

Appendix C: Medication Audit Support Tool

Name of Care Home: _____

Date of Visit: _____ **Name of Pharmacist/Foundation Trainee:** _____

Name of Pharmacy Contractor: _____ **Contractor number:** _____

State usual method of medicines supply to care home: _____
(e.g. original packs/Monitored Dosage System/Pill Pack Plus)

1) PERSON-CENTRED CARE			
<i>Question</i>	<i>In order to score 'Yes' please indicate that the evidence below has been viewed</i>	<i>Is outcome achieved Yes / No / NA</i>	<i>If 'No' consider actions below</i>
Is there an up to date Medicines Management Policy and Standard Operating Procedures (SOPs) (in accordance with ¹ NICE SC1 checklist)?	Copy of medicines policy and SOP available for staff? Evidence seen Yes / No		If issues are identified care home should update policy in accordance with NICE checklist
Are records of staff training and competency assessments on all aspects of the management of medicines available?	Record of staff training and competency assessments Evidence that staff are trained and competent on the use of equipment required to administer medication (e.g. Advanced Inhaler Technique, inhaler spacer devices or the use of measuring cylinders for liquids) and how to clean such equipment? Evidence seen Yes/No		Pharmacy to work with the home to support development
Self-medication: Is a risk assessment completed for self-medication (where this is appropriate)	Copy of agreement to self-medicate Completed risk assessments maintained to the required standard, in accordance with ¹ NICE SC1 guideline (section 1.13) Evidence seen Yes / No/NA		Pharmacy to work with the home to support development
Is the self-medication appropriately managed/recorded? i.e. is the ability of the resident to self-medicate periodically assessed?	Care plan detailing the level of support required. Records of transfer of medicines to the resident for self-medication. Evidence seen Yes / No/NA		Pharmacy to work with the home to support assessment

¹ [Overview | Managing medicines in care homes | Guidance | NICE](#)

<p>Are residents who self-medicate supported to enable them to manage some or all of their medicines (e.g. inhaler techniques, packaging, formulation)?</p>	<p>Record of guidance that has been provided to resident (in care plan)</p> <p><i>Evidence seen Yes / No/NA</i></p>		<p>Pharmacy to review residents and work with the home to support individuals</p>
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ACTION PLAN SECTION 1: PERSON-CENTRED CARE

2) REPORTING ERRORS & ADVERSE DRUG REACTIONS			
<i>Question</i>	<i>In order to score 'Yes' please indicate that the evidence below has been viewed</i>	<i>Is outcome achieved Yes / No /NA</i>	<i>If 'No' consider actions below</i>
Are there appropriate reporting procedures including near misses?	Check this is covered in SOP or other relevant procedure for error-reporting. Check for evidence of error / near miss reporting Evidence seen Yes / No		Pharmacy to work with the home to support development
How are incidents identified, recorded and reported to RQIA? e.g. is there an audit system to identify potential incidents/near misses <i>NB: All incidents to be reported to RQIA within 24 hours of occurrence.</i>	Check this is covered in SOP or other relevant procedure. Evidence seen Yes / No		Pharmacy to work with the home to support development
How many near misses/incidents have you had in the last year? Is there a procedure to action following an incident e.g. check if resident is ok, consult as appropriate with resident's GP/Community Pharmacist?	Check this is covered in SOP or other relevant procedure. Evidence seen Yes / No		Pharmacy to work with the home to support development
Is learning from incidents shared with staff?	Check for evidence of action plan(s) implemented as a result of identified error(s) Evidence seen Yes / No		Advise on benefits of this
Is there a process for identifying and recording dispensing/prescribing errors for medicines received by the care home? Are these reported to the community pharmacy/hospital and RQIA?	Check for monthly audit form for dispensing errors. Evidence seen Yes / No		Pharmacy to work with the home to support development

ACTION PLAN SECTION 2: REPORTING ERRORS & ADVERSE DRUG REACTIONS

3) MANAGING RISKS - PATIENT MEDICATION SAFETY INFORMATION

<i>Question</i>	<i>In order to score 'Yes' please indicate that the evidence below has been viewed</i>	<i>Is outcome achieved Yes / No /NA</i>	<i>If 'No' consider actions below</i>
Is the care home registered to receive medicines alerts from the MHRA/RQIA?	Check this is covered in SOP or other relevant procedure. Check documentation of action on recent drug alerts. Evidence seen Yes / No		Advise how to register and benefits
Is there a process in place to cascade the above alerts and guidance to relevant Care Home staff?	Check this is covered in SOP or other relevant procedure. Evidence seen Yes / No		Pharmacy to work with the home to support development

ACTION PLAN SECTION 3: MANAGING RISKS; PATIENT MEDICATION SAFETY INFO

4) MANAGING ALLERGIES AND SENSITIVITIES			
<i>Question</i>	<i>In order to score 'Yes' please indicate that the evidence below has been viewed</i>	<i>Is outcome achieved Yes / No /NA</i>	<i>If 'No' consider actions below</i>
Does the home have a process for managing allergies and intolerances to medication to ensure that the same data is held by prescriber and care home? <i>This includes non-medicine allergies such as latex allergies</i>	Check included in home admission procedure or alternative procedure Is this recorded on the PMR and MAR? Evidence seen Yes / No		Pharmacy to support the home developing process
Does the pharmacy routinely identify allergies on the MAR chart?	Check if allergies recorded on MAR sheet Evidence seen Yes / No		If no, then the pharmacy should address this.
Where applicable, for adrenaline is there a process for ensuring competency in administration and to check expiry?	Check procedure in place Evidence seen Yes / No		Pharmacy to support the home developing process

ACTION PLAN SECTION 4: MANAGING ALLERGIES AND SENSITIVITIES

5)SAFE CARE AND TREATMENT			
<i>Question</i>	<i>In order to score 'Yes' please indicate that the evidence below has been viewed</i>	<i>Is outcome achieved Yes / No /NA</i>	<i>If 'No' consider actions below</i>
5.1 TRANSFER TO CARE HOME			
Is there a process for confirming medication on admission to ensure that medicines are administered in accordance with the current prescription? e.g. a hospital discharge summary letter/ GP list of currently prescribed medicines/ information from the resident and/or their family members or carers	Review a recent admission/readmission Copy of hospital discharge summary/ GP printout available Evidence seen Yes / No		Pharmacy to work with the home to support development Home to liaise with GP/GP Pharmacist/ Relevant Trust
Is there a procedure for transcribing onto the personal medication record (PMR) and pre-printed medication administration record (MAR)?	Check PMRs, MARs and medication labels. Do they correlate? Have transcriptions been verified and signed by a second member of staff to ensure accuracy? Evidence seen Yes / No		Pharmacy to work with the home to support development e.g. care home may need to update their records to ensure PMR matches
Is there a procedure to manage medicines brought into the home with the resident e.g. hospital discharge medication, compliance aids, non-prescribed medicines	Are records of medicines received into the home accurately maintained? Evidence seen Yes / No		Pharmacy to work with the home to support development
Are medicines available on admission? Have there been any missed doses due to ordering/supply issues? Have staff been proactive to ensure that medicines do not run out of stock?	Sample a number of recent admissions/re-admissions over the previous month (maximum of 5) Were there any omitted doses due to stock issues? Evidence seen Yes / No		Pharmacy to work with the home to support development
5.2 MONITORING/REVIEW			
Are all residents medicines reviewed? <i>The interval between medication reviews should be no more than 1 year.)</i>	Check for evidence that at least 5 residents have had their medicines reviewed in last 12 months or more frequently if appropriate. Evidence seen Yes / No		If 'No' direct concern to GP

Do staff monitor the effects of medicines?	Check there is a documented record for monitoring e.g. blood pressure, bowel movements, fluids, stools and falls? Evidence seen Yes / No		Pharmacy to work with the home to advise monitoring
Does the Care Home have a procedure for reporting an adverse drug reaction?	Check the staff are aware of yellow card system for adverse drug reaction reporting (back of BNF or MHRA website). Evidence seen Yes / No		Access the website and complete a mock up yellow card
Are there up to date medicines information resources available?	Check there are recent BNFs and PILs available to access. (online acceptable) Evidence seen Yes / No		Advise how to access/obtain appropriate resources
Is there a process in the care home for managing drugs requiring monitoring & a care plan in place? e.g. warfarin/lithium/ Methotrexate/clozapine	Check this is covered in SOP or other relevant procedure Evidence seen Yes / No		Pharmacy to work with the home to support development
Are dosage instructions for warfarin received in writing from GP practice? Are transcriptions verified and signed by two staff? Are records of prescribing and administration clearly recorded?	Check this is covered in SOP or other relevant procedure Review the management of warfarin for a resident (if possible). Evidence seen Yes / No		Pharmacy to work with the home to support development
Are there daily stock balances kept for high risk drugs such as warfarin or clozapine?	<i>Check this is covered in SOP or other relevant procedure</i> Evidence seen Yes / No		Pharmacy to work with the home to support development
Is the date of the next blood tests clearly recorded?	Observe MAR chart and relevant documentation e.g. record books Evidence seen Yes / No		Pharmacy to work with the home to support development

ACTION PLAN SECTIONS 5.1/5.2:

SAFE CARE AND TREATMENT; TRANSFER TO CARE HOME & MONITORING/REVIEW

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5.3) RECORDS AND ADMINISTRATION			
Does the personal medication record (PMR) match the medication administration record (MAR) and prescribed medicines?	Check the PMR, MAR and actual stock for 5 residents Evidence seen Yes / No		Pharmacy to work with the home to support development e.g. care home may need to update their records to ensure PMR matches
Are all entries on the PMR clear and comprehensive with appropriate administration timings?	<u>For the 5 selected PMRs:</u> Are they accurate and up to date? Are administration times appropriately spaced? Evidence seen Yes / No		Pharmacy to advise the home about record keeping and appropriate administration times, where necessary
Are medication administration records (MARs) accurately and clearly maintained? (oral, transdermal, creams)	<u>For the 5 selected MARs:</u> Are records fully maintained? Are there omitted signatures? Are codes for non-administration clearly recorded? Evidence seen Yes / No		Pharmacy to advise the home about record keeping
Are outcomes of relevant GP visits suitably recorded?	Check resident notes following any recent GP visit Evidence seen Yes / No		Pharmacy to advise the home about record keeping
Does the care home manage antibiotics and other acute prescriptions appropriately for the residents?	Start/ finish dates visible on PMRs? Are the timings of administration appropriate? Are specific dosing instructions adhered to e.g. dosing intervals, taking medication before or after food? Is the course length adhered to? Evidence seen Yes / No		Pharmacy to work with the home to ensure procedure in place, MAR chart correct and advice is current

<p>Are acute prescriptions received without delay?</p>	<p>Review the management of a recent antibiotic: Was the antibiotic received into the home on the day it was prescribed and commenced without delay?</p> <p>Evidence seen Yes / No</p>		<p>Pharmacy to work with the home to support development</p>
<p>Are mid-cycle changes recorded correctly on the PMR e.g. meds stopped, started, dose changes, , Are transcriptions verified by two members of staff?</p>	<p>Review recent medication changes. Were the PMRs and MARs updated by two staff? Were new medicines received and commenced without delay? Were discontinued medicines removed from the medicines trolley and overstock cupboard?</p> <p>Evidence seen Yes / No</p>		<p>Pharmacy to work with the home to support endorsement and updating MAR</p>
<p>Are reasons for non-administration recorded and followed up with GP?</p>	<p>Discuss any non-compliance issues; have they been followed up with GP?</p> <p>Evidence seen Yes / No</p>		<p>Pharmacy to advise the home about record keeping</p>
<p>Are directions for PRN medicines clear and comprehensive? Do they include maximum daily dose and minimum frequency?</p>	<p>Review five PRN medicines – ‘as directed’ not acceptable.</p> <p>Evidence seen Yes / No</p>		<p>If ‘No’ direct concern to prescriber and/or GP Pharmacist</p>
<p>Is the administration of ‘PRN’ medicines clearly recorded on the MAR? i.e. dose administered, reason and outcome? NB. It is not necessary to record non-administration for PRN meds.</p>	<p>Check for evidence of clear record of administration (including dose, reason & outcome) of ‘PRN’ medicines on at least 5 MARs and patient care plan.</p> <p>Evidence seen Yes / No</p>		<p>Pharmacy to advise the home about record keeping</p>

Are PRNs dispensed in original packs?	Observe storage of PRNs Evidence seen Yes / No		Encourage move from MDS to original packs to reduce waste – refer to supplying pharmacy
Are you satisfied that medicines are not removed from the original containers/ MDS packs other than for administration directly to the resident?	Is there evidence of potting/pre-dispensing? Observe part of medication round (if appropriate) Evidence seen Yes / No		Pharmacy to advise the home about storage and administration
If a multi-dose MDS is in use, can all tablets be clearly and easily identified? (NICE SC1)	Check packaging and PMR; Has the community pharmacy clearly identified tablet or capsule markings, shape or colour? Does home have a procedure? Evidence seen Yes / No		If 'No' address concern to supplying pharmacy
Is there a safe system in place to manage mid cycle changes in monitored dosage systems i.e. returned to community pharmacy	Check there is a procedure/process Evidence seen Yes / No		Pharmacy to work with the home to support development
Is there a procedure to manage transdermal patches (e.g. fentanyl) which includes documenting:- <ul style="list-style-type: none"> • site of application • frequency of change • a check to ensure patch is still in- situ between changes • prompts to rotate the application area • removal of patch? 	Evidence of SOP Use of body maps or other appropriate method MAR chart clearly demonstrates application intervals of patches Use of 'Sign Off & Sign On' N.B. writing date applied in biro on patch is not advocated Evidence seen Yes / No		The home can be signposted to a suitable body chart
Is there a process to record 'date opened' as well as the maker's expiry date for life limited medicines such as GTN tablets, insulin, eye drops etc.?	Check fridge / medicines trolley/cupboard for limited life medicines and record of 'date opened'. Evidence seen Yes / No		Pharmacy to work with the home to support development

ACTION PLAN SECTION 5.3:
SAFE CARE AND TREATMENT; RECORDS & ADMINISTRATION

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6) MEDICINES MANAGEMENT			
<i>Question</i>	<i>In order to score 'Yes' please indicate that the evidence below has been viewed</i>	<i>Is outcome achieved Yes / No /NA</i>	<i>If 'No' consider actions below</i>
6.1 ORDERING & RECEIPT			
Are all medicines ordered by staff within the care home?	Review medication order process Evidence seen Yes / No		Pharmacy to work with the home to support process
Where possible, are all repeat prescriptions seen and checked by the home staff prior to going to the dispensing pharmacy? (It is recognised that this may not be possible at all times particularly during the Covid pandemic.)	Review process Evidence seen Yes / No		Promote best practice of checking before going to pharmacy
In the case of acute prescriptions (where it is often not practically possible for the care home to see the prescription in advance of dispensing) is a photocopy of the prescription attached to the supply of acute medication?	Review process Evidence seen Yes / No		Promote best practice of checking before going to Pharmacy (where possible) or ensuring acute medicines have a photocopy of the prescription attached.
Is there appropriate documentation of receipt of all medicines received?	Check records of receipt Evidence seen Yes / No		Pharmacy to advise the home about record keeping
6.2 SAFE STORAGE			
Are medicines stored securely to prevent unauthorised access?	Are medicines stored in an organised and systematic fashion? Is there adequate space? Is the medicine storage room/cupboard/trolley/fridge locked? Check doors of cupboards, trolleys/ fridge and room. Evidence seen Yes / No		Pharmacy to advise the home about safe storage
Are all medicines stored in the appropriate place e.g. refrigerator, at room temperature?	Check the refrigerator to ensure that the medicines stored there are appropriate. Evidence seen Yes/No		Pharmacy to advise on items which require to be stored in the fridge & those which require to be stored at room temp.

If a trolley is used, is the trolley secured to a wall in an appropriate room, or stored in a locked room when not in use?	Check how trolleys are stored. Evidence seen Yes / No		Pharmacy to advise the home about safe storage
Are external/internal medicines stored separately, to prevent picking error?	Check trolley and cupboards Evidence seen Yes / No		
Are all medicines expiry dates checked regularly and at the time of administration?	Check for evidence of procedure. Check expiry date on 5 items. Evidence seen Yes / No		Pharmacy to work with the home to support procedure
Are the keys secure and held by a designated/named person at all times?	Check who the named person is on the shift. Evidence seen Yes / No		Pharmacy to advise the home about safe storage
Is there a procedure for the hand-over of keys?	Check for evidence of procedure. Evidence seen Yes / No		Pharmacy to work with the home to support development
Is the temperature of the room monitored and suitable for a storage area (max 25°C)?	Check daily room temperature log What action is taken if outside range? Evidence seen Yes / No		Pharmacy to advise the home about safe storage
Is there a separate lockable refrigerator for medicines?	Check that ONLY medication is stored in fridge (No food etc. to be stored in medication fridge) Evidence seen Yes / No		Pharmacy to advise that there should be a separate fridge for storage of medication ONLY
Are the minimum and maximum temperatures recorded daily (min 2°C max 8°C)?	Daily temperature log Evidence seen Yes / No		Pharmacy to advise about temperature record keeping
Is the thermometer reset after recording the maximum and minimum temperature each day?	Ask member of available staff to demonstrate Evidence seen Yes / No		Demonstrate how to reset device
If out of range, is there a process in place to manage this?	Check fridge temperature log. If temperatures are outside of range check what action has been taken? Check for documentation of actions taken. Evidence seen Yes / No		Pharmacy to work with the home to support development

6.3 DISPOSAL			
Is there a procedure for the removal and disposal of unwanted and/or expired medicines?	Check this is covered in SOP or other relevant procedure. Check waste returns or destruction book. Evidence seen Yes / No		Pharmacy to work with the home to support development.
Is there a procedure for the safe and effective disposal of hazardous medication?	Check this is covered in SOP or other relevant procedure. Is there a purple bin (if applicable)? Evidence seen Yes / No		Pharmacy to work with the home to support development
<p>Residential care homes: Are medicines, including controlled drugs, returned to the community pharmacy and appropriate details recorded e.g. date, resident name, medicine, quantity, reason for disposal. NB: Controlled drugs must not be denatured.</p> <p>Nursing homes: Are medicines returned to the disposal company and all appropriate details recorded e.g. date, service user name, medicine, quantity, reason for disposal? NB: Controlled drugs (Schedules 2, 3 and 4 Part (1) must be denatured and rendered irretrievable prior to disposal</p>	<p>Check waste returns or destruction book. Identify opportunities to reduce waste and recommend actions to prescribers and the care home. Check controlled drug books; balance brought to zero when controlled drug returned (residential care home) or denatured (nursing home</p> <p>Evidence seen Yes / No</p>		<p>Pharmacy to work with the home to support development of procedure and record keeping.</p> <p>If necessary contact GP practice to resolve any wastage issues.</p>
Are copies of the 'returns' records retained at the home to complete the audit trail?	Check returns record book is fully completed including reason. Evidence seen Yes / No		Pharmacy to advise the home about record keeping

ACTION PLAN SECTION 6: MEDICINES MANAGEMENT

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7/ MANAGEMENT OF CONTROLLED DRUGS (CDS) - (GENERAL, CD RECORD BOOKS)			
<i>Question</i>	<i>In order to score 'Yes' please indicate that the evidence below has been viewed</i>	<i>Is outcome achieved Yes / No /NA</i>	<i>If 'No' consider actions below</i>
Are controlled drugs stored in a separate, locked cupboard, which complies with the Misuse of Drugs (Safe Custody) regulations?	Check controlled drugs cupboards. Evidence seen Yes / No		Pharmacy to advise about safe storage
If CDs are packed in an MDS, is the whole container being treated as a CD?	Check controlled drugs cupboards Evidence seen Yes / No		Pharmacy to advise about safe storage
Are CD errors reported to RQIA and/or local accountable officer?	Check for evidence of error reporting form and documentation of CD errors if applicable. Evidence seen Yes / No		Pharmacy to advise the home about process
Is the CD record book a separate bound book with a separate page for each controlled drug, formulation, strength, resident?	Check CD record book Evidence seen Yes/No		Pharmacy to advise the home about record keeping
Are all entries fully completed?	Check CD record book for gaps Evidence seen Yes / No		Pharmacy to advise about record keeping
If applicable, are any amendments in the CD record book annotated with footnotes rather than crossing out?	Check no crossing out in CD record book. Evidence seen Yes / No		Pharmacy to advise about record keeping
Are all administration entries supported by two signatories? (On occasions there may only be one member of staff as at night) (NB: A care assistant can be trained to perform a double check if two nurses/senior carers are not available)	Check entries for 2 signatures Evidence seen Yes / No		Pharmacy to advise about record keeping
Have all stock balance entries been checked and found to be correct?	Check an entry to confirm quantity in CD record book corresponds with actual stock level Evidence seen Yes / No		Pharmacy to check further and action/advise as appropriate
NURSING HOMES: Is the destruction of CDs witnessed and supported by two signatories? RESIDENTIAL CARE HOMES: Are out of date or discontinued CDs returned to the community pharmacy and signed out of the CD record book?	Check CD record book Evidence seen Yes / No		Pharmacy to advise about record keeping
Is the key for the CD cupboard held separately from other keys by the nurse or person in charge?	 Evidence seen Yes / No		Pharmacy to advise about CD security
Is a CD stock balance completed at each handover of staff?	Confirm by checking CD record book Evidence seen Yes / No		Pharmacy to advise about CD record keeping

ACTION PLAN SECTION 7): CONTROLLED DRUGS (CDS)

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FURTHER COMMENTS

Date: _____

Action Plan Agreed, on behalf of Care Home, by: _____

Signature of Pharmacist/Foundation Trainee: _____