

Appendix A: Summary of Visit Outcomes

Audit tool Category	Issues Identified
<p>(1) PERSON CENTRED CARE: Medicine Policies</p>	<ul style="list-style-type: none"> ▪ Staff haven't signed Medicines Management Care Home Policy ▪ Staff do not have a SOP for admitting patients to the care home (including transcribing medication to PMR) ▪ No medicines policy in place ▪ Admissions SOP should include a process to check that medicines recently dispensed that the tablets inside the box correspond with the label on the pack (patients often take medicines out of packets and they can get mixed up) ▪ Pharmacy will support care home in the development of some SOPs required ▪ Pharmacy advised the care home to check that Medicines Policy is in line with NICE SC1 checklist. ▪ Records of staff training evident. Advised to check when to update and contact pharmacy to arrange necessary training if required. ▪ All nursing staff to complete annual review of care home medication policy and SOP with signed declaration recorded ▪ Training competencies for staff to be completed every 6 months. Advised inclusion of assessment on inhaler technique ▪ Medication policy present but no SOP's available to view. Referred to NICE checklist ▪ The Homes existing Medication Policy to be updated. ▪ Annual staff competencies regarding medicines management to be

<p>Self-medication</p>	<p>signed off by manager</p> <ul style="list-style-type: none"> ▪ Ensure all new staff administering medicines are trained and signed off as competent ▪ Risk assessment to be completed for a patient who self- medicates ▪ Add information on self-administration to care plan i.e. level of support required, how often patient's ability to self-medicate is reviewed etc.
<p>(2) SAFE CARE & TREATMENT</p> <p>Transfer to Care Home</p> <p>Records and administration</p>	<ul style="list-style-type: none"> ▪ Ensure GP is always contacted for full medication list when patient is admitted to the care home. Don't only rely on patient's own meds as a source of information. ▪ Some medicines omitted due to stock issues ▪ Ensure medication refusals are discussed with GP ▪ Archive all old PMRs. Only keep current PMR in file ▪ MAR sheets have some duplicated items ▪ Missing signatures for administration on MAR sheet ▪ Poor recording of PRN administrations/outcomes ▪ Incorrect timings of meds on MAR sheet ▪ Start and end dates of acute courses of medicines not on PMR or MAR ▪ No transdermal record for patches in place ▪ No directions for topical preparations recorded on PMR ▪ No directions on MAR for medications ▪ No creams chart in use

- Dose/directions on MAR sheet and PMR does not match for several medications
- Medication on MAR sheet but not on PMR
- Medication on PMR but not on MAR
- Only one signature on MAR for a discontinued medication
- Medicine discontinued on MAR but not on PMR
- No double signature for medicines transcribed to PMR
- Bisphosphonate administered at same time as other meds –
- Important that any verbal changes to medication are followed up with a new prescription, even if there is stock available to facilitate a new dose.
- Recommended adding recent photo of resident to MAR sheet to reduce risk of error during administration if locum staff working.
- Care on recording of medications administered on Kardex. Ensure all staff are using same codes to clearly identify non-administration.
- Review how to record and dispose of medication not wanted/refused by resident (e.g. laxatives) after popping for administration.
- Ensure medication clearly labelled with date of opening
- Home to implement antibiotic book recording resident, antibiotic required, date commenced and finished
- Rewrite PMR's with formulations, strength and dosage accurately documented. Encourage typed version if possible.
- Evidence of strength missing, formulations not recorded, dosage discrepancies with MAR
- Inhaler administration, 3 residents with inhalers audited with discrepancies in expected stock and actual stock

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| | <ul style="list-style-type: none">▪ Remind staff to inform Pharmacy when items discontinued and no longer to be included on MAR or monthly order▪ Advised on daily stock counts for non-blistered medications e.g. new items and weekly stock checks for all inhalers. These stock counts to be recorded on the MAR▪ Review items on PMR. Several items no longer in stock and not on MAR▪ Thickener administration records to be signposted on MAR▪ Ensure when transcribing a new MAR for new monthly cycle any handwritten items are copied over.▪ When a medication has been discontinued put a single straight line through remaining dose boxes as well on MAR▪ Consistent recording of date openings on non-blistered medication▪ Examples of 2 opened bottles in use in the drug trolleys e.g., lactulose and paracetamol▪ Query on dose of fluticasone nasal spray. Asked staff to clarify with GP surgery▪ Stock balance checks on liquids, discrepancies identified on expected stock count against actual on several liquid medicines▪ Make sure aero chambers are cleaned frequently and are replaced at least annually▪ Review and rewrite Kardex's with all items individually double signed on commencement and when discontinued/completed▪ Missed several doses of Metformin. Incident notified and Training in place to support Staff▪ Ensure antibiotics are administered in a timely manner▪ Ensure medications are discarded after shelf life has expired |
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Monitoring/Review

- All PRN medications should have full directions recorded on MAR
 - Ensure all medicines which are handwritten onto MAR have a start date included
 - Patient prescribed Valproic acid, but written onto MAR as the brand Depakote (but patient receiving a different brand; Belvo)
 - Ensure a running balance of medicines is kept on the MAR sheet for auditing purposes
 - Amend directions on MAR sheet for Quetiapine 25mg, directions should read take half a tablet (12.5mg) but currently reads as 'take half a 12.5mg tablet' which is confusing and not accurate
 - Discard any acute medication which has been discontinued
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- Ensure all patients have medication reviewed by GP every 12 months.
 - Home to highlight to GPs which Resident Medication reviews are due.
 - No up to date hard copy BNF in place. Staff were shown how to access BNF on line
 - Pharmacy to forward link to yellow card scheme and online BNF

(3) MEDICINES MANAGEMENT

Ordering & Receipt

- Ensure all medicines received into care home are recorded in medication received book (including MDS)
- Acute prescriptions to be photocopied and attached to medication
- Previously ordered new prescriptions using MAR sheets. At present they are ordered by emailing the GPP but nurse states ordering via MAR sheets is preferred option. Pharmacy to request new system whereby care home will order via MAR but scan and email the MAR to the GPP
- Pharmacy to work with Home and GPs regarding any issues with drug quantities for monthly medication.
- All prescriptions checked by care home staff for each monthly order received. Recommended these are initialled and dated as evidence of check
- Staff reminded to order repeats 7 to 10 days in advance
- Staff reminded to contact pharmacy to remind them to deliver any urgent acutes e.g. antibiotics

Safe Storage

- Care home recording fridge temperatures twice daily (once daily only necessary)
- Care home unaware of how to reset fridge thermometer; Pharmacist demonstrated
- No monitoring of room temperature in medication storage areas
- Remind all staff to sign PRN boxes, eye drops, creams etc. with a

date and time of opening

- Staff should be reminded to date check stock at the point of administration.
- All medicines on the trolley and overstock cupboards should be date checked at least once per month. Suggest including this in the medicines administration policy.
- Although temperatures are monitored daily, they are outside the desired range of 2-8 C. Suggest a new thermometer or if necessary, a new fridge
- Advised to purchase a max/min thermometer
- Room temperature records available and above the recommended 25c on occasions. Monitor this to ensure optimal storage conditions for medication
- Not all preparations of fludricortisone need to be kept in the fridge
- Internal and external medicines need to be stored separately in clinical room
- Staff drink cans to be removed from clinical medication fridge
- Review expiry dates of stock
- Average 3 fridge temps missing per month.
- Follow second set of instructions on fridge not air temperature instructions to get max and min results. Record min max and actual temperature.
- Staff training on fridge temperatures required
- Date check medication in overstock storage
- Create and implement procedure for handover of keys which each staff change
- Keep a record of all medication date checking which has been

Disposal

carried out both for fridge medicines and those in trolley/cupboards. Record signature of person completing date check and record any expired stock which has been removed.

- Must take action/have an action plan to follow, if fridge temperatures are recorded out of range (2 to 8c). 3 recorded fridge temperatures below 2c, some medication may need to be discarded if temperatures are out of range. Medicines Information number provided for advice if necessary, manager should be alerted etc.
- Importance of monthly date checking emphasised, particularly when ordering repeat prescriptions. Check eye drops and creams carefully as date of expiry may be different than the expiry date on the box because the product has been opened
- Fridge not locked – key should be located and used

- Slight overstock of some items evident
- Advised a stock rotation process to reduce risk of overstocks
- Reviewed new processes for discontinued medication.
- POMs – Cannon Hygiene (separate discontinued medication triplicate book to be sent up to record this medication).
- New Drug Destruction Recording Book to be supplied for both Regular Drugs and CDs
- Care home to check if disposal SOP in place for overstock/expired medicines
- Pharmacy to identify any hazardous medicines for disposal
- Always obtain a second signature in waste book when disposing of medicines.

	<p><u>Waste Audit:</u></p> <ul style="list-style-type: none"> ▪ Waste audit identified reason for disposal of multiple medicines as 'excess stock'. Care home to put in place measures to reduce over ordering of stock to avoid wastage. ▪ Some Ensure drinks not labelled ▪ Overstock of Laxido (patient only prescribed PRN but routinely ordered), Dermol lotion, Peptac and Hylotear ▪ Some medicines not locked and in reach of patients ▪ New stock kept at front not back, advised stock rotation ▪ 2 eye drops for same patient opened at same time
<p><u>(4) REPORTING ERRORS & ADVERSE DRUG REACTIONS- ERROR REPORTING</u></p>	<ul style="list-style-type: none"> ▪ No near miss log in place – Pharmacist recommended starting one. ▪ Near miss log to include delays in acute medicines, either in relation to GP practice and/or pharmacy ▪ Ensure all staff are aware of how to identify and record near misses e.g. wrong medication popped for patient. How this should be recorded/ Audited
<p><u>(5) MANAGING RISKS - PATIENT MEDICATION SAFETY INFORMATION</u></p>	<ul style="list-style-type: none"> ▪ Develop SOP for managing drug alerts and cascading to information to relevant staff ▪ Senior carer aware of alerts and actions any brought to her attention. Suggest keeping the alert as a record with a signature and date on it to verify it's been actioned. A procedure should be

	<p>written to cover this and kept alongside the medicines policy.</p> <ul style="list-style-type: none"> ▪ Ensure processes in place to cascade medicine alerts to care home staff ▪ SOP to be written and implemented for recording near miss errors ▪ SOP to be written and implemented for recording dispensing errors
<p>(6) MANAGEMENT OF Controlled drugs (CDs) - (GENERAL, CD Record Books)</p>	<ul style="list-style-type: none"> ▪ New CD Destruction Recording Book to be supplied ▪ Care home currently has no CDs in stock. CD key is currently attached to a larger bunch of keys which are used by multiple staff on a shift. Therefore no one person takes responsibility for the CD key. Staff advised if CDs were in stock one person should be responsible for them. ▪ CD record book only had one signature for some administration entries ▪ 5 years since CD policy reviewed, recommended to update ▪ Medication recorded in CD register as signed out of balance but no record made in the destruction register to provide reason ▪ Review missed 2nd signatures for CD stock administration ▪ Ensure staff aware to record destroyed CD in destruction register as well as signing out of CD balance record ▪ Make sure two staff sign beside CD returns to pharmacy ▪ Staff need to fill in quantity obtained from supplier section and date supply obtained section when receiving stock from pharmacy ▪ CD Stock balance discrepancy for 1 liquid CD medication ▪ CD key to be separated from other keys being held by person on duty ▪ Several expired CDs still retained in safe

	<ul style="list-style-type: none">▪ Requirement to completed CD balance checks at each handover of staff.▪ Staff not aware that gabapentin and pregabalin are CD schedule 3 drugs (follow CD destruction rules for these schedules)▪ Do not score out CD entry errors- if error made, just put one line through incorrect entry▪ Ensure the correct drugs form is recorded in the CD register e.g. pregabalin capsules not tablets
<u>(7) MANAGING ALLERGIES AND SENSITIVITIES</u>	<ul style="list-style-type: none">▪ Home to ensure that up to date list of patient allergies is shared with pharmacy▪ Not all allergies listed –advised care home to seek allergy status from multiple sources e.g. patient/carer, hospital admission, GP practice, dispensing pharmacy▪ Allergy status recorded on PMR but not on MAR▪ Adrenaline stored in CD cupboard