

Medication Auditing

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Medication Auditing

WHY is Auditing so Important?

Some of the following may seem obvious, but all too often it is inspectors who discover when things go wrong, or incidents which trigger investigations which reveal errors.

Auditing systems which really work can help us get it right and keep the people we care for safe. Systems need to be effective and achievable.

Your auditing procedure should be worked out using ideas from your team. It has to be right for, and manageable within, your particular service, with regard to the way you do things. It's more likely to work if more people agree with it!

Hints and Tips

Basic Ingredients of an Effective Medication Auditing System **Have a Procedure for Auditing which should include:**

- What is expected of each individual should be clearly stipulated
- Make sure everyone has read the procedure for auditing – consider getting them to sign for having read them
- Make sure the procedure is easily available as a reminder and for referring to again

Have a Procedure/ Schedule which shows:

1. WHO does the Auditing and follow up?

There must be Clear Overarching Ownership of the auditing process, within the team by one clear named person in addition to the Manager. (But be careful that the rest of the team doesn't start to leave everything to that one person!) . **The overarching person needs to check that the audits are completed and effective**

Hints and Tips

The overarching person needs to check that the audits are completed and effective by considering:

- **The need for an effective and clear scheme of delegation** – who is responsible for which delegated auditing tasks and when
- **Your own service – who is best placed to do what?** Who has the skills/ can be trained? Who has the time?
- **Which aspects can be done by shift leaders/ the person giving the medication/ night staff as part of shift responsibilities?** Which need allocating to a particular person? Should it be a named person, or whoever works at a particular date / time? (Consider pros and cons eg that several people doing it infrequently, may not know the task as thoroughly as one or two people doing it regularly. Having it done on a particular day may ensure it gets done)?
- **Who should take over when the person who is meant to be completing a task is not at work**
- **Who is responsible for following up actions** needed which arise through auditing? Who checks they have been done? (Make sure they know the expectations of them!)

2. WHEN should auditing be done?

Make it **REALISTIC** and **ACHIEVABLE** (as well as effective!!). Think how long each bit takes. Divide it up into chunks to make it manageable.

Hints and Tips

Dividing your auditing into Shift Tasks, Daily, weekly/monthly/ 6 monthly tasks is likely to work best.

- **Consider which aspects can be done by whom** - eg shift leaders/ night staff as part of shift responsibilities? Which need allocating to a particular person? Which can be done as part of another task eg checking stock when putting new stock away? Checking the signature for the last dose when you give the next dose?
- **Diarise the date and time that is allocated.** Make sure other tasks, which may divert attention are delegated to someone else so the audit can be achieved. **Protect the time** to do it
- **If it gets missed re schedule and diary** it for later- don't just miss it
- When is there more likely to be a quieter time of the day or night for the auditing to be achievable?
- **Intensify the auditing or frequency of particular checks if things are going wrong** as recurring issues until you are sure it's going right!
- Managers/ responsible person for auditing to **build in scope for ad-hoc auditing and observations**

3. WHAT should the Audit recording contain?

It needs a clear link to the actions taken

Hints and Tips

Make sure your auditing records the following

- What's been found and what is ok
- What needs doing, by whom and when
- What has been done about it so far, any follow up needed?
- When the follow up tasks are completed
- Record dates and the person name undertaking the tasks
- Have clear communication systems for all the above – what should be written up where, and who should read it!

Auditing Toolkits

There are many examples of auditing tools which may be useful to use in your service.

However it is helpful if any system you use allows space to record:

| What was checked | Date | Who checked (signature) | Findings and Actions taken | Further comments/ follow up |
|------------------|------|-------------------------|----------------------------|-----------------------------|
| | | | | |

Brighton and Hove City Council Adult Social Care have made a pack available for services to adapt – You would need to pick out headings which would be most helpful and tailor to fit your own service needs .(Remember it is important to keep the task realistically manageable!)

There are forms which you can adapt to record what your schedule and procedure is for auditing and findings

Included are :

Suggestions for daily checks

<https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/daily.doc>

Suggestions for weekly checks

<https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/weekly%20audit.doc>

Suggestions for 6 monthly checks

https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/6%20Monthly%20Audits_1.doc

Trolley/ storage/disposal checks

https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/trolley_0.doc

Monthly observations of practice

<https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/observation.doc>

APPENDIX and further information

General Tips for Getting Medication Right

(Taken from CHUMS Royal Pharmaceutical Society Report on Medication in Care Homes, CQC pharmacist, and SCIE report: 'Commissioning Care Homes: Common Safeguarding Challenges, 2012):

Pharmacy to regularly support by auditing to supplement internal checks.

Ask for Regular Medication reviews by GP

Review each persons medication at their care plan review meetings

Get the timing right – and get a system for managing timing of medication which is at a different time from the main 'round' or has special instructions.

Avoid interruptions for staff giving medication – this isn't just about wearing a 'do not disturb jacket'. Are the staff the only visible staff for residents when they are working from the medication trolley? Do you have to use a trolley? Can other staff be alongside the medication administrator to deal with interruptions? Is the person doing the medication also holding the phones

Can medication administration be divided between different staff?

Phone or ask for acknowledgement to check Faxes about medication go to the right place and arrive.

Medication administrators to check signatures from the previous round.

Medication administrators check there are adequate supplies for the next days and report back

Risk assess and encourage safe self administration of medication – reduce the amount of medication given by staff – also through regular medication reviews.

Have water supply and drinking glasses ready with the person to take medication with.

Have a medication communication book attached to the trolley, or carried by the person administering to write down and remind the right people if anything needs following up.

| |
|--|
| All residents should be supported to manage their own medication unless don't have capacity to do so. |
| Medication should be stored in residents' locked cupboard – risk assess each residents access to their cupboard. |
| Manger regularly audits adherence to medication system. Regular staff training and demonstration of competence. |
| Training includes administration, knowledge of meds and side effects and knowledge of conditions being treated. Staff are aware to report over medication. |
| Home has an open supportive culture – staff feel confident reporting errors. |
| Staffing levels are adequate to give meds without interruption/ stick to protocols. |
| GP regularly reviews patients. |
| Home works with GP and pharmacist to examine mistakes. |
| Support from community health professionals to manage health conditions. |
| Multi Agency person centred approach to managing challenging behaviours. |
| Follow MCA / best interest routes if medication is a serious medical treatment. |
| Also: Medication discussion of any issues/ concerns should be included at Staff meetings & supervisions. This helps make sure problem areas can be shared, openly discussed and resolved |

Look Out for common errors - egs :

- Gaps in MAR chart signatures
- Non signing for topical creams
- Medication running out
- Discrepancies between MAR charts and Prescription sheets
- Patches being changed on the wrong day or being missed
- Lack of written explanations as to why not given or declined.
- Not having clear individualised guidance for the use of PRNS
- Over stocking and dates running out.

Any others?