



Review Sheet



Last Reviewed
29 Jul '24



Last Amended
29 Jul '24



Next Planned Review in 12 months, or sooner as required.

Business impact



Minimal action required circulate information amongst relevant parties.

Reason for this review

Scheduled review

Were changes made?

Yes

Summary:

This policy relates to the auditing of medication process. It has been reviewed with minor amendments to some of the audit material in the Forms Section. References have been checked and updated.

Relevant legislation:

- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Medical Act 1983
- Medicines Act 1968
- Misuse of Drugs Act 1971
- Data Protection Act 2018
- UK GDPR

Underpinning knowledge - What have we used to ensure that the policy is current:

- Author: Royal Pharmaceutical Society, (2018), *Professional guidance on the safe and secure handling of medicines*. [Online] Available from: <https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines> [Accessed: 29/7/2024]
- Author: National Institute for Health and Care Excellence, (2017), *Managing medicines for adults receiving social care in the community [NG67]*. [Online] Available from: <https://www.nice.org.uk/guidance/ng67> [Accessed: 29/7/2024]
- Author: Royal Pharmaceutical Society, (2023), *Professional Guidance on the Administration of Medicines in Healthcare Settings*. [Online] Available from: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567> [Accessed: 29/7/2024]
- Author: MHRA, (2018), *Drug safety update - Drug-name confusion: reminder to be vigilant for potential errors*. [Online] Available from: <https://www.gov.uk/drug-safety-update/drug-name-confusion-reminder-to-be-vigilant-for-potential-errors> [Accessed: 29/7/2024]
- Author: CQC, (2023), *Medicines information for adult social care services*. [Online] Available from: <https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services> [Accessed: 29/7/2024]

Suggested action:

- Encourage sharing the policy through the use of the QCS App

Equality Impact Assessment:

QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.





1. Purpose

1.1 To ensure compliance with the medication policies and procedures at Medcom Personnel Ltd, legal requirements and best practice; and to ensure that at all times, the Care Workers are meeting the needs of Service Users in relation to medication management.

1.2 This policy should be read with the Overarching Medication Policy and Procedure and suite of other medication policies and procedures.

1.3 To support Medcom Personnel Ltd in meeting the following Key Lines of Enquiry/Quality Statements (New):

Key Question	Key Lines of Enquiry	Quality Statements (New)
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?	QSE1: Assessing needs QSE2: Delivering evidence-based care & treatment
SAFE	S4: How does the provider ensure the proper and safe use of medicines?	QSS8: Medicines optimisation
SAFE	S6: Are lessons learned and improvements made when things go wrong?	QSS1: Learning culture
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?	QSW5: Governance, management and sustainability
WELL-LED	W4: How does the service continuously learn, improve, innovate and ensure sustainability?	QSW7: Learning, improvement and innovation

1.4 To meet the legal requirements of the regulated activities that Medcom Personnel Ltd is registered to provide:

- | The Care Act 2014
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Medical Act 1983
- | Medicines Act 1968
- | Misuse of Drugs Act 1971
- | Data Protection Act 2018
- | UK GDPR



2. Scope

2.1 The following roles may be affected by this policy:

- | Registered Manager
- | Other management
- | Care staff

2.2 The following Service Users may be affected by this policy:

- | Service Users

2.3 The following stakeholders may be affected by this policy:

- | Commissioners
- | External health professionals
- | Local Authority
- | NHS



3. Objectives

3.1 Medcom Personnel Ltd complies with the policies and procedures for medicines management and can evidence, through audit processes, that the policies and procedures are adhered to by staff.

3.2 There is evidence of continual improvement by analysis of themes and trends within medication practice, that are addressed and acted upon in a timely manner.



4. Policy

4.1 Medcom Personnel Ltd understands that monitoring and auditing is an essential part of safe medication management and has the following benefits:

- | It provides a check for Medcom Personnel Ltd, i.e. "Are we actually doing what we think we are doing?"
- | It helps Medcom Personnel Ltd to implement and sustain improvements in our services
- | It provides evidence of current practice against national guidelines, regulation and local policy
- | It provides evidence about the quality of care in a service to establish confidence among stakeholders
- | It helps to reduce the risk of errors and creates a learning culture

4.2 Medcom Personnel Ltd understands the importance of ensuring that the '6 Rights of Medication' have been followed and that there is a documented audit trail from receipt through to administration and/or the disposal of all medicines.

4.3 Mrs Irene Mtisi promotes an open and honest safety culture that supports the safe and secure handling of medicines. This is reinforced by proactive audit and review, and by reporting, sharing, learning and taking action on medication safety incidents.

4.4 Governance

Medcom Personnel Ltd will demonstrate effective governance, assurance and auditing systems and processes; that assess, monitor and drive improvement in:

- | The quality and safety of the service provided
- | The quality of the experience for those using the service
- | Any risk relating to the health, safety and welfare of people using services and others

Mrs Irene Mtisi will continually evaluate and seek to improve the governance and auditing processes at Medcom Personnel Ltd.

4.5 Good Practice in the Governance of Medicines

CQC (2023) describe this as:

- | A focus on outcomes for Service Users, for example:
 - | gathering Service Users's views
 - | finding out how Service Users are getting on with their medicines and if they are happy with them
- | A process for sharing outcomes to promote improvement for Service Users
- | Clear expectations for staff within the medicines policies
- | Promoting opportunities to share learning both internally and externally
- | A regular review of medicines processes with records of any actions required
- | Systems to ensure that required actions are followed up and completed

4.6 The quality assurance system for the safe and secure handling of medicines defines the audit and monitoring processes which are used at Medcom Personnel Ltd to check the standards of practice that are being delivered. A risk-based approach is taken to define the frequency of audit.

Routine audit is undertaken of all key processes and consequent remedial action, including escalation, is taken where necessary.



5. Procedure

5.1 Audit Trail

Mrs Irene Mtisi will ensure that there is a complete, documented audit trail from the receipt through to the administration and/or disposal of all medicines.

5.2 Policies and Procedures

Mrs Irene Mtisi will ensure that policies and procedures for medicines handling are accessible to staff via the QCS App facilities and can evidence through audit that those policies and procedures are adhered to by staff.

5.3 Electronic Systems

If Medcom Personnel Ltd uses an electronic medication system, Mrs Irene Mtisi must ensure:

- | They can utilise features available that support quality improvement
- | Demonstrate how the system support good governance and improvement

5.4 Audit Design

The audit is designed to evidence that the correct medication is administered:

- | To the right person
- | Via the right route
- | At the right dose
- | At the right time
- | On the right date
- | Using the right documentation

There must also be evidence through audit of the Service Users's informed consent and that the correct procedure has been followed if a Service Users refuses their medication.

This system of auditing seeks to identify failures and eliminate medication errors and other medication-related risks.

5.5 Medication Management

Audit must also demonstrate that the correct procedures are being followed in all aspects of medication management at Medcom Personnel Ltd, including:

- | Covert medication
- | Safe disposal of medication
- | Ordering and receipt of medication
- | Storage of medication
- | Medication away from home
- | Homely remedies
- | Controlled drugs

5.6 Audit Schedule

It is the duty of Mrs Irene Mtisi or designated others to audit all areas in which they work on a weekly, two weekly or monthly basis. The audit schedule will be agreed by Medcom Personnel Ltd and the schedule cascaded to staff.

As a dispersed workforce the Mrs Irene Mtisi will identify members of staff such as the Field Care Supervisor who will audit Medicine Management directly out on the field.

The audit schedule will be based upon risk with auditing increased at times of change or exceptional concern.

5.7 Audit Tools

The following Audit tools can be found in the Forms section of this policy:

- | Overarching Medication Audit
- | Medication Administration Audit
- | Ordering and Receipt of Medication Audit
- | Storage of Medication Audit
- | Homely Remedies Audit

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- | Covert Medication Audit
- | Disposal of Medication Audit
- | Medication Documentation Audit
- | High Risk Medications

5.8 Actions

Where areas are identified as requiring remedial action, action plans will be completed, staff will be informed, actions identified and changes embedded in practice.

Where identified, examples of good practice are shared with staff at Medcom Personnel Ltd.

5.9 Duty of Candour

Where the medication audit highlights errors, omissions or concerns of poor practice in relation to medication management, Medcom Personnel Ltd has a duty to investigate and follow its Duty of Candour Policy and Procedure.

Where required, Medcom Personnel Ltd may also need to follow its Discipline Policy and Procedure and the Safeguarding Policy of Essex County Council, making sure that any statutory notifications are made to the CQC.

**6. Definitions****6.1 Audit**

- | A quality improvement process that seeks to improve care and outcomes through systematic review of care against specific criteria

6.2 Duty of Candour

- | A duty of candour means that professionals must be open and honest with Service Users when something goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. They must apologise to the Service Users or, where appropriate, the Service Users's advocate, carer or family

**Key Facts - Professionals**

Professionals providing this service should be aware of the following:

- | Medication auditing seeks to identify failures and eliminate medication errors and other medication risks to make sure that these issues do not arise again
- | There will be a well-documented audit cycle that is adhered to
- | Staff will have access at all times to the QCS app and its suite of medication-related policies and procedures
- | Staff may be involved in the audit process as delegated by Mrs Irene Mtisi

**Key Facts - People affected by the service**

People affected by this service should be aware of the following:

- | You can be assured that Medcom Personnel Ltd audits and monitors its service in relation to medication management to ensure that it is safe and effective
- | Your feedback is valuable and helps us to learn. Any suggestions you have will be listened to and considered

**Further Reading**

There is no further reading for this policy, but we recommend the 'underpinning knowledge' section of the review sheet to increase your knowledge and understanding.



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- | Audits are carried out regularly, at least once a month, with written/electronic records available
- | Any issues identified are rectified immediately via a robust action plan with clear timelines and accountability
- | Outcomes from audits are shared and any lessons learnt are applied
- | The wide understanding of the policy is enabled by proactive use of the QCS App



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Overarching Medication Audit - CM39	To audit overarching medication themes	QCS
Ordering and Receipt of Medication Audit - CM39	To audit the ordering and receipt of medication	QCS
Storage of Medication Audit - CM39	To audit the storage of medication	QCS
Medication Administration Audit - CM39	To audit the administration of medication	QCS
Covert Medication Audit - CM39	To audit covert medication	QCS
Disposal of Medication Audit - CM39	To audit the disposal of medication	QCS
Homely Remedies Audit - CM39	To audit homely remedies	QCS
Medication Documentation Audit - CM39	To audit medication documentation	QCS
High Risk Medication Audit - CM39	To audit high risk medications	QCS

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Overarching Medication Audit				
Circle either 'Yes', 'No', or 'N/A' for each of the questions below. (A sample of 5 staff or service user's to be audited)				Action Needed and Comments
Staff are aware of, have access to, and have read, the suite of medication policies and procedures	Yes	No	N/A	
Staff are aware of, have access to and know when to use the suite of medication forms available to support safe handling of medication	Yes	No	N/A	
Staff administering medication are up-to-date with medication training and competency assessments	Yes	No	N/A	
There is evidence that Service Users are encouraged and supported to self-manage their medication	Yes	No	N/A	
Service Users who self administer have a safe place to store their medication	Yes	No	N/A	
Risk assessments are completed for current Service Users who self-manage	Yes	No	N/A	
Verbal reminders/supervision/monitoring is given (and documented) for Service Users who require it	Yes	No	N/A	
Discreet monitoring and reassessment is being carried out of those Service Users who self administer	Yes	No	N/A	
Where the Service User lacks capacity there is evidence that decisions are made following the Mental Capacity Act and in the Service User's best interests	Yes	No	N/A	
The Service User has a medication assessment carried out to identify the support they require with medication	Yes	No	N/A	
The Service User has an up to date medication care plan	Yes	No	N/A	
There is a process for obtaining Service Users' consent if staff administer medication	Yes	No	N/A	
The Service User has had a medication review with their GP in the last year	Yes	No	N/A	
Date of Audit:		Signature of staff member completing:		

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Action Plan			
Action Required	Actions to be Taken	Responsible Person	Timeframe
ACTION PLAN COMPLETED BY:		DATE:	



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Ordering and Receipt of Medication Audit				
Circle either 'Yes', 'No', or 'N/A' for each of the questions below. (A sample of 5 staff or service user's to be audited)				Action Needed and Comments
Responsibilities for medication reconciliation, ordering and receipt, are clear	Yes	No	N/A	
Medication reconciliation is completed as part of the Service Users's assessment and care planning process on service commencement	Yes	No	N/A	
Repeat prescriptions are obtained and stored in a safe and efficient manner	Yes	No	N/A	
Monthly medications are requested from the GP surgery in the 2nd week of the medication cycle	Yes	No	N/A	
Records are kept of medicines ordered	Yes	No	N/A	
Only required medicines are ordered to prevent overstock (Stock levels checked and carried over)	Yes	No	N/A	
Medicines received are recorded on the Service Users's MAR, including quantity, date of receipt and initial of staff receiving	Yes	No	N/A	
Medicines are clearly labelled by the Pharmacist	Yes	No	N/A	
Stock of required medications are available for all Service Userss	Yes	No	N/A	
If medicines do not arrive, there is a process for notifying the pharmacy and GP, and communicating this to other staff to ensure the medication is obtained as required	Yes	No	N/A	
There is a process for ordering prescriptions in the middle of the ordering cycle, e.g. for acute medicines or new medicines	Yes	No	N/A	
Discontinued medications are removed from the repeat prescription and MAR	Yes	No	N/A	
If not using EMAR, the pharmacy provides printed MAR charts	Yes	No	N/A	
Date of Audit:			Signature of staff member completing:	

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Storage of Medication Audit				
Circle either 'Yes', 'No', or 'N/A' for each of the questions below. (A sample of 5 staff or service user's to be audited)				Action Needed and Comments
Medicines are stored safely and securely in an appropriate designated area	Yes	No	N/A	
Storage areas are clean and organised	Yes	No	N/A	
Secure medicine cupboards/safes are kept locked when not in use	Yes	No	N/A	
Medications with different routes/methods of administration are stored separately or segregated	Yes	No	N/A	
Any items that are not medications are not stored with medications (money, valuables)	Yes	No	N/A	
Medication keys/codes are kept securely at all times where applicable	Yes	No	N/A	
Medications are not left exposed and unattended at any time	Yes	No	N/A	
Expiry dates are checked monthly	Yes	No	N/A	
There is a record of expiry date checks	Yes	No	N/A	
Excessive quantities of medication are not being stored	Yes	No	N/A	
Stock is rotated appropriately	Yes	No	N/A	
Where applicable, staff can access 'Rescue Medicines' for emergency use quickly and safely, and are easy to identify and find	Yes	No	N/A	

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Circle either 'Yes', 'No', or 'N/A' for each of the questions below. (A sample of 5 staff or service user's to be audited)				Action Needed and Comments
FRIDGE				
Medicines requiring refrigeration are stored appropriately	Yes	No	N/A	
There are not any items stored in that area of the fridge that shouldn't be (food, samples)	Yes	No	N/A	
Medications requiring refrigeration are put away as soon as they are received	Yes	No	N/A	
There is a process for stock rotation where the service user has more than one of the same medicine in the fridge	Yes	No	N/A	
There are signs that state the fridge should not be switched off	Yes	No	N/A	
The fridge is not overloaded, allowing air to circulate	Yes	No	N/A	
Staff know to keep the fridge door open for as short a time as possible to keep a constant temperature	Yes	No	N/A	
Staff check that products are not frozen before administering to a service user	Yes	No	N/A	
The fridge has a maximum/minimum thermometer	Yes	No	N/A	
Action is taken if the fridge temperatures are outside the normal range of 2-8 °C, and this action is documented and retained	Yes	No	N/A	
The fridge is cleaned regularly	Yes	No	N/A	
The fridge is defrosted as per the manufacturer's instructions, and this is documented	Yes	No	N/A	
Staff know what to do if the fridge breaks down	Yes	No	N/A	
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Medication Administration Audit				
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments
Medicines are administered to one Service Users at a time	Yes	No	N/A	
Medicines are administered from original containers as received from the pharmacy	Yes	No	N/A	
Medicine labels are printed clearly, with Service Users name, pharmacy name/address, date of dispensing, medication name/strength/ dose/frequency and any special instructions. They are not altered	Yes	No	N/A	
If a monitored dosage system (MDS) is in use, appropriate cautions and warnings are clear and there is an appropriate dispensing date on the pack currently being used	Yes	No	N/A	
If MDS are used, medicines that cannot be put in these systems are highlighted, (i.e. liquid medicines, creams)	Yes	No	N/A	
Staff are aware of and follow the 6 RIGHTS of medication administration	Yes	No	N/A	
Measures are in place to identify the correct service user	Yes	No	N/A	
Allergies are checked before a medicine is administered	Yes	No	N/A	
The medicine pharmacy label is checked against the MAR to check all details are the same	Yes	No	N/A	
Staff check the medication has not already been signed as given, before administering	Yes	No	N/A	
The medication dose due is checked	Yes	No	N/A	
The route of medication is checked	Yes	No	N/A	
Special instructions are observed, (e.g. before or after food)	Yes	No	N/A	
The expiry date of the medication is checked	Yes	No	N/A	
Medicines with short expiry dates, e.g. drops, some liquids, etc. are dated when they are opened	Yes	No	N/A	

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Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments
Medication is given at the time indicated on the MAR	Yes	No	N/A	
A system is in place to ensure time sensitive medicines are not missed (e.g. Parkinsons medications)	Yes	No	N/A	
If a Running Stock Balance is being recorded, staff count the medication to record an accurate balance	Yes	No	N/A	
Consent is given by the service user prior to medication administration	Yes	No	N/A	
Medication is given to the service user by the staff member preparing the medication	Yes	No	N/A	
Medication is never prepared in advance (potting up)	Yes	No	N/A	
The administration of medicines is recorded as soon as possible after the service user has taken the medicine	Yes	No	N/A	
All omissions of medicines are recorded in the appropriate place (MAR, Service Userss notes)	Yes	No	N/A	
For variable medications the amount given is recorded	Yes	No	N/A	
Disposable, paper medication pots are used and then disposed of	Yes	No	N/A	
If reusable pots, spoons or syringes are used they are cleaned and dried immediately after use	Yes	No	N/A	
Tablets that need splitting are provided split by the pharmacy or a tablet cutter is used	Yes	No	N/A	
Medication is only crushed when authorised by the prescriber and pharmacist	Yes	No	N/A	
If a Service Users refuses a medicine, this is raised with the Registered Manager, and repeated refusal is raised with their GP	Yes	No	N/A	
Refusal, missed or delayed doses of critical or time sensitive medications are discussed with the GP or 111 urgently	Yes	No	N/A	
Service Userss requiring medication when away from the service have a comprehensive risk assessment completed when appropriate	Yes	No	N/A	
Date of Audit:				Signature of staff member completing:

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Covert Medication Audit				
Circle either 'Yes', 'No', or 'N/A' for each of the questions below. (A sample of 5 staff or service user's to be audited)				Action Needed and Comments
A capacity assessment is in place to establish the Service Users lacks capacity to make the decision themselves regarding taking their medication	Yes	No	N/A	
If the Service Users lacks capacity a best interests decision is taken about covert medication including the Service Users GP and family/appropriate individual (if applicable)	Yes	No	N/A	
Advice has been sought from a pharmacist re mixing the medication with food or drink, to ensure safety	Yes	No	N/A	
The Service Users has a covert medication care plan in place that details: reasons for covert administration, in what circumstances covert administration is to be used, and how they will be administered	Yes	No	N/A	
Covert medication is regularly reviewed for necessity	Yes	No	N/A	
Date of Audit:		Signature of staff member completing:		

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Disposal of Medication Audit				
Circle either 'Yes', 'No', or 'N/A' for each of the questions below. (A sample of 5 staff or service user's to be audited)				Action Needed and Comments
Has medication been held for a sufficient time (7 days) following a death?	Yes	No	N/A	
Is medication for disposal stored separated from medicines in use?	Yes	No	N/A	
Are medications no longer required by a service user disposed of in a timely fashion?	Yes	No	N/A	
Are medications for disposal, disposed of in line with the Safe Disposal of medicines policy?	Yes	No	N/A	
A record of medication disposed of is kept up to date and includes, date of disposal, service user name, the name, form and strength of medication, quantity of medication, signature of staff disposing and witness	Yes	No	N/A	
Medicines in a MDS (monitored dosage system) are discarded no later than 8 weeks after the dispensing date	Yes	No	N/A	
Pharmacy labels are removed or overwritten before containers/tubes are disposed of, removed labels are shredded	Yes	No	N/A	
Date of Audit:		Signature of staff member completing:		

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Homely Remedies Audit				
Circle either 'Yes', 'No', or 'N/A' for each of the questions below. (A sample of 5 staff or service user's to be audited)				Action Needed and Comments
There is a list of agreed medicines that will be kept as homely remedies (agreed with GP or pharmacist)	Yes	No	N/A	
Each homely remedy has what it can be used to treat, the frequency, maximum dose and how long it can be used for, documented	Yes	No	N/A	
Authorisation is obtained from the GP or pharmacist for each service user to receive homely remedies	Yes	No	N/A	
Each homely remedy has a separate audit sheet, which has an accurate record kept of purchase, administration and disposal	Yes	No	N/A	
There is a running balance recorded for each homely remedy and this tallies with the stock	Yes	No	N/A	
The running balance of homely remedies is checked and recorded weekly	Yes	No	N/A	
All homely remedies are in date	Yes	No	N/A	
Homely remedies are stored separately, securely and are clearly identified as homely remedies	Yes	No	N/A	
The administration of a homely medication is recorded on the back of the Service Users's MAR and on the Homely Remedy Audit sheet	Yes	No	N/A	
Homely remedies have NOT been given for more than 2 days (24 hrs for diarrhoea treatments) without contacting the GP	Yes	No	N/A	
Date of Audit:		Signature of staff member completing:		

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Medication Documentation Audit				
Instructions:				
1. Conduct an audit in the last week of the medication cycle to give at least three weeks of administration records.				
2. Look at five MARs and complete the audit.				
3. If the MARs do not cover all aspects (e.g. a "when required" medicine), select another MAR to audit this area.				
4. If there are no Service Users that cover all aspects (e.g. no one taking warfarin), consider re-auditing when possible.				
Circle either 'Yes', 'No', or 'N/A' for each of the questions below.				Action Needed and Comments
Medication charts are correctly stored to maintain confidentiality	Yes	No	N/A	
All Service Users's details are completed on the front of each MAR	Yes	No	N/A	
The Service Users's MAR includes any allergies and how they like to take their medication	Yes	No	N/A	
The number of MAR's in use is completed on the front of each MAR	Yes	No	N/A	
All MAR's are clear, easy to read and understand	Yes	No	N/A	
All entries on paper MAR are in ink or printed	Yes	No	N/A	
If handwritten MAR's are used, there are robust systems to check the MAR is correct before it is used	Yes	No	N/A	
Any handwritten entries on a MAR, are cross referenced to the service user's notes	Yes	No	N/A	
Medication details on the MAR match the pharmacy label for that medicine	Yes	No	N/A	
All doses and times are clearly stated on the MAR	Yes	No	N/A	
Directions for the administration of a medicine are clear on the MAR	Yes	No	N/A	
All boxes on the MAR are signed for medicines that should have been given	Yes	No	N/A	

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Circle either 'Yes', 'No', or 'N/A' for each of the questions below.				Action Needed and Comments
For variable doses the amount given is documented	Yes	No	N/A	
If Running Stock Balances are recorded, these are accurate	Yes	No	N/A	
Is it clear when medicines have not been given/have been refused, as the correct code has been used	Yes	No	N/A	
If a prescriber stops a medicine, this is crossed off the MAR, dated and signed by an appropriate person	Yes	No	N/A	
Each PRN medication has a separate PRN protocol	Yes	No	N/A	
A risk assessment is in place for the use of emollients where there is a fire risk, including identifying service users who smoke	Yes	No	N/A	
There is a central list of signatures/initials for staff involved in medication administration	Yes	No	N/A	
Taking verbal orders are discouraged and should be sent by e mail, in an emergency they should be witnessed by 2 staff and followed up by e mail	Yes	No	N/A	
TOPICAL RECORD CHARTS				
Each topical medication has a TMAR completed	Yes	No	N/A	
The TMAR identifies the area the medication is to be applied to, the frequency, method and amount	Yes	No	N/A	
All boxes on the TMAR are signed for topical medicines that should have been given	Yes	No	N/A	
TRANSDERMAL PATCH APPLICATION RECORD				
All transdermal patches have a Transdermal Application record Chart	Yes	No	N/A	
The chart records administration, sites used, patch still in place after application and removal	Yes	No	N/A	
Date of Audit:		Signature of staff member completing:		

Medcom Personnel Ltd
Holywell Lodge, 41 Holywell Hill , St. Albans, AL1 1HE

Action Plan			
Action Required	Actions to be Taken	Responsible Person	Timeframe
ACTION PLAN COMPLETED BY:		DATE:	

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High Risk Medication Audit				
Circle either 'Yes', 'No', or 'N/A' for each of the questions below. (A sample of 5 staff or service user's to be audited)				Action Needed and Comments
OXYGEN				
There is a care plan and risk assessment in place to support the use of oxygen. This is added to PEEPS or fire risk assessment	Yes	No	N/A	
Fire safety precautions are considered and in place around oxygen (No smoking, 2 metres away from heat sources, no flammable liquids or petroleum based products, working smoke detectors etc.)	Yes	No	N/A	
Spare cylinders are stored in a safe and suitable locked room or cupboard. (Secure, well ventilated, no heat or light sources, no flammable or combustible materials, not covered etc.)	Yes	No	N/A	
Oxygen cylinders stored are no more than required. No stockpiling	Yes	No	N/A	
INSULIN				
Medication trained staff have read and understood the Diabetes Policy and Procedure	Yes	No	N/A	
Staff have received training in Diabetes management	Yes	No	N/A	
Insulin is administered by the District Nursing team or Care staff have received specialist training and are assessed as competent to administer insulin as a delegated task to the named Service Users	Yes	No	N/A	
There is a person-centred care plan and risk assessment in place to support the administration of Insulin, this includes the management of hyper/hypoglycaemia	Yes	No	N/A	
The Service Users's agreed target range for glucose level is documented in their care plan	Yes	No	N/A	
Care staff have received specialist training and are assessed as competent to perform blood glucose monitoring as a delegated task to the named Service Users	Yes	No	N/A	

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Circle either 'Yes', 'No', or 'N/A' for each of the questions below. (A sample of 5 staff or service user's to be audited)				Action Needed and Comments
Blood glucose levels are checked as directed by the GP/Diabetes healthcare team, and recorded	Yes	No	N/A	
The insulin dosage prescribed is clearly documented on the MAR and/or Insulin Regime, with no margin for error	Yes	No	N/A	
There is clear documentation to demonstrate rotation of the injection site	Yes	No	N/A	
If a dose is missed, staff contact the GP/healthcare provider for advice regarding the next dose immediately	Yes	No	N/A	
ANTICOAGULANTS (WARFARIN / NON-VITAMIN K ANTAGONIST ORAL ANTICOAGULANTS (DOACs))				
There is a care plan and risk assessment in place to support the use of the anticoagulant	Yes	No	N/A	
FOR WARFARIN: The International Normalised Ratio (INR) result sheet or yellow book is stored with the MAR	Yes	No	N/A	
FOR WARFARIN: All the doses on the MAR match the doses specified in the yellow book, or the INR results sheet, for the audit period	Yes	No	N/A	
FOR WARFARIN: The current dose is marked clearly in milligrams on the MAR (not the number of tablets)	Yes	No	N/A	
FOR WARFARIN: The date of the next INR blood test is noted on the MAR and/in a diary (Maximum time is 12 weeks)	Yes	No	N/A	
FOR DOACs: They are always given at the prescribed time and frequency	Yes	No	N/A	
FOR DOACs: If a dose is missed, staff contact the GP/healthcare provider for advice regarding the next dose immediately	Yes	No	N/A	
FOR DOACs: The date of the next blood test is noted on the MAR and in the diary	Yes	No	N/A	
ANTI PSYCHOTICS				
Staff are aware of all Service Users prescribed antipsychotic medications	Yes	No	N/A	
All Service Users on antipsychotics have regular monitoring and health checks with the prescriber, in line with NICE recommendations	Yes	No	N/A	
Required blood tests are documented and performed as required	Yes	No	N/A	
There is an antipsychotic care plan in place, which details why used, side effects, reviews, health checks etc.	Yes	No	N/A	
Date of Audit:		Signature of staff member completing:		

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