|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Children’s Home |  | | Date completed | |  |
| Person completing: |  | | Role/Designation | |  |
| General | | | | | |
|  | | Findings | | Actions | |
| Is medication room locked and keys held by designated officer | |  | |  | |
| Is the medication room clean and tidy with a yellow sharps container available and regularly emptied | |  | |  | |
| Sink area tidy with hand sanitizer and hand towels, gloves, and washing up liquid fully stocked | |  | |  | |
| Any maintenance or repair issues | |  | |  | |
| Refrigerator is clean and in good repair | |  | |  | |
| Individual medicine cupboards are clean and dry | |  | |  | |
| All medication is stored in individually named containers | |  | |  | |
| Supply | | | | | |
|  | | Findings | | Actions | |
| Have supplies been ordered on time? | |  | |  | |
| Do children have medicines available to them in a pharmacy labelled container? | |  | |  | |
| Storage | | | | | |
|  | | Findings | | Action | |
| Are extra quantities of medicines being stored appropriately? | |  | |  | |
| Are medicines requiring fridge storage stored appropriately? | |  | |  | |
| Are fridge temperatures being recorded daily? | |  | |  | |
| Are temperatures in medication storage areas monitored daily? | |  | |  | |
| Are dates of opening recorded on appropriate medicines? | |  | |  | |
| Are expiry dates of medicines checked? | |  | |  | |
|  | |  | |  | |
| Administration | | | | | |
|  | | Findings | | Action | |
| Are refusals to take medicines recorded and reported back to the line manager/ GP/ family as  appropriate? | |  | |  | |
| Does the number of tablets remaining for a person tally with the  MAR sheet (spot check 3  people) | |  | |  | |
| Have gaps been monitored on a daily basis? | |  | |  | |
| Have incident forms been completed and staff been informed of any error? | |  | |  | |
| Does the stock balance of Controlled Drugs tally with the CD register? | |  | |  | |
| **Disposal** | | | | | |
| Are there any excess or out of date medicines requiring disposal? | |  | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of auditor |  | Signature |  | Date |  |
| Name of Manager |  | Signature |  | Date |  |