



Review Sheet



Last Reviewed
03 Jun '20



Last Amended
03 Jun '20



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

Business impact



MEDIUM IMPACT

Changes are important, but urgent implementation is not required, incorporate into your existing workflow.

Reason for this review

Scheduled review

Were changes made?

Yes

Summary:

This policy details the auditing and monitoring process in relation to medication. It has been updated and reviewed to include reference to COVID-19 and changes to auditing practice. A new form section has been added to assist with the auditing of medication practices during the pandemic.

Relevant legislation:

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Medical Act 1983
- Medicines Act 1968
- Misuse of Drugs Act 1971
- Coronavirus Act 2020

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

- Author: NICE, (2014), *Managing medicines in care homes*. [Online] Available from: <https://www.nice.org.uk/Guidance/SC1> [Accessed: 3/6/2020]
- Author: Royal Pharmaceutical Society, (2019), *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: 3/6/2020]
- Author: CQC, (2020), *COVID-19: medicines information for adult social care providers*. [Online] Available from: <https://www.cqc.org.uk/guidance-providers/adult-social-care/covid-19-medicines-information-adult-social-care-providers> [Accessed: 3/6/2020]

Suggested action:

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



1. Purpose

1.1 To ensure that, at all times, Care Workers are meeting the needs of Service Users in relation to medication management whilst monitoring systems and procedures for efficiency and effectiveness, ensuring that they remain fit for purpose.

1.2 To support HWCGRS Care (T/A Segal Gardens) in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
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?
SAFE	S4: How does the provider ensure the proper and safe use of medicines?

1.3 To meet the legal requirements of the regulated activities that HWCGRS Care (T/A Segal Gardens) is registered to provide:

- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Medical Act 1983
- | Medicines Act 1968
- | Misuse of Drugs Act 1971
- | Coronavirus Act 2020



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 HWCGRS Care (T/A Segal Gardens) 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. There is evidence of continual improvement by analysis of themes and trends with medication practice that are addressed and acted upon in a timely manner.



4. Policy

4.1 COVID-19

- | The need for accurate auditing of medication practices maybe heightened during the COVID-19 pandemic
- | There is a likelihood that prescribed medications may change significantly when a Service User is symptomatic of, or diagnosed with, COVID-19
- | It has been recognised by CQC, the Government and the NHS that, during the COVID-19 pandemic, the approach to medication may need to be more flexible to ensure that Service Users receive the medication they need
- | This flexibility is supported by guidance in the areas of Monitored Dosage Systems, returning drugs to a pharmacy, handwriting prescription details on the MAR sheet and the reuse of named drugs for other Service Users
- | When HWCGS Care (T/A Segal Gardens) adapts medication practices to meet the needs of the Service User during the COVID-19 pandemic, it is recognised that additional auditing and monitoring of practice needs to be undertaken
- | The forms attached to the policy provide an additional framework to support auditing during the COVID-19 pandemic

4.2 HWCGS Care (T/A Segal Gardens) understands that monitoring and auditing is an essential part of safe medication management and has the following benefits:

- | It provides a check for HWCGS Care (T/A Segal Gardens), i.e. "are we actually doing what we think we are doing?"
- | It helps HWCGS Care (T/A Segal Gardens) to implement and sustain improvements in its 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 reduce the risk of errors and create a learning culture

4.3 HWCGS Care (T/A Segal Gardens) 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 the administration and/or return of all medicines.



5. Procedure

5.1 The Registered Manager must ensure that there is a complete, documented audit trail from the receipt through to the administration and/or return of all medicines.

5.2 Mr Damian Cummings Gillian Gilmore will ensure that policies and procedures for medicines handling are accessible to staff via the App facilities and can evidence through audit that those policies and procedures are adhered to by staff.

5.3 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 User's informed consent and that the correct procedure has been followed if a Service User refuses their medication.

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

5.4 It is the duty of Mr Damian Cummings Gillian Gilmore 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 HWCGS Care (T/A Segal Gardens) and the schedule cascaded to staff.

The audit schedule will be based upon risk with auditing increased at times of change or exceptional concern, for example, during the COVID-19 pandemic.



6. Definitions

6.1 Audit

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



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
- | 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 Mr Damian Cummings Gillian Gilmore



Key Facts - People affected by the service

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

- | You can be assured that HWCGS Care (T/A Segal Gardens) 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

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

The suite of medication management policies and procedures at HWCGS Care (T/A Segal Gardens)



Outstanding Practice

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

- | Audits are carried out regularly, at least once every 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 lessons learned 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
Medication Audit Form - CM16	To audit medication processes. Frequency of completion is determined by the Registered Manager.	QCS
MAR Audit - CM16	To audit MARs.	QCS

HWCGS Care (T/A Segal Gardens)
436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH

Ordering – How Medicines Are Ordered					
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments	Date Action Required
Are repeat prescriptions obtained in a safe and efficient manner?	Yes	No	N/A		
Is there an agreed method for requesting repeat prescription orders from the GP practice(s)?	Yes	No	N/A		
Are there any ordering/stock problems?	Yes	No	N/A		
Are medicines ordered in advance so Service Users do not miss any dosages of their medicines?	Yes	No	N/A		
Are there any problems with the pharmacy or GP surgery?	Yes	No	N/A		
Are records kept of medicines ordered?	Yes	No	N/A		
Are records kept of medicines received?	Yes	No	N/A		
Are discrepancies in the above raised with the community pharmacists and/or GP?	Yes	No	N/A		
Are all medicines checked in correctly?	Yes	No	N/A		
Are medicines clearly labelled by the Pharmacist?	Yes	No	N/A		
If medicines are out of stock, is there a process for notifying the GP so an alternative can be prescribed if necessary?	Yes	No	N/A		
Is there a process for ordering prescriptions in the middle of the ordering cycle e.g. for acute medicines or new medicines?	Yes	No	N/A		

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Storage - How Are Medicines Stored?					
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments	Date Action Required
Are medicines stored safely and securely in an appropriate designated area?	Yes	No	N/A		
Are storage areas clean and organised?	Yes	No	N/A		
Is the medicines cupboard kept locked when not in use?	Yes	No	N/A		
Are keys kept as per policy?	Yes	No	N/A		
Are excessive quantities of medication being stored?	Yes	No	N/A		
Are expiry dates checked monthly – both prescribed and over the counter medicines?	Yes	No	N/A		
Is there a record of expiry date checks?	Yes	No	N/A		
Are external medications separated from internal medications where appropriate?	Yes	No	N/A		
Are there arrangements in place for Service Users who self-medicate to safely store their own medication?	Yes	No	N/A		
Is stock rotated appropriately?	Yes	No	N/A		
Is there any evidence of borrowing/sharing of medication?	Yes	No	N/A		
Are oxygen cylinders stored upright, in a well-ventilated area away from heat and flames?	Yes	No	N/A		
Are 'No Smoking' signs displayed?	Yes	No	N/A		

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Fridge Storage – How Are Fridge Items Stored?					
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments	Date Action Required
Are medicines requiring refrigeration stored appropriately in a secure area?	Yes	No	N/A		
Are there any items stored in the fridge that shouldn't be stored in it?	Yes	No	N/A		
Are items requiring refrigeration put away as soon as they are received?	Yes	No	N/A		
Is there a process for stock rotation where the Service User has more than one bottle/box of the same medicine?	Yes	No	N/A		
Are there signs that state the fridge should not be switched off?	Yes	No	N/A		
Do staff know not to overstock the fridge to make sure there is space for the air to circulate?	Yes	No	N/A		
Do staff know to keep the fridge door open for as short a time as possible to keep a constant temperature?	Yes	No	N/A		
Do staff check that products are not frozen before administering to a Service User?	Yes	No	N/A		
Does the fridge have a maximum/minimum thermometer?	Yes	No	N/A		
Are all maximum/minimum fridge temperatures checked daily and the records kept?	Yes	No	N/A		
Is action taken if the fridge temperatures are outside the normal range of 2-8 °C?	Yes	No	N/A		
Is this action documented and retained?	Yes	No	N/A		
Is the fridge cleaned and defrosted at least quarterly?	Yes	No	N/A		
Do staff know what to do if the fridge breaks down?	Yes	No	N/A		

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Controlled Drugs- How Are Controlled Drugs Managed?					
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments	Date Action Required
Are stock levels of Controlled Drugs appropriate?	Yes	No	N/A		
Does the quantity in the CD register reflect the actual stock?	Yes	No	N/A		
Is the administration of Controlled Drugs in line with current policy?	Yes	No	N/A		
Are Controlled Drugs disposed of appropriately?	Yes	No	N/A		

Disposal - How is Medication Disposed of?					
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments	Date Action Required
Has medication been held for a sufficient time following a death?	Yes	No	N/A		
Are any medicines destroyed in the home?	Yes	No	N/A		
Is the returns record up to date?	Yes	No	N/A		
Is medication for disposal separated from medicines in use?	Yes	No	N/A		

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Homely Remedies- How Are Homely Remedies Managed?					
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments	Date Action Required
Does the audit trail of homely remedies tally?	Yes	No	N/A		
Are all homely remedies in date?	Yes	No	N/A		
Are homely remedies stored separately and securely?	Yes	No	N/A		
Have any homely remedies been given for more than 2 days without contacting the GP?	Yes	No	N/A		

Self-Managed Medication - How Are Self-Managing Service Users Supported?					
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments	Date Action Required
Is there evidence that Service Users are encouraged and supported to self-manage their medication?	Yes	No	N/A		
Do current Service Users who self-manage have safe, lockable storage facilities for their medication?	Yes	No	N/A		
Are risk assessments completed for current Service Users who self-manage?	Yes	No	N/A		
Are verbal reminders/supervision/ monitoring given (and documented) for Service Users who require them?	Yes	No	N/A		
Is discreet monitoring and reassessment being carried out?	Yes	No	N/A		

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Obtaining Consent for Medication Administration?					
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments	Date Action Required
Is there a process for obtaining Service Users' consent if staff administer medication?	Yes	No	N/A		

Records - How Are Records Managed?					
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments	Date Action Required
Are all administrations of medicines recorded in the appropriate place, i.e. medicines chart, Service User's notes, CD register?	Yes	No	N/A		
Is the administration of medicines recorded as soon as possible after the Service User has taken the medicine?	Yes	No	N/A		
Are all omissions of medicines recorded in the appropriate place, i.e. MARs, Service User's notes	Yes	No	N/A		
Is there a process for verbal orders from a GP?	Yes	No	N/A		

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Medication Administration – How Are Medicines Administered?					
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments	Date Action Required
Are medicines administered from original containers as received from the pharmacy, one Service User at a time?	Yes	No	N/A		
Are labels printed clearly?	Yes	No	N/A		
Are dosage instructions clear?	Yes	No	N/A		
Have any labels been defaced or changed?	Yes	No	N/A		
Are appropriate cautions and warnings clear?	Yes	No	N/A		
Are all medicines labelled for individual Service Users (including medications for external use)?	Yes	No	N/A		
If a monitored dosage system (MDS) is in use, are appropriate cautions and warnings clear and is there an appropriate dispensing date on the pack currently being used?	Yes	No	N/A		
Is there a risk assessment for each Service User who self-medicates any of his or her medicines?	Yes	No	N/A		
Are measures in place to identify Service Users to ensure that they receive the correct medicine?	Yes	No	N/A		
Have all staff who are involved with prescribing and/or administering medicines read the suite of medication management policies at HWCGS Care (T/A Segal Gardens)?	Yes	No	N/A		
Is there a signatory list to demonstrate that staff have read and understood the policies?	Yes	No	N/A		
Are allergies checked before a medicine is administered to a Service User?	Yes	No	N/A		

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Medication Administration – How Are Medicines Administered? (continued)					
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments	Date Action Required
Are medicines administered to Service Users from their original containers?	Yes	No	N/A		
Is a drink offered when administering a Service User's medicine?	Yes	No	N/A		
Are medicines with short expiry dates, e.g. drops, some liquids etc. dated when they are opened?	Yes	No	N/A		
Are special instructions observed when administering medicines, e.g. before or after food, Service User needs to remain seated after medication?	Yes	No	N/A		
Do Service Users have access to advice/training on their medicines, e.g. inhaler technique?	Yes	No	N/A		
Is advice sought from a pharmacist or GP if staff need clarification on a Service User's medicine?	Yes	No	N/A		
Do Service Users on repeat medicines receive an annual medication review from their GP?	Yes	No	N/A		
Where a Service User has difficulties swallowing and there is no liquid preparation available, is the advice of a GP or pharmacist sought before crushing tablets or opening capsules?	Yes	No	N/A		
If a Service User regularly refuses a medicine, is this raised with their GP?	Yes	No	N/A		
If Monitored Dosage Systems (MDS) are used, is there a process within the home for highlighting medicines that cannot be put in these systems, i.e. medicines susceptible to moisture, e.g. effervescent tablets, liquid medicines, creams, drops etc?	Yes	No	N/A		

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COVID-19 - Are issues being effectively managed?					
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments	Date Action Required
Where the pharmacist has withdrawn the use of Monitored Dosage Systems (Multi-compartment Compliance Aids), are all medicines administered from original packaging?	Yes	No	N/A		
Are all staff trained and competent in the administration of medication from original packaging, rather than the Monitored Dosage System?	Yes	No	N/A		
Is there a record of any changes in medication administration practices being discussed at supervision and team meetings?	Yes	No	N/A		
Are medication risk assessments up to date and do they reflect any change in administration practice?	Yes	No	N/A		
Where drugs are not able to be returned to the pharmacy as regularly as previously, are there appropriate storage, recording and risk assessments completed?	Yes	No	N/A		
Does the service hold any Controlled Drugs that are not prescribed for an individual person?	Yes	No	N/A		
Do all handwritten MAR sheets include the full name of the person, their date of birth and any known allergies?	Yes	No	N/A		
Do all handwritten MAR sheets give the name and details of the medication including strength, form, dose, how often it is given, the route of administration and any special instruction about how the medication should be taken?	Yes	No	N/A		
Are all staff writing the MAR sheets trained and competent to do so and are all handwritten entries signed by a second competent person?	Yes	No	N/A		

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COVID-19 - Are issues being effectively managed?					
Circle either 'Yes', 'No', or 'N/A' for each of the questions below				Action Needed and Comments	Date Action Required
Do you use medication to sedate individuals to promote social distancing? If you do, is there evidence to support that this decision is in the person's best interests and has been agreed in a multidisciplinary way?	Yes	No	N/A		
Do medication records and Care Plans reflect the person's capacity and the changes that may occur during a period of being symptomatic or diagnosed with COVID-19?	Yes	No	N/A		
Do staff consistently administer medication to Service Users in a person-centred manner?	Yes	No	N/A		
When administering medication, do staff always use the correct PPE and follow all required hygiene protocols to prevent the spread of COVID-19?	Yes	No	N/A		

HWCGS Care (T/A Segal Gardens)
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Date of Audit	
Audit Completed by (Full Name)	
Briefly Describe Any Action Required:	

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Instructions:					
1. Conduct an audit in the last week of the medication cycle to give at least three weeks of administration records. 2. Collect five MARs and complete the audit. 3. If the MARs collected do not cover all aspects (e.g. a "when required" medicine), please 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. 5. Complete the "Action Needed" column including realistic target dates. 6. Re-audit as necessary.					
How Are MARs Completed?					
Circle either Yes, No, or N/A for each of the questions below				Action Needed and Comments	Date Action Required
Is the writing on the MAR legible?	Yes	No	N/A		
Are all entries on the MAR in ink/printed?	Yes	No	N/A		
If handwritten MARs are used, is there a robust system to check the MAR is correct before it is used?	Yes	No	N/A		
Are handwritten entries on a MAR, cross referenced to the Service User's notes?	Yes	No	N/A		
Is there a six-monthly audit of use and accuracy of MARs for each Service User?	Yes	No	N/A		
Does the MAR audit cover appropriate and accurate recording, missed/omitted dosages and the use of 'when required' medicines?	Yes	No	N/A		
Are all Service Users' details completed on the front of each MAR?	Yes	No	N/A		
Is the number of MARs in use completed on the front of each MAR?	Yes	No	N/A		
Are all boxes on the MAR signed for regular medicines?	Yes	No	N/A		
Is it clear from the MAR that medication has been given to the Service User?	Yes	No	N/A		

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How Are MARs Completed? (continued)					
Circle either Yes, No, or N/A for each of the questions below				Action Needed and Comments	Date Action Required
Does the person who gives the medicine sign the MAR?	Yes	No	N/A		
Is there a central list of signatures/initials for staff involved in medication administration?	Yes	No	N/A		
Do the levels of administration support required in the Care Plans tally with the MAR?	Yes	No	N/A		
Are the directions for the administration of a medicine clear on the MAR?	Yes	No	N/A		
Do directions on the MAR match the pharmacy label for that medicine?	Yes	No	N/A		
Are all doses and times clearly stated on the MAR?	Yes	No	N/A		
Is it clear from the directions on the MAR the number of medicines that should be given?	Yes	No	N/A		

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How Are MARs Completed? (continued)					
Circle either Yes, No, or N/A for each of the questions below				Action Needed and Comments	Date Action Required
If the directions are, for example, '1 or 2 tablets...' is it clear on the MAR if one tablet or 2 tablets have been given?	Yes	No	N/A		
Is it clear when medicines have not been given/have been refused etc?	Yes	No	N/A		
Are medicines given at the correct time?	Yes	No	N/A		
Are the correct codes being used on the MAR?	Yes	No	N/A		
If a prescriber stops a medicine, is this crossed off the chart, dated and signed by an appropriate person?	Yes	No	N/A		
Are charts correctly stored to maintain confidentiality?	Yes	No	N/A		

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Warfarin – How is Warfarin Managed?					
Circle either Yes, No, or N/A for each of the questions below				Action Needed and Comments	Date Action Required
Is the International Normalised Ratio (INR) result sheet and yellow book stored with the MAR?	Yes	No	N/A		
Are all the details in the general information section of the yellow book?	Yes	No	N/A		
Do 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		
Is the current dose marked clearly in milligrams on the MAR (not the number of tablets)?	Yes	No	N/A		
Warfarin tablets should not be broken in half. Has it been necessary to break any tablets in half in order to administer the prescribed dose?	Yes	No	N/A		
Is the date of the next INR blood test noted on the MAR and/or in a diary?	Yes	No	N/A		

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Date of Audit	
Audit Completed by (Full Name)	
Briefly Describe Any Action Required:	