PROCEDURE AND AUDIT CHECKLIST

Care home medicines management procedure checklist

Source anchors

- CQC Regulation 12, safe care and treatment
- NICE SC1, managing medicines in care homes
- NICE QS85, medicines management in care homes
- CQC, controlled drugs in care homes
- CQC, over the counter medicines and homely remedies
- NICE NG46, controlled drugs: safe use and management
- Misuse of Drugs Regulations 2001
- Controlled Drugs (Supervision of Management and Use) Regulations 2013
- Mental Capacity Act 2005
- NICE NG15, antimicrobial stewardship

How to use this checklist

This is the **care home (adult social care)** version of the medicines checklist. It assumes the home administers medicines prescribed by a GP or other prescriber and holds stock including controlled drugs. It does not cover prescribing or Patient Group Directions, which belong to the primary care version.

Use it to audit whether the home can show safe medicines management: support and consent, ordering and storage, administration and recording, controlled drugs, homely remedies, antimicrobials and pain, and pharmacist review and audit. Use it monthly, after a medicines incident, before a governance review, or before an inspection-readiness review.

Medicines arrangements vary. Check the current legal, professional, pharmacy and product-specific requirements that apply to the home before relying on local defaults.

For each row, record:

- **Met:** evidence is current and complete.
- **Part met:** evidence exists but has a gap or needs follow-up.
- **Not met:** evidence is absent or the control is not working.
- **Not applicable:** the home does not carry out this activity.

Every `Part met` or `Not met` item should create an action with an owner and due date.

Service details

SERVICE NAME	LOCATION
DATE COMPLETED	COMPLETED BY
REGISTERED MANAGER	MEDICINES LEAD
PERIOD REVIEWED	

1. Roles, scope and competence

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **A Medicines Lead and a deputy are named.** **Evidence:** Role list, procedure, rota.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Staff only administer medicines they are trained and assessed competent to give, including specific competence for controlled drugs, covert administration and time-sensitive medicines.** **Evidence:** Training matrix, competency assessment.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Specific clinical tasks (for example insulin, thickeners, PEG, oxygen) have their own competence evidence where the home does them.** **Evidence:** Competency record, procedure.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **The supplying pharmacy and residents' GP practice(s) are the named medicines advice route.** **Evidence:** Advice record, contact route, pharmacy agreement.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **The home knows its controlled-drug oversight route: a care home is not a designated body that appoints its own Controlled Drugs Accountable Officer, so it knows the NHS England Accountable Officer and Local Intelligence Network for its area and reports controlled-drug concerns through it.** **Evidence:** Procedure, local CD contact details, incident-reporting route.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

2. Support, consent and review

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Each resident's level of medicines support is assessed and recorded (prompt, assist or administer).** **Evidence:** Care plan, medicines assessment.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
2 **Capacity and best-interest decisions about medicines are recorded where relevant.** **Evidence:** MCA record, best-interest note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Self-administration is offered where appropriate, risk assessed, and supported with secure storage in the resident's room.** **Evidence:** Self-administration assessment, storage check.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Medicines are reconciled on admission, on hospital transfer and discharge, and at any change.** **Evidence:** Reconciliation record, discharge note, pharmacy query.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Residents have access to a structured medication review and the home acts on its recommendations.** **Evidence:** Review record, action evidence.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

3. Ordering, receipt and storage

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Medicines are ordered and received through the supplying pharmacy with dated receipt records.** **Evidence:** Order log, receipt record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Medicines are stored securely and at the correct temperature.** **Evidence:** Storage check, room and trolley audit.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Fridge medicines have daily minimum and maximum temperature records with escalation when out of range.** **Evidence:** Fridge log, incident record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Controlled drugs that need safe custody are stored in a controlled-drugs cupboard meeting the Misuse of Drugs (Safe Custody) Regulations 1973.** **Evidence:** Cupboard check, storage procedure.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Expiry and stock are checked and acted on; returns and disposal are recorded.** **Evidence:** Expiry audit, returns and disposal log.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

4. Administration and recording

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **The medicines administration record (MAR) is completed at the time of administration.** **Evidence:** MAR sample, audit record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
2 **Omissions, refusals and unavailable medicines are recorded with a reason and a follow-up action.** **Evidence:** MAR sample, incident or follow-up note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **PRN (when required) medicines have a current protocol: what for, dose, frequency, maximum in 24 hours, and what to do if it does not work.** **Evidence:** PRN protocol, MAR, care plan.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Covert administration is used only after a recorded best-interest meeting with the prescriber, pharmacist and the resident's representative, with a covert administration plan that is reviewed regularly.** **Evidence:** Best-interest record, covert plan, pharmacist advice.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Time-sensitive medicines (for example Parkinson's medicines) are given within their time window, and crushing or disguising medicines follows pharmacist advice.** **Evidence:** MAR timing audit, pharmacist advice.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

5. Controlled drugs

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **A controlled-drugs register records receipt, administration and disposal with a running balance.** **Evidence:** CD register.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Administration of a controlled drug is witnessed: the administering staff member and a trained witness both sign the CD register, and the administering staff member signs the MAR.** **Evidence:** CD register, MAR.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Running-balance checks are done at a stated frequency (commonly each shift handover).** **Evidence:** CD balance-check record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Discrepancies are investigated and escalated the same day.** **Evidence:** Discrepancy record, escalation note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Disposal or denaturing of controlled drugs is recorded and witnessed by an authorised person, using a denaturing kit.** **Evidence:** Disposal record, denaturing kit log.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

6. Homely remedies and self-care

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **The home has a homely remedies policy agreed with the GP or pharmacist, listing each over-the-counter medicine, what it is for, the dose, and residents who must not have it.** **Evidence:** Homely remedies policy, GP or pharmacist sign-off.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **A homely remedy is given for a limited time only before seeking advice (a common limit is 48 hours, or 24 hours for diarrhoea).** **Evidence:** Homely remedies policy, MAR.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Each dose of a homely remedy is recorded on the resident's MAR.** **Evidence:** MAR sample.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Staff are trained and competent to support self-care with over-the-counter products.** **Evidence:** Training matrix, competency record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

7. Antimicrobials and pain

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Antibiotics are given as prescribed and the course is completed unless the prescriber advises otherwise; antimicrobial use links to the home's infection prevention and control work.** **Evidence:** MAR, IPC link, antimicrobial guidance.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **A suspected infection is escalated appropriately rather than an antibiotic assumed.** **Evidence:** Escalation tool, GP contact record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Pain is assessed for every resident, including a recognised observational tool for residents who cannot reliably self-report (for example people living with dementia).** **Evidence:** Pain assessment, care plan.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **PRN pain relief has a protocol, its effect is recorded and reviewed, and persistent or escalating pain is referred.** **Evidence:** PRN protocol, MAR, review note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

8. Incidents, audit and governance

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Medicines errors and near misses are reported, reviewed for themes, and learning is shared.** **Evidence:** Incident sample, medicines theme report.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
2 **Harm, duty of candour, safeguarding and CQC statutory notification decisions are considered.** **Evidence:** Linked records, decision notes.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **A pharmacist-led or pharmacy-supported medicines audit runs at a stated cadence and covers records, storage, expiry, controlled drugs, covert administration and competence.** **Evidence:** Audit schedule, completed audits.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Actions from medicines audits and incidents have owners, due dates and completion evidence.** **Evidence:** Improvement actions, evidence.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Medicines risks are on the risk register, and the Registered Manager reviews medicines themes and overdue actions.** **Evidence:** Risk register, governance minutes.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

9. Summary judgement

Which medicines process carries the highest current risk? _____

Which medicines record has the weakest evidence trail? _____

Which omission, refusal or error theme repeated in the last 12 months? _____

Which action or audit finding is overdue? _____

What would a CQC inspector see if they asked for medicines evidence today? _____

10. Action log

Action	Source check	Owner	Due date	Completion evidence

11. Completion

Sign-off	Name	Date
Completed by		
Reviewed by Registered Manager		

This checklist is a working tool. It does not replace live regulator guidance, professional advice, pharmacy advice, product-specific requirements, controlled-drug legal advice or clinical judgement.

Related reading

- Lifecycle page: Adult social care
- Sample policy: Medicines management policy
- Related procedure checklist: Consent and mental capacity checklist
- Related procedure checklist: Infection prevention and control checklist