PROCEDURE AND AUDIT CHECKLIST

CQC medicines management audit checklist

Source anchors

- CQC Regulation 12, safe care and treatment
- NICE NG5, medicines optimisation
- NICE NG67, managing medicines for adults receiving social care in the community
- CQC medicines information for adult social care services
- Human Medicines Regulations 2012
- Misuse of Drugs Regulations 2001
- Controlled Drugs (Supervision of Management and Use) Regulations 2013

How to use this checklist

Use this checklist to audit whether the service can show safe medicines governance: assessment, prescribing, receipt, storage, administration, controlled drugs, incidents, actions and audit. It can be used monthly, after a medicines incident, before governance review, or before an inspection-readiness review.

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

This is the cross-sector baseline checklist. If you run a care home, use the care home medicines audit checklist. If you run a GP practice or clinic, use the primary care prescribing and medicines audit checklist.

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 service does not carry out this activity.

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

The PDF is designed for printing, or for completing on screen with a PDF viewer's Fill & Sign, Markup or comment tools. Use those tools to tick boxes and type into the lines.

Service details

SERVICE NAME	LOCATION

DATE COMPLETED	COMPLETED BY
REGISTERED MANAGER	MEDICINES LEAD
CONTROLLED-DRUG LEAD, WHERE RELEVANT	PERIOD REVIEWED

1. Roles, scope and competence

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Medicines activities carried out by the service are clearly defined.** **Evidence:** Procedure, service model, statement of purpose.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Medicines Lead and deputy are named.** **Evidence:** Role list, procedure, rota.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Controlled-drug lead or accountable officer arrangements are clear where relevant.** **Evidence:** CD procedure, role record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Staff only carry out medicines tasks they are trained and competent to do.** **Evidence:** Training matrix, competency assessment.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Prescribers work within legal authority, professional scope and local procedure.** **Evidence:** Prescriber list, registration check, formulary or protocol.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Pharmacy or specialist advice route is available where needed.** **Evidence:** Advice record, SLA, contact route.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

2. Assessment, prescribing and reconciliation

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Medicines support needs are assessed and recorded.** **Evidence:** Care plan, assessment, consent record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Prompting, assisting and administering boundaries are clear.** **Evidence:** Care plan, MAR, staff interview.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Consent, capacity and best-interest decisions are recorded where relevant.** **Evidence:** Consent note, MCA record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
4 **Prescriptions or medication lists include dose, route, frequency and review point where relevant.** **Evidence:** Prescribing record, medication list.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Medicines reconciliation happens at transitions and medication changes.** **Evidence:** Reconciliation record, discharge note, pharmacy query.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **High-risk medicines and monitoring needs are identified.** **Evidence:** Monitoring plan, blood-test record, review note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

3. Ordering, receipt and storage

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Medicines are obtained through authorised routes.** **Evidence:** Supplier record, pharmacy record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Receipt records show date, quantity and batch or expiry where required.** **Evidence:** Receipt log, stock record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Medicines are stored securely and according to product requirements.** **Evidence:** Physical check, storage procedure.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Fridge or cold-chain medicines have temperature records and escalation evidence.** **Evidence:** Fridge log, incident record, cold-chain checklist.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Expiry checks are completed and acted on.** **Evidence:** Expiry audit, disposal record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Patient-owned medicines are separated, labelled and governed where the service handles them.** **Evidence:** Storage check, care record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

4. Administration and recording

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Administration records are completed at the time of administration.** **Evidence:** MAR sample, audit record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Omissions, refusals and unavailable medicines are recorded with reason and action.** **Evidence:** MAR sample, incident or follow-up note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
3 **PRN medicines have current protocols.** **Evidence:** PRN protocol, MAR, care plan.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Covert administration decisions meet capacity, best-interest and professional advice requirements.** **Evidence:** MCA record, pharmacy or prescriber advice.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Injectable medicines, sharps, medical gases or delegated tasks have specific competence evidence where relevant.** **Evidence:** Competency record, procedure, disposal record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Self-administration is risk assessed where used.** **Evidence:** Self-administration assessment, storage record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

5. Controlled drugs, incidents and alerts

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Controlled drugs are stored, recorded and reconciled according to local legal requirements.** **Evidence:** CD register, cabinet check, balance check.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **CD discrepancies are escalated and investigated the same day.** **Evidence:** Discrepancy record, incident, escalation note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Medicines incidents and near misses are reported and reviewed.** **Evidence:** Incident sample, medicines theme report.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Harm, duty of candour, safeguarding and statutory notification decisions are considered.** **Evidence:** Linked records, decision notes.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Medicine alerts and recalls are logged, assessed and closed with evidence.** **Evidence:** Alert log, action evidence.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Repeated omissions, refusals or errors are reviewed as governance themes.** **Evidence:** Governance minutes, action log.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

6. Audit and governance

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Medicines audits run at a stated cadence.** **Evidence:** Audit schedule, completed audits.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS		OWNER	DUE
2 **Audit covers records, storage, expiry, incidents and competence.** **Evidence:** Audit tool, sample results.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 **Controlled-drug checks are included where relevant.** **Evidence:** CD audit, balance check.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 **Actions from medicines audits have owners, due dates and completion evidence.** **Evidence:** Improvement actions, evidence.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 **Medicines risks are added to the risk register where needed.** **Evidence:** Risk register, audit or incident link.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
6 **Registered Manager reviews medicines themes and overdue actions.** **Evidence:** Governance minutes, dashboard.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

7. 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?

8. Action log

Action	Source check	Owner	Due date	Completion evidence

9. 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

- Article: CQC controlled drugs 2025: evidence for providers
- Article: Vaccine storage and cold chain compliance
- Cross-sector policy: CQC medication policy template
- Sector policy: Care home medication policy template (adult social care)
- Sector policy: Domiciliary care medication support policy template
- Sector policy: GP safe prescribing and high-risk medicines policy template
- Sector policy: Ambulance controlled drugs and vehicle medicines policy template
- Sector checklist: Care home medicines audit checklist
- Sector checklist: Primary care prescribing and medicines audit checklist
- Related procedure checklist: Vaccine storage and cold chain checklist
- Related procedure checklist: Incident reporting and learning checklist