |  |  |
| · Details of last dose of PRN/weekly medication |  |  |  |
| 1.9.7 | **5** | There is a process in place which ensures that any verbal instructions of changes to medication are: |  |  |
| · Only taken by a trained member of staff |  |  |  |
| · Confirmed in writing as soon as possible before the next/first dose is given |  |  |  |

**Medicines Incidents & Near Misses**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NICE SC1 |  | **Medicines Incidents, Near Misses & Adverse Effects** | **Yes** | **No** | **N/A** | **Comments / Action Required** |
| 1.1.2 | **1** | The medicines policy includes identifying & reporting medicines incidents (including safeguarding) & near misses |  |  |  |  |
| 1.6.2 | **2** | There is a process in place for reporting medicines-related safeguarding incidents which follows local safeguarding procedure |  |  |  |  |
|  |  | The process for medicines related incidents includes: |  |  |  |  |
|  |  | · How to report an incident & who to report to |  |  |  |  |
|  |  | · What information to record for investigation purposes |  |  |  |  |
| 1.6.41.6.5 | **3** | · How incidents will be investigated, acted upon & shared |  |  |  |  |
|  |  | · When the CQC should be notified |  |  |  |  |
|  |  | · Which incidents should be reported under local safeguarding |  |  |  |  |
|  |  | policy |
|  |  | · Which healthcare professional to contact (including out of |  |  |  |  |
|  |  | hours) to ensure action is taken to safeguard the resident |
|  |  | involved in the incident |
| 1.6.5 | **4** | All medicines related safety incidents and near misses are recorded as a resident safety incident, including those that do not cause any harm |  |  |  |  |
|  | **5** | All incidents/errors/adverse effects are reported to the relevant healthcare professional, and details documented in the care plan as soon as possible |  |  |  |  |
|  | **6** | All significant medication errors are reported to NHS England's national reporting & learning system (NRLS) and the local authority |  |  |  |  |
| 1.5.1 | **7** | There is a process in place to share learning from all medicines related incidents (including near misses) across the organisation |  |  |  |  |
| 1.6.10 | **8** | Residents and family members are provided with information on how to report a concern or incident relating to medicines safety themselves (via care homes complaints process/local authority/safeguarding/CQC) |  |  |  |  |
| 1.5.3 | **9** | There is a process for reporting all suspected medication.**adverse effects**, which includes the following: |  |  |  |  |
|  |  | · How to report suspected events |  |  |  |  |
|  |  | · Who to report them to (e.g. GP, out of hours service) |  |  |  |  |
|  |  | · What to record in the resident's care plan |  |  |  |  |
|  |  | · How to feedback relevant information to the resident, their family and the supplying pharmacy |  |  |  |  |
|  | **10** | The care home is signed up to receive national patient safety alerts from the Central Alerting System (CAS alerts) |  |  |  |  |
|  | **11** | There is a process in place to ensure CAS alerts are: |  |  |  |  |
|  |  | · Actioned in a timely manner |  |  |  |  |
|  |  | · Cascaded to relevant staff members & residents if/where appropriate |  |  |  |  |

**Ordering Medicines**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Re |  | **Ordering Medicines** | **Yes** | **No** | **/A** | **Comments / Action Required** |
| 1.1.2 | **1** | The medicines policy covers ordering medicines |  |  |  |  |
| 1.10.4 | **2** | Ordering is done by care home staff and not delegated to the supplying pharmacy |  |  |  |  |
| 1.10.3 | **3** | At least 2 members of staff are trained & competent to order & receive medication |  |  |  |  |
| 1.10.21.14.5 | **4** | Staff are given sufficient protected time to order medication |  |  |  |  |
|  | **5** | Ordering is done in advance so that residents do not miss doses of medication |  |  |  |  |
| 1.1.2 | **6** | There is an agreed process for ordering medication which includes ordering for the monthly cycle as well as in the middle of the cycle and out of hours |  |  |  |  |
|  | **7** | Stock levels of all medicines including PRNs, appliances & feeds are checked before ordering to ensure stock levels are sufficient, but not excessive |  |  |  |  |
| 1.10.5 | **8** | Records are kept of all medication that has been ordered |  |  |  |  |

**Receiving and Storing Medicines**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NICE SC1 |  | **Receiving & Storing Medicines** | **Yes** | **No** | **N/A** | **Comments / Action Required** |
| 1.1.2 | **1** | The medicines policy covers the receiving and storage of medicines |  |  |  |  |
| 1.12.2 | **2** | All medicines are stored in a designated area which is suitable & lockable |  |  |  |  |
| 1.12.2 | **3** | Medicines keys are held by an authorised member of staff at all times |  |  |  |  |
| 1.12.2 | **4** | The medication room is kept locked when not in use |  |  |  |  |
| 1.12.2 | **5** | The room temperature is below 25oC and recorded daily |  |  |  |  |
|  | **6** | There is sufficient storage space available to store individual residents' medicines separately |  |  |  |  |
| 1.12.3 | **7** | If medicines are stored within residents’ rooms, secure storage is available |  |  |  |  |
| 1.14.3 | **8** | All PRN medicines are supplied in original packs (not dispensed into a dossette box) |  |  |  |  |
| 1.12.2 | **9** | The fridge is lockable or located in a locked room |  |  |  |  |
|  | **10** | Max/min fridge temperatures are monitored and recorded daily, and the thermometer is reset |  |  |  |  |
|  | **11** | Records indicate that the fridge temp is consistently between 2- 8oC |  |  |  |  |
|  | **12** | If only a domestic fridge is available, medication is stored in a lockable container |  |  |  |  |
|  | **13** | All stock currently in the fridge requires temperature control |  |  |  |  |
|  | **14** | Action is taken when the fridge goes out of range/stops working, this includes seeking advice on whether the medicines are still safe to use |  |  |  |  |
|  | **15** | There is a process for staff to follow if the medicines fridge stops working/goes out of range |  |  |  |  |
|  | **16** | The receipt of all medicines, appliances and feeds is recorded & signed for |  |  |  |  |
| 1.12.2 | **17** | Items requiring refrigeration are put into the fridge as soon as they are received |  |  |  |  |
|  | **18** | All items received are checked against the initial order |  |  |  |  |
|  | **19** | The order is received in sufficient time to resolve any discrepancies before the start of the new cycle |  |  |  |  |
|  | **20** | There is a process in place for notifying the GP/clinician when medicines are out of stock, in order to obtain an alternative |  |  |  |  |
| 1.12.4 | **21** | Remaining stock of in-use medication is carried forward for the new cycle (where possible) and recorded on the new MAR |  |  |  |  |
| 1.12.4 | **22** | Stock is regularly rotated, and expiry dates checked |  |  |  |  |
|  | **23** | Liquids, creams and drops are routinely marked with an opening date once in use |  |  |  |  |
|  | **24** | There is documented information regarding the shelf life of medicines once they have been opened and are in use |  |  |  |  |
|  | **25** | Staff regularly clean and defrost the medicines fridge and we keep a record of this |  |  |  |  |

**Disposal of Medicines**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 0 |  | **Disposal of Medicines** | **Yes** | **No** | **N/A** | **Comments / Action Required** |
| 1.1.2 | **1** | The medicines policy covers the disposal of medicines |  |  |  |  |
| 1.12.6 | **2** | Medicines awaiting disposal are stored securely and separated from medicines in-use |  |  |  |  |
|  | **3** | There is a procedure for dealing with excess stock |  |  |  |  |
| 1.12.5 | **4** | Medicines waste is returned to the pharmacy/waste management company for disposal |  |  |  |  |
| 1.12.6 | **5** | Records are kept of all disposed medication (e.g. on MAR or in a separate record book). Details including date, patient name, medicine, and quantity are recorded |  |  |  |  |
|  | **6** | Following the death of a resident, medicines are kept for 7 days before disposal |  |  |  |  |
|  | **7** | There are sharps bins for needle disposal which are signed & dated when opened & sealed |  |  |  |  |

**Managing and Sharing Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NICE SC1 |  | **Managing & Sharing Information** | **Yes** | **No** | **N/A** | **Comments / Action Required** |
| 1.1.2 | **1** | The medicines policy covers managing and sharing resident information |  |  |  |  |
| 1.3.1 | **2** | There are appropriately trained staff who manage the personal and sensitive information of residents following the 5 rules set out in 'A Guide to Confidentiality in Health & Social Care 2013' |  |  |  |  |
|  | **3** | There is a document which lists residents' contact information, medical and medication history available for if / when the resident transfers between care settings |  |  |  |  |
| 1.3.3 | **4** | There is a process in place to ensure information regarding a resident's medication is shared when residents are: |  |  |
| · Attending clinic appointments |  |  |  |
| · Admitted to hospital |  |  |  |
| · Transferred to another care setting |  |  |  |
| 1.9.3 | **5** | There is a process in place for ensuring all relevant staff members are made aware of any changes to medication, i.e. when stopped, started or changed |  |  |  |  |
|  | **6** | There is a process in place for notifying the pharmacy of any changes to medicines |  |  |  |  |

**Equality & Diversity**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NICE SC1 |  | **Equality & Diversity** | **Yes** | **No** | **N/A** | **Comments / Action Required** |
|  | **1** | The resident's wishes or beliefs are discussed with the resident or resident’s representative to ensure they are followed and respected |  |  |  |  |
|  | **2** | We ensure that vegetarian / vegan residents do not receive medication containing animal products (e.g. capsules containing gelatine) |  |  |  |  |
|  | **3** | There is a process for ensuring that residents’ medication intervals can be altered during religious festivals, such as when they are fasting |  |  |  |  |