



East Lancashire  
Clinical Commissioning Group

# East Lancashire Medicines Management Care Home Delivery Team

## *Care Home Audit Information Pack*



East Lancashire Medicines Management Board



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[www.elmmb.nhs.uk](http://www.elmmb.nhs.uk)

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# Care Home Medicines Management Supplementary Checklist

Name of person the completing checklist:

Name of Care Home:

Address of care home:

Number of beds at the home:

## How can you improve the safe use of medicines in your care home?

This checklist has been designed to supplement the National Institute for Health and Care Excellence (NICE) resources for implementing the NICE Guideline 'Managing medicines in care homes'. The supplementary checklist identifies best practice systems that should be in place in addition to the areas highlighted by NICE.

**Please Note:** This form is for your personal use and does not need to be returned. To ensure your policies and procedures are up to date, once a year:

1. Complete NICE '**Checklist for health and social care staff developing and updating a care home medicines policy**'. [Click here for NICE Checklist](#)
2. Complete Caring for Care Homes 'Care home medicines management supplementary checklist'.

To ensure your policy is being followed at any point in time you should complete the following **three audits** (found on our website) every one to two months (or more often dependent on risk):

- u Medication Administration Record (MAR) Chart Audit.
- u Storage of Medicines Audit.
- u Controlled Drugs Audit.

**Instructions to complete medicines management supplementary checklist:** Care Home to complete self assessment using the **Red - Amber - Green** scoring system:

Colour:	Definition:	Example:	Tick:	Evidence:
<b>Green</b>	Complete	Policy in date, all relevant staff trained and working to policy as demonstrated by audit	✓	<i>Evidence and/or action required</i>
<b>Amber</b>	Falling short	Policy due for review		
<b>Red</b>	Not in place	No policy		
<b>White</b>	(-)	N/A		

Using the hints on each line assess whether you are red, amber or green. For some services the particular point may not be applicable and this should be marked as 'N/A'. Note your evidence for assessing the home as either 'Green' or 'N/A' and relevant actions where you have declared 'amber' or 'red'. Write an action plan with realistic target dates. Repeat annually or more often if necessary.

# Assurance that you are meeting NICE guideline

1. Do you have a medicines policy?

Yes - Policy in date		Evidence and/or action required
Yes, but needs updating in line with guidance		
No policy		
N/A		

2. Does your medicines policy contain all points from the **NICE 'Checklist for health and social care staff developing and updating a care home medicines policy'**?

Yes		Evidence and/or action required
Included but insufficient detail		
No		
N/A		

3. Are all staff trained in line with your policy?

Yes - Records of completion of training by all relevant staff		Evidence and/or action required
Training in place but no records of completion		
No training in place		
N/A		

4. Have all staff completed competency assessments?

Yes - Records of competency assessments for all relevant staff		Evidence and/or action required
Competency assessments in place but no records of completion		
No assessments in place		
N/A		

# Medicines Management Checklist

## (supplementary guidance)

### Recommendations for Controlled Drug (CD) use in care homes

1. There is a policy in place for Controlled Drugs (CDs) which adheres to the Misuse of Drugs Act 1971 and associated regulations, the Safer Management of Controlled Drugs Regulations 2006.

Policy in date - all staff trained		Evidence and/or action required
Policy due for review		
No policy		
N/A		

2. The policy states how often a the stock balance of CDs should be checked.

Stock balances to be checked weekly		Evidence and/or action required
Stock balances to be checked monthly		
No details of how often to check stock balances		
N/A		

**The policy and/or associated procedures should cover the following aspects:**

3. The policy includes the process for reporting incidents that involve CDs (including reporting to the CD Accountable Officer).

Yes		Evidence and/or action required
Included but insufficient detail		
No		
N/A		

u Locally all CDs related incidents should be reported to the Accountable Officer for the Lancashire area. Email: [england.lancscontrolledrugs@nhs.net](mailto:england.lancscontrolledrugs@nhs.net) or telephone: **01138 254840**

4. All CDs are stored in a metal cupboard, which complies with the Misuse of Drugs (Safe Custody) Regulations 1973.

Yes		Evidence and/or action required
Locked cupboard but does not comply		
No separate cupboard for CDs		
N/A		

5. The CD register is a bound book used solely for recording CDs.

Yes		Evidence and/or action required
(-)		
Loose leaf book		
N/A		

6. All CD registers are kept for two years after the date of the last entry. If there are records of destruction of CDs, the CD register must be retained for seven years; this will only apply to care homes with nursing.

Yes		Evidence and/or action required
Registers retained for less than 2 or 7 years (if appropriate)		
Registers not retained		
N/A		

### Recommendations for warfarin use in care homes

7. There is a policy in place regarding warfarin.

Policy in date - all relevant staff trained		Evidence and/or action required
Policy due for review		
No policy		
N/A		

8. International Normalised Ratio (INR) results are reported to the pharmacy for their records.

Always		Evidence and/or action required
Sometimes		
No		
N/A		

### Recommendations for homely remedies and "over the counter" medication

9. Is there a policy in place regarding homely remedies and other "over-the counter" medicines?

Policy in place - all relevant staff trained		Evidence and/or action required
Policy due for review		
No policy		
N/A		

10. A homely remedy list of suitable medication is in place.

List in place and in date		Evidence and/or action required
List due for review or agreement with GP		
No list in place		
N/A		

### Recommendations for storage of medicines

11. The policy includes the requirement for medicines to be retained for a seven day period when a resident dies in case there is a coroner's inquest. The coroner may then request a longer period.

Yes		Evidence and/or action required
Included but insufficient detail		
No		
N/A		

12. There is a safe process for transporting medication around the home.

Yes		Evidence and/or action required
(-)		
No		
N/A		

13. A Control of Substances Hazardous to Health (COSHH) assessment has been completed for hazardous chemicals stored at the care home (eg cytotoxics and some external products).

Yes for all relevant chemicals		Evidence and/or action required
Incomplete assessment records		
No		
N/A		

**14.** For care homes with nursing only: Environment Agency T28 Exemption: Sorting and denaturing of controlled drugs for disposal in place. Click here to apply:

[u wasteexemptions.service.gov.uk](http://wasteexemptions.service.gov.uk)

T28 in place		Evidence and/or action required
T28 expired		
No T28 in place		
N/A		

### Recommendations for keeping residents safe (patient safety)

**15.** The care home ensures it receives all Patient Safety Alerts via Central Alerting Service (CAS). Care homes can register to receive email alerts at:

[u Click here to register](#)

Registered to receive		Evidence and/or action required
(-)		
Not registered		
N/A		

**16.** A process is in place to ensure all Patient Safety Alerts received by the care home are cascaded to all relevant staff.

Evidence of alerts being shared with relevant staff		Evidence and/or action required
Evidence of alerts only read by person receiving them		
No evidence of the alerts being read		
N/A		

**17.** All alerts received by the care home are acted upon within the required timescales.

Evidence of actions taken by due date		Evidence and/or action required
Evidence of actions taken but no dates		
No evidence of actions taken		
N/A		



**18.** A process is in place to revisit alerts to ensure continuing compliance.

Annual audit programme		Evidence and/or action required
Ad-hoc audits		
No re-audit		
N/A		

**Recommendations to support residents in making informed decisions**

**19.** The care home ensures all medicines are appropriate and person-centred taking into account age, choices, lifestyle, cultural and religious beliefs, allergies and intolerances, existing medical conditions and prescriptions, adverse drug reactions and recommended regimes.

Records demonstrate patient-centred care		Evidence and/or action required
Limited records of patient-centred care		
No changes made		
N/A		

**20.** The care home ensures that residents have the same opportunities to be involved in decisions about their treatment and care as people who do not live in care homes.

Records demonstrate patient-centred care		Evidence and/or action required
Limited records of patient-centred care		
No records confirming patient centred care		
N/A		

**21.** The care home should ensure residents (or their family, carer or advocate) are involved in best interest decisions in line with the Mental Capacity Act 2005, Code of Practice.

Records demonstrate appropriate involvement		Evidence and/or action required
Limited records of appropriate involvement		
No records confirming appropriate involvement		
N/A		

22. Residents' queries are referred to a pharmacist or other healthcare professional when necessary.

Records of referral to variety of people		Evidence and/or action required
Limited records		
No records		
N/A		

23. Refusal of medication and missed doses of critical medicines are referred to the prescriber as appropriate.

Records of referral to prescriber		
Limited records		
No records		
N/A		

24. Health and social care practitioners should be able to access reliable and up-to-date information about medicines. Resources may include the patient information leaflet supplied with the medicine and the following websites which are hyperlink:

- u [Clinical Knowledge Summaries](#)      u [NICE Evidence](#)      u [MHRA](#)
- u [British National Formulary \(BNF\) & Children \(BNFC\)](#)      u [NHS Choices](#)

Access to on-line sources or latest paper copies		Evidence and/or action required
Out of date paper copies		
None available		
N/A		

### Recommendations for additional staff training

25. Where additional knowledge is required for administration, (eg CDs, rectal products, insulin or oxygen) staff have been trained in these techniques, including formal assessment of competency.

Records of completion of training by all relevant staff		Evidence and/or action required
Training in place but no records of completion		
No records		
N/A		

## Recommended audits to demonstrate best practice

### 26. Storage of Medicines Audit and associated actions completed.

6-12 audits per year		Evidence and/or action required
2-5 audits per year		
0-1 audit per year		
N/A		

### 27. Medication Administration Records (MAR) Chart Audit and associated actions completed.

6-12 audits per year		Evidence and/or action required
2-5 audits per year		
0-1 audit per year		
N/A		

### 28. Controlled Drugs Audit and associated actions completed.

6-12 audits per year		Evidence and/or action required
2-5 audits per year		
0-1 audit per year		
N/A		

### Notes

# Action Points

Record of action points arising from completion of the  
Care Home Medicines Management Checklist

<b>Action point</b>	<b>By whom?</b>
<b>Comments</b>	<b>By when?</b>
	<b>Date completed</b>

<b>Action point</b>	<b>By whom?</b>
<b>Comments</b>	<b>By when?</b>
	<b>Date completed</b>

<b>Action point</b>	<b>By whom?</b>
<b>Comments</b>	<b>By when?</b>
	<b>Date completed</b>

<b>Action point</b>	<b>By whom?</b>
<b>Comments</b>	<b>By when?</b>
	<b>Date completed</b>

# Caring for Care Homes

## Medication Administration Record (MAR) Audit

**Medication Administration Records may be on paper or electronic. For the purposes of this document, 'MAR' refers to both pMAR and eMAR unless specified.**

### Instructions:

- 1 This audit should be completed in the last week of your medication cycle. This will mean you are auditing at least three weeks of administration records
- 2 If this audit has been carried out before, you should review the Action Plan from last time, and complete Section 1 **before** completing this audit
- 3 Collect five MARs and complete the audit (or an appropriate percentage to give a representative sample of MARs). It is recommended these are different MARs than used in your previous audit
- 4 If MARs collected do not cover all aspects (e.g. a 'when required' medicine) please select another MAR to audit this area
- 5 If there are no residents that cover all aspects (e.g. no one taking warfarin), consider re-auditing sooner than planned as circumstances change.
- 6 Work through the questions in Section 2. If the answer to any of these questions is 'no', provide further information
- 7 Complete Section 3 and develop an Action Plan
- 8 Implement changes (if required) and re-audit as appropriate

**Date:**

**Completed by:**

### SECTION 1: Previous Actions (only complete if this audit has been carried out before)

Start at SECTION 2 if this is the first time this audit has been carried out

	Yes	No (provide further details below)
1.1 Have all the actions in the Action Plan from the last MAR audit been completed?		

### Comments on previous Action Plan

## SECTION 2: Audit Questions

General		Yes	No (include further detail)
<b>2.0</b>	Is there a recent photo of the resident present that is a true likeness?		
<b>2.1</b>	Has a black pen been used for completion of the MAR?		
<b>2.2</b>	Is the start date correct on the MAR?		
<b>2.3a</b>	Are drug allergies recorded or 'no known drug allergy' noted?		
<b>2.3b</b>	Do these match the allergies recorded in the resident's notes?		
<b>2.4</b>	Is there a record of the medicines received; the quantity noted on the MAR, and the entry signed and dated?		
<b>2.5a</b>	Have quantities of items that were not ordered this cycle been noted on the MAR? (i.e. carried forward)		
<b>2.5b</b>	Does the number of tablets left match the balance expected from the MAR?		
<b>2.6</b>	Does the MAR match the record of current medication in the resident's notes?		
Medication Details		Yes	No (include further
<b>2.7</b>	Do the medicine labels match the MAR instructions?		
<b>2.8</b>	Are all medicines prescribed for the resident in stock?		
<b>2.9</b>	Are other (non-prescribed) medicines given to the resident listed on the MAR? (This may include self- purchased Over The Counter / Pharmacy medicines for self-care or homely remedies)		
<b>2.10</b>	<p>Has the use of homely remedies been recorded appropriately, as detailed in the home's policy?</p> <p>▶ Are all directions clear and specific, and the term "as directed" avoided?</p> <p>▶ Where used, is right or left eye specified on eyedrops?</p>		
<b>2.11</b>	<p>For topical medicines:</p> <p>▶ Are Topical Medicines Application Records (TMARS) in use?</p> <p>▶ Do the directions include where, and how much to apply?</p>		

2.12	Do all directions for 'as required' or 'PRN' medicines include indication, maximum dose and frequency of administration? (This may be in the care plan or in the PRN medication plan)		
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2.13	Any mid-cycle changes should be clear and accurate, and written confirmation received. ▶ Have entries been crossed through and re-written, rather than amended /overwritten?		
2.14	If there are any handwritten additions or electronic amendments to the MAR, are these written clearly, signed, dated and countersigned, as detailed in the home's policy?		
<b>Administration Records</b>		<b>Yes</b>	<b>No (include further detail)</b>
2.15	Are all signatures clear so that the staff member can be identified?		
2.16	Has the MAR been signed immediately after administration?		
2.17	Is the record for regular medication free from gaps? ▶ Are all signatures, and/or a "non-administration" code (if appropriate), present?		
2.18	Where there is a variable dose, (e.g. "take one or two") is the amount administered recorded?		
2.19	Is the reason and outcome of administration of 'as required' medicines recorded? (This may be in the care plan or in the PRN medication plan)		
2.20	Is the reason for any non-administration recorded appropriately? ▶ Has the appropriate code been used on the MAR and full explanation recorded as per local policy?		
2.21	Has the application of all external preparations been signed for? This may be on a Topical Medicines Application Record (TMAR)		
<b>Oral Anticoagulants (warfarin and DOACs [apixaban, dabigatran, edoxaban, rivaroxaban]) (if applicable)</b>		<b>Yes</b>	<b>No (include further detail)</b>
2.22	Is there a written protocol in place specifically regarding warfarin and DOACs?		
2.23a	Have staff received adequate training on administering anticoagulants?		



2.23b	Are staff aware that both warfarin and DOACs increase the bleeding risk?		
2.24	Is the anticoagulant medicine administered at the same time each day? (And evenly spaced if prescribed twice a day)		
2.25	Are the MARs checked daily to ensure that residents prescribed anticoagulants have not missed their dose?		
2.26	In the past 28 days, have doses of anticoagulant medication been taken as prescribed (i.e. no missed doses)?		
2.27	If a dose has been missed, was a reason clearly stated on the MAR and advice sought from a GP or pharmacist?		
2.28	Does each resident who is prescribed an anticoagulant (warfarin or DOAC) have an Alert Card?		
2.29	Warfarin: Do residents taking warfarin have a Yellow Book, contained within the ' <i>NHS Oral Anticoagulant Therapy, Important Information for Patients</i> ' pack?		
2.30	Warfarin: Are dose changes always confirmed in writing by the prescriber?		
2.31	Warfarin: Is the International Normalised Ratio (INR) results sheet and Yellow Book stored with the MAR?		
2.32	Warfarin: Are all the details in the general information section of the Yellow Book completed?		
2.33	Warfarin: Do all the doses on the MAR match the doses specified in the Yellow Book (and the INR results sheet) for the audit period?		
2.34	Warfarin: Is the current warfarin dose clearly marked on the MAR in milligrams (not number of tablets)?		
2.35	Warfarin: Can you clearly see what dose of warfarin was administered to the resident on each day?		
2.36	Warfarin tablets should not be broken in half. Have doses been administered <b>without</b> needing to break any tablets in half to administer the prescribed dose?		







# Storage of Medicines Audit for Care Homes

## Instructions:

1. Conduct audit at a time when a drug round is not taking place.
2. Some areas may not be relevant to all care homes eg oxygen.
3. Complete the 'Action required' column including realistic target dates.
4. Re-audit as necessary.

Date:

Completed by:

General	Findings	Action required
Is the temperature of all areas where medicines are stored suitable? And recorded and monitored? <b>u</b> Maximum temperature 25°C		
Are there any medicines not stored in a locked cupboard?		
If applicable, when not in use, is the medication trolley kept locked and secure?		
Are there any medicines not yet put away following a pharmacy delivery?		
Is all stock (including nutritional supplements, dressings and ostomy products) stored off the floor at all times?		
<b>All storage areas including drug trolleys, fridge, CD cupboard and dressings area etc. Repeat for all areas where medicines are stored</b>	<b>Findings</b>	<b>Action required</b>
Are all medication storage areas kept locked?		

All storage areas including drug trolleys, fridge, CD cupboard and dressings area etc. Repeat for all areas where medicines are stored continued	Findings	Action required
Are internal and external medicines separated from each other?		
Are all medicines in date?		
Is there evidence of stock rotation?		
<p>Is the stock level appropriate?</p> <p><b>u</b> No more than approximately a month's supply in stock of when required medicines, inhalers, insulins, creams, dressings, appliances, etc</p>		
Are all medicines labelled for an individual service user?		
Are all labels legible?		
Are there any handwritten changes to labels?		
<p>Is each item labelled on the container and not just the outer box?</p> <p><b>u</b> Check labels are on tubes of creams, inhalers, bottles etc not just outer box.</p>		
<p>Do labels have 'date of opening' written on them where appropriate?</p> <p><b>u</b> Check eye drops, bottles, creams.</p>		
Is there a patient information leaflet (PIL) available for each medicine prescribed for the service user?		
Are there any loose tablets/capsules or foil strips in storage areas?		

Fridge	Findings	Action required
Is there a lockable fridge or lockable container within the fridge?		
Is the fridge (or lockable container) locked?		
Is there a maximum - minimum thermometer in the fridge?		
Are the maximum, minimum and current fridge temperatures recorded and monitored on a daily basis?		
If the temperature was outside range what action was noted?		
When was the fridge last cleaned and defrosted?		
Is anything other than medication stored in the fridge?		
<p>Check labels of all products in the fridge.</p> <p>u Are there any medicines stored in the fridge that do not need to be stored there?</p>		
Are there any out-of-date medicines in the fridge?		
Waste medicines	Findings	Action required
Are there any waste medicines awaiting disposal? If yes, consider actions to reduce waste in the future.		

Waste medicines continued	Findings	Action required
Are expired or unwanted medicines stored safely and apart from other medicines until returned to pharmacy or clinical waste company?		
Is a record made of all medicines sent for disposal?		
Residents' rooms	Findings	Action required
For residents who manage all their own medicines, are all medicines stored as in their care plan?		
Are all medicines kept in the resident's room (eg inhalers, creams etc) labelled specifically for that person?		
Oxygen cylinders (if applicable)	Findings	Action required
Are oxygen cylinders stored appropriately?  <b>u</b> Upright and securely		
Are empty and full cylinders segregated within the storage area?		
Is a warning notice displayed at each location where oxygen is stored or in use?		



# Controlled Drug Audit for Care Homes

## Instructions:

1. Collect CD register and a MAR chart for a service user who has been administered a CD.
2. Complete audit.
3. Complete the 'Action required' column including realistic target dates.
4. Re-audit as necessary.

**Information:** All CDs related incidents should be reported to the Accountable Officer for Lancashire  
Email: [england.lancscontrolleddrugs@nhs.net](mailto:england.lancscontrolleddrugs@nhs.net) or telephone: **01138 254840**

**Date:**

**Completed by:**

The CD cabinet	Findings	Action required
Are all medicines clearly segregated?		
If CDs are packed in a Monitored Dosage System (MDS), is the whole container stored in the CD cupboard when not in use?		
Is the stock level appropriate? <b>u</b> No more than approximately a month's supply in stock.		
Are there any out-of-date medicines in the CD cupboard?		
Are drugs awaiting destruction clearly segregated from other stock?		
Is there anything else stored in the cupboard that should not be there? <b>u</b> Money or valuables. <b>u</b> See final section on just in case bags.		
Are the CD cupboard keys kept separately from general keys?		



CD Register	Action required
Is there a separate page in the CD register for each drug, each formulation, each strength and each resident?	
Are all entries complete, clear and legible? This should include name and form of drug, quantity of stock, date received, resident name, date, time, quantity supplied, signature of person administering drug, signature of witness and remaining balance.	
Are all entries supported by two signatories?	
If applicable, are any amendments in the CD register annotated with footnotes (initialled and dated) rather than crossing out?	
If crossing out is found, has follow up action taken been noted?	
Are all stock balances correct?	
Is there a record of all CDs that have been destroyed (nursing) or returned to pharmacy (personal care)?	
Administration	Action required
At administration has the MAR chart been signed by two members of staff?	
Has the CD register been signed by the same two members of staff who administered the medicine?	