

Monthly Medication Audit



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Date	Staff Member	
------	--------------	--

1	General	Yes/No/NA
1.1	Were medication issues at the last regulatory inspection raised?	
1.2	If so, were they addressed?	
1.3	Is there a policy in place for safe and appropriate medication administration?	
1.4	Can a copy of the "Handling of Medicines in Social Care" be produced?	
1.5	Are patient information leaflets available for all medicines	
2	Receipt of Medication	
2.1	Receipt of medicines recorded on MAR sheet and signed	
2.2	All medications fully labelled, drug name, dispensing date, client name.	
2.3	All medications have dispensing instructions and NOT as directed on them?	
2.4	Are multiple packs labelled individually?	
2.5	Are clients on warfarin having regular INR checks?	
2.6	Are prn drugs carried forward onto MAR sheets when new month commenced?	
3	Storage	
3.1	Are medicines stored in a locked trolley/cupboard? Is the trolley secured to a wall when not in use?	
3.2	Are the keys held by a designated person?	
3.3	Are the spare keys secure?	
3.4	Is there a suitable procedure for the handover of the keys between shifts?	
3.5	Are discontinued medicines stored and disposed of correctly?	
3.6	Are medication levels acceptable? Is overstocking an issue?	
3.7	Is there a designated waste policy for medicines?	
3.8	If there is oxygen in the home, is it stored appropriately and appropriate warning sign displayed?	
4	Refrigerated Items	
4.1	Are appropriate items stored in a lockable fridge?	
4.2	Max/min temperatures recorded and reset daily	
4.3	Temperature recorded daily and discrepancies out of range of 2 to 8 reported and acted on?	
4.4	Is the fridge clean and a cleaning schedule in place?	
5	Controlled Drugs	
5.1	All CD's are stored in a separate, locked metal cabinet that complies with the Misuse of Drugs safe storage requirements.	

5.2	Are only the CD's in the cupboard, if not what else is in there?	
5.3	Are the keys stored in a safe location?	
5.4	Is there a spare set of keys and where are they kept? Where:	
5.5	Is there a CD register in place?	
5.6	Does the CD register conform to current specification	
5.7	Is there a written procedure for the ordering, receipt, administration and disposal of CD's in the home?	
5.8	Does the stock present match the recorded amount in the register?	
5.9	Are there two staff signatures for every entry?	
5.10	Are CD stock levels checked at every administration?	
5.11	Are balances counted, checked and signed for at each shift handover?	
5.12	Are all records up to date?	
5.13	Are all CD's disposed of correctly? In doom kits?	
5.14	Administration of CD's recorded on MARR and CD register?	
6	Homely Remedies	
6.1	Homely remedies policy is in place signed by GP, Pharmacist and Manager?	
6.2	Are the only homely remedies used those for which there is a policy in place	
6.3	Are the homely remedies recorded on the MARR sheet?	
7	Oxygen	
7.1	Do any residents use oxygen?	
7.2	Is it supplied to the client individually?	
7.3	Are empty cylinders returned?	
8	Labelling & Safe Administration	
8.1	Is there clear labelling of all medicines?	
8.2	Are all administration instructions on MAR sheet clear enough to ensure accurate administration?	
8.3	Are there any loose medications in trolley that should be boxed i.e. Laxido?	
8.4	Is there a MARR sheet for all clients?	
8.5	Is the MARR sheet legible and completed correctly at the time of administration?	
8.6	If the medicine is a variable dose is the actual quantity given recorded?	
8.6	Are correct codes used to explain missing doses?	
8.7	Is the prescriber informed after an agreed number of doses have been recorded as refused?	
8.8	Do stock levels match those calculated on MARR sheet record?	
8.9	Is the pharmacy informed of any changes?	
8.10	Is the medication always administered directly from a labelled container by the pharmacy?	

8.11	Is the MDS System being used appropriately?	
8.12	Are there named, dated photographs for all clients?	
8.13	There is appropriate allergy alerts on necessary charts?	
8.14	Are there written procedures to deal with medication?	
8.15	Are all dressings recorded?	
8.16	Are expiry dates checked regularly?	
8.17	Are all short life medicines dated on opening?	
8.18	Is there an up to date BNF available?	
8.19	External auditing carried out 6 monthly?	

Questions Answered NO	ACTION TO BE TAKEN AND TIME LIMIT Questions answered not applicable (NA) there should be a plan for them if they become applicable in the future	Date Completed

Managers Name	Signature	Date

Comments

Empty space for comments
