pp

**Section A senior - audit completed in property.**

|  |
| --- |
| **Service Users Name:** |
| **Date Mar chart starts and ends:** |
| **Is the information on the mar chart:** |
| Correct Name: Date of birth: Allergies: GP details in full Labels with dose, type of medication e.g., tablet/liquid form 10ml/ 20mg:  |
| **Further Mar chart checking** |
| Has the medication count been check? Is the count correct, if not what is the count discrepancy? Is the mar chart clear? Is it a pharmacy mar chart? If no, then why not?Have correct labels on the mar charts? (Think re- variable dosages, not hand written) Correct codes used for that mar chart? Is the MAR chart completed in pen and in black ink?Are there regular refusals? If so, why? - are the carers reporting and seeking medical advice?  Are any third party involved with administering medication (if so who)? |
| **Eye Drops**  |
| Are there any eye drops in situ?Date of opening is clearly written on the eye drops and date to finish. Are eye drops correct stored? |
| **Covert Medications**  |
| Are there any covert medications in situ? If yes, is this in the care plan and choking risk assessment in place? Think choking, IDDI levels. (Gp pharmacy LPA or NOK have been involved in best interest – check evidence letter from GP/ SALT teams too) Are there any special instructions or requests in place for any covert medications?Are any special instructions or requests stated in the care plan and risk assessments?Are any documentations regarding covert medication copied and event on system? |
| **Anticoagulants** |
| Are there anticoagulants in situ?Has an anticoagulant risk assessment been completed?Has the anticoagulant been stated in the care plan and matches with the risk assessment?Does the anticoagulant require review?Are there any issues involving the anticoagulant during the Mar chart period?What is the anticoagulant medication?Any actions taken for or involving anticoagulants? |
| **Patch Chart**  |
| Does the Patch chart match the mar chart? Are there any issues? Has the patch been completed in line with policy (not put in the same place over a 4-week period?) Have you replaced the patch chart? (Used patch chart to be with current mar chart)  |
| **PRN** |
| Is the PRN medication needed? is it all Refused? – GP spoken to remove from mar chart: PRN protocols completed on medication assessment and matches the mar chart. – review completed– what are these medications used for? Does the PRN protocol match what is stated in the medication assessment? |
| **Creams** |
| Medicated creams: Topical mar chart in place - (attach used copy with mar chart. Is a new one in place now?) Is this in the care plan – Check and sign offThink re- fire safety for Creams: any actions to be completed? Non- medicated creams – Is this in the care plan? Creams that are non- medicated creams removed from mar chart |
| **Inhalers**  |
| Are there any inhalers in situ?Is the service user independent with any inhaler or do they require assistance with administering?Are these being stored correctly?Are these stated in the care plan and risk assessments?Are any spacers and mouth pieces cleaned? |
| **High Risk Assessments and compliance**  |
| Are the right risk assessments in place? (Anticoagulant, Diabetes, Epilepsy, MCA, Falls)Is the irrelevant information in the care plan and risk assessments and matches one another? Please review and update these ensuring these are current. Actions including any risk assessments put in situ: Are there any time specific medication and are these clearly stated in the care plan and risk assessments? (What are the medications?) |
| **New Medications and Finishing Medications** |
| Any new medications added? Were right procedures taken? e.g., labels right time of day etc Does medication assessment and care plan reflect any changes in new or removed medication if applicable? Is this in the health section? Any discontinued medications?(Did GP stop this and sign mar chart?)Actions:  |
| **Homely Remedies** |
| Are there any homely remedies?Are these stored appropriately and documented accurately?Is there a label for these?Have these been documented accurately? |

|  |
| --- |
| **Check list** |
| Is any PRN protocol present with Mar chart?Is any Topical chart present with Mar chart?Is any patch location record chart present with Mar chart?Have high risk assessment been reviewed and updated if required?Has the medication section of the care plan been reviewed and updated if required?Do the high-risk assessments and care plan match one another?Have all medication names and information been included in assessment and ensure current and up to date?Is a STOMP/review of medication(s) required? (if so refer to STOMP/review of medication(s) form. |
| **Name: Signature: Date:** |

**Any Issues Identified in mar chart.**

***An issue is anything that can be identified as an incorrect action or record on the MAR chart. This could be a x placed on regular medication instead of signing (and reason needs to be recorded for this), medication count indicating no medication available (why has medication been left to run out), carer key not signed, additional charts or amendments needed.***

Explanations of issues and any gaps in mar chart

Each entry to be added separately.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Issue Identified**  | **Date of Issue**  | **Any evidence to suggest differently from what has been identified.** | **Actions Required** | **Managers Actions Completed** | **Is the Issue to be passed to the RM** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff Name** | **Date:** | **Time of medication** **AM (A)****Lunch (L)****Tea (T)****Evening (E)** | **Was the medication given?** **Evidence this below (count will evidence this to)**  | **What is the medication that wasn’t signed for** |  **Manager to check - Performance on file is this a repeat occurrence?** | **Mangers Actions****E.g., medication training, mar chart to be made clearer.**  | **Is a medication investigation needed? - Given to RM** |
|  |  |  |  |  |  |  |  |
| **Manager Audit sign off: Name Signature: Date**:   |

|  |  |
| --- | --- |
| **Trends/ Potential trends/ identified issues.** | **Additional actions e.g., medication error/investigations/ issues identified**  |
|  |  |
| **Actions for trends/ issues completed and by whom**  | **Actions completed and how this was identified** |
|  |  |
| **Date:** **Signature:** | **Date:** **Signature:** |