|  |  |  |  |
| --- | --- | --- | --- |
| 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 asappropriate? |  |  |
| Does the number of tablets remaining for a person tally with theMAR sheet (spot check 3people) |  |  |
| 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| Are there any excess or out of date medicines requiring disposal?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  |  |