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| --- | --- | --- | --- |
| Children’s Home |  | Date completed |  |
| Person completing |  | Role/Designation |  |

|  |  |  |  |
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| 1. MEDICINES POLICY | | | |
|  | Yes | No |
| Does the organisation have a medicines policy that reflects the practice in your establishment? |  |  |
| Does the establishment have a copy of the NICE guidance ‘Managing Medicines in Care Homes’? |  |  |
| Are the staff that are responsible for the administration of medicines in the establishment familiar with the policy and guidelines? |  |  |
| Problems/comments/advice given | | |

| 2. STORAGE OF MEDICINES | | |
| --- | --- | --- |
|  | Yes | No |
| Brief description of the places in which medicines are stored: | | |
| Are medicines stored in the person using the service’s own room? |  |  |
| Are medicines stored in central locked cupboards? |  |  |
| Are medicines stored in a lockable, mobile trolley? |  |  |
| Can this trolley be locked so as to immobilise it when not in use? |  |  |
| Are temperatures monitored in the storage area? |  |  |
| Are medicines requiring refrigeration stored in a separate refrigerator? |  |  |
| If no, are such medicines segregated in a separate, secure, labelled container? |  |  |
| Is the temperature of refrigerators monitored using max/min thermometers? |  |  |
| Are refrigerated medicines properly labelled to indicate storage requirements? |  |  |
| Are all expiry dates checked regularly? |  |  |
| Are limited life medicines labelled with date of opening? |  |  |
| Are stock levels appropriate? |  |  |
| Are arrangements for security of keys satisfactory?  (Check key holders /handover of keys procedure/duplicate keys etc.) |  | |
| Problems/comments/advice given | | |

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| 3. ADMINISTRATION OF MEDICINES | | |
|  | Yes | No |
| Have all the staff who administer medicines been trained in the establishment’s policies and procedures in administering medication and have also been assessed as competent? |  |  |
| Is there a risk assessment for each person for his or her medicines including any self-administration? |  |  |
| Have the risk assessments been reviewed and updated regularly? |  |  |
| Are medicines administered from original containers as received from the pharmacy one person at a time? |  |  |
| Are labels printed clearly? |  |  |
| Are appropriate cautions and warnings clear? |  |  |
| Are there body maps in place for creams, ointments and patches? |  |  |
| Are all medicines labelled for each person? (including medications for non-prescribed use) |  |  |
| If a monitored dosage system (MDS) is in use, are appropriate cautions and warnings clear and appropriate dispensing date on pack currently being used? |  |  |
| Are measures in place to identify the person using the service, to ensure that they receive the correct drug? (5 Rights) |  |  |
| If a person refuses to take their medication, is there a clear process for the staff to follow and has it been followed? |  |  |
| Are there clear protocols and records that identify when and how much an ‘as required’ medicine has been administered? |  |  |
| Is there a clear process for cancelling or changing medicines on the MAR? |  |  |
| Does the home have a homely remedies policy including a list of medicines that may be given, dose, and frequency and contra-indications/special precautions? |  |  |

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| 4. RECORD KEEPING | | |
|  | Yes | No |
| Are doses and times checked and written for ‘variable’ or as ‘necessary medicines’? |  |  |
| Do the quantities of medication agree on the MAR chart and the packet/bottle? |  |  |
| Are allergies or “nil known” recorded on the MAR chart? |  |  |
| Is it clear when medicines have been refused or not given? |  |  |
| Are there procedures in place for recording medicines receipt and total stock? |  |  |
| Problems/comments/advice given | | |

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| FOR ESTABLISHMENTS WHICH USE MAR (medicine administration record) CHARTS | | |
|  | Yes | No |
| Are the directions for using medicines clearly stated including the dose and frequency or time for “as directed” medicines and eye/ear where applicable? |  |  |
| Have records been checked for consistency with medicines labels? |  |  |
| Are there any discrepancies between the MAR chart and medicine label directions? |  |  |
| Is the record initialled by staff administering the medicine? |  |  |
| Problems/comments/advice given | | |

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| 5. CONTROLLED DRUGS | | |
|  | Yes | No |
| Is there secure storage for controlled drugs as specified in legislation and guidance? |  |  |
| Is the CD cupboard used solely for the storage of controlled drugs? |  |  |
| Is the CD register in hardback form with numbered pages? |  |  |
| Do stock levels agree with the written balance? |  |  |
| Is the stock balance checked weekly? |  |  |
| Are receipt and administration of CD’s clearly and legibly recorded: signed, dated and witnessed? |  |  |
| Problems/comments/advice given | | |

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| 6. ORDER and DISPOSAL OF MEDICINES | | |
|  | Yes | No |
| Is there a member/s of staff responsible for ordering and disposal? |  |  |
| Is there a process in place for ordering medicines? |  |  |
| Have all discontinued and/or expired medicines been returned to the pharmacy for disposal and has this been recorded?  (Nursing homes are required to make their own arrangements for waste disposal and must keep records). |  |  |
| Do the MAR charts reflect the stock received or disposed of? |  |  |
| Problems/comments/advice given | | |

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| 7. LEAVE MEDICATION - ATTENDANCE AT DAY CENTRES ,HOME LEAVE |  |  |
|  | Yes | No |
| Is there a process for checking out and in of medication to a person’s home ,to a day centre or for a day trip? |  |  |
| Is there a process for communicating any changes or the last time and dose of medication to the carers or to the day centre? |  |  |
| Problems/comments/advice given | | |

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| 8. BEST INTEREST DECISIONS AND COVERT MEDICATION |  |  |
|  | Yes | No |
| Are any medicines given covertly? |  |  |
| Is there a best interest decision in place? |  |  |
| Is the best interest decision and documentation reviewed on a regular basis? |  |  |
| Problems/comments/advice given | | |

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| 9. MEDICATION INCIDENTS AND SAFEGUARDING |  |  |
|  | Yes | No |
| Are medication incidents (errors) recorded and reported? |  |  |
| Are appropriate actions taken and/or possible safeguarding concerns raised? |  |  |
| Problems/comments/advice given | | |

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| 10. ACTION PLAN | | | |
|  | Item | Action | Who by and when |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |