

NHS Telford and Wrekin CCG Medicines Management Care Home Checklist

Audit code	Policies and Procedures	YES	NO	Comments
A1	Clear and up-to-date medicines policy in place			
A2	Procedures and guidance within the medicines policy followed by the care home - Signature sheet in place to support this			
A3	Medicines training and competencies completed by all relevant staff			
A4	Documented evidence of training completed e.g. training matrix - Is this updated accordingly			
Error/Incident Reporting				
B1	Staff aware of how to report medicines related incidents/errors/near misses and safeguarding concerns - All staff aware of the NHS to NHS Significant event Purple Card Report Form			
B2	Medicines incident/error/near miss report form utilised			
B3	Electronic record kept or recorded on Health and Safety system			
B4	Actions taken to review and investigate any incidents/errors/near misses/safeguarding concerns raised			
Local Guidance to be aware of:		YES	NO	
C1	ONS Guidance and ONS review and request form			
C2	Food First Principle			
C3	Think Food EOL Guidance			
C4	Wound care Formulary 2016			
C5	NPSA/MHRA alerts actioned - Process in place to cascade alerts and guidance to relevant staff			
C6	Procedure and process in place for HOSP issue only drugs			
C7	Just in Case Box Guidance			
C8	Staff trained in correct inhaler techniques			
C9	PrescQIPP e-learning packages accessed by care home staff			
C10	Weight adjusted dosing of oral Paracetamol guidance			
C11	UTI Toolkit utilised			
Medication Reviews		YES	NO	
D1	Annual Medication Reviews completed for all Telford CCG patients (home to initiate reviews for other residents)			
D2	Level 1 medicines reviews completed by Medicines Management Care Home Team			
D3	Regular reviews of behaviour controlling medications			
Ordering of Medicines		YES	NO	
E1	Robust ordering procedure in place - Are monthly cycle medicines ordered in week 2 of the cycle - Are there two or more trained staff members involved in the medicines ordering process - Are monitored dosage systems/Blisterpacks in use			
E2	Are medicines ordered electronically			
E3	Scripts sent to supplying pharmacy by EPS - EPS tokens received from supplying pharmacy in week 3 of the monthly cycle			
E4	Are medicines ordered through the POD Care Home scheme			
E5	POD Care Home pilot scheme discussed with Care Home Manager			

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	Disposal of Medicines	YES	NO	
F1	Out of date or non-current medication disposed of correctly <ul style="list-style-type: none"> - Returned to pharmacy - Disposed of on site and collected by external waste contractor - Reason for return documented 			
F2	Record kept for waste tracking			
F3	Regular waste Audits carried out by the home <ul style="list-style-type: none"> - Support required by the CCG to reduce waste medicines and returns 			
F4	Cytotoxic/Cytostatic medicines disposed of correctly			
F5	RIP medicines kept for 7 days post RIP			
	Individual Patients Medication	YES	NO	
G1	Medication room temp below 25°C & Recorded daily			
G2	Storage suitable (enough space/locked & secure)			
G3	Medication levels acceptable <i>Include Dressings & ONS feeds</i> <ul style="list-style-type: none"> - <i>ONS review form completed</i> - <i>Wound management formulary adhered too</i> 			
G4	Short-dated medication labelled when opened			
G5	External / Internal medicines stored separately			
G6	Medicines properly labelled <ul style="list-style-type: none"> - Including PRN medications with maximum dose and frequency 			
G7	Correct stock rotation			
G8	All medication intended for patient. (No borrowing of stock)			
G9	All medication keys held by designated person <ul style="list-style-type: none"> - Procedure in place for handing over of keys - Medication keys kept separately from all other keys 			
G10	Awareness of importance of transferring accurate and up to date information about residents medicines when moving between care settings <ul style="list-style-type: none"> - Do medicines remain available during this transfer - Is medicines waste generated following hospital discharge 			
	Controlled Drugs	YES	NO	
H1	Suitable separate cupboard/ cabinet locked			
H2	Register kept correctly <ul style="list-style-type: none"> - Running balances regularly checked - Expiry dates checked - Double signatures to support administration 			
H3	Disposed of in the correct manner <ul style="list-style-type: none"> - Separate waste log kept 			
H4	Body maps utilised for transdermal patch application			
H5	24 hourly patch checks carried out and documented			
	Homely Remedies	YES	NO	
I1	Agreed list kept of homely remedies kept			
I2	Record kept of all staff authorised to administer			
I3	Storage suitable – separate to regular meds			
I4	Any creams/ointments			
I5	Records kept of Homely Remedies administered			
I6	Expiry date checks completed regularly			
I7	Running balance checks completed regularly <ul style="list-style-type: none"> - Balances correct at time of visit 			

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Self-Care Medicines		YES	NO	
J1	Residents receiving medicines for self-care - Medicines purchased by care home			
J2	Authorisation to administer self-care medicines in place and completed in full			
J3	Self-care medicines labelled for individual residents use only			
J4	Storage suitable			
J5	Record kept of self-care medicines administered - Expiry date checks completed regularly - Running balance checks completed regularly			
J6	Record kept of all staff authorised to administer self-care medicines			
Refrigerated Items		YES	NO	
K1	Fridge clean and at correct temperature 2-8°C. Recorded daily - Procedure in place if fridge temperature is out of range - Is the fridge lockable and is the fridge locked at time of audit			
K2	Maximum / minimum thermometer used - Evidence that thermometer has been re-set			
K3	Fridge containing fridge medicines only			
Emergency Drugs		YES	NO	
L1	Are emergency drugs kept on the premises - E.g. Adrenaline/Midazolam Buccal			
L2	Are these stored correctly and regularly expiry date checked			
L3	Are staff trained to administer emergency drugs			
Skin Tear		YES	NO	
M1	Is there a Skin Tear/First Dressing Pack in use - Contents purchased by the home			
M2	Part of the skin tear pilot scheme			
M3	Is there a Skin Tear/First Dressing policy in place - Staff authorisation list - Competency checklist - Stock list			
M4	Application of dressing documented appropriately - Body maps utilised to support application - Expiry date checks completed regularly - Running balance checks completed regularly			
Records		YES	NO	
N1	MAR charts - Paper - Electronic			
N2	MAR charts completed correctly - Including allergy status			
N3	Medication received / administered /carried forward completed			
N4	Readily accessible & up to date patient information leaflets kept			
N5	Topical application body maps utilised - Are these clear, accurate and completed accordingly			
N6	Insulin administration documents utilised - Are these clear, accurate and completed accordingly			
N7	Warfarin administration documents utilised - Are these clear, accurate and completed accordingly			
N8	Individual PRN protocols in place - Are these clear, accurate and individualised - Are these reviewed regularly			
N9	Is there evidence of medicines care planning in place for patients e.g. outcomes/effectiveness of prescribed medicines			
Oxygen Therapy		YES	NO	
O1	Resident(s) prescribed Oxygen - HOOF in place			

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	- Details of Oxygen therapy in care plan			
O2	Safe storage with appropriate notices for both concentrators and cylinders			
	Covert Administration	YES	NO	
P1	Clear and up-to-date Covert Medicines policy in place			
P2	Residents receiving medicines covertly			
P3	Best interest meeting held and covert care plan in place			
P4	Covert care plans reviewed regularly			
P5	Medicines administered in an unlicensed form? E.g. crushed - Clear directions sort and documented in conjunction with GP and supplying pharmacy			
	Self-Administration			
Q1	Is there a self-administration Assessment policy in place			
Q2	Lockable facilities provided for self-medicating residents			
Q3	Are residents risk-assessed on admission for suitability of self-administration			
Q4	Are there any residents at the home who self-medicate - Is this documented in residents care plans and reviewed regularly - Are these residents receiving any necessary support with self-medicating			
	Which medical practices service this home?			
	Which pharmacy supplies this home?			
	Any other comments (including Manager/Deputy Manager details-continue overleaf as necessary)			

Check list was completed on..... Name of Care Home..... Number of registered Beds.....

Current email address

Signed: Pharmacist/Tech. ... Signed: Person in Charge (or designated person).....

[illegible]