Practice Audit Tool (Evidence 1)

**Practice Audit of NICE NG67: Managing Medicines for Adults receiving Social Care in the Community (March 2017)**

**Rationale: Why are we completing this audit?**

People receiving social care in the community may be at greater risk of medicine –related problems as a result of having multiple physical and mental health long term conditions known as ‘Multimorbidity’ and/or the need to take multiple medicines known as ‘Polypharmacy’.

In March 2017 NICE produced a guideline (NG67) to help ensure that adults who receive social care in the community get the support they need to manage their medicines safely and effectively.

This baseline audit of the NICE guidance will assist specialist services to assess their current practice against the NICE standards and will be completed in Q3 2018/19 Annual Audit Programme. The results will inform a review of Home Group Medication guidance due in December 2018. The new internal guidance will feature the NICE standards and will be included in the medication training from early 2019.

You only need to complete this baseline audit if your team/service has responsibility for providing medicines support to customers as part of their assessed care and support needs.

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| **Section 1:** Please answer the following questions for **EVERY** customer to be included in the audit | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Ref** | **Question** | **Yes** | **No** | **NA** | **Comments** |
| **1.** | Does the customer have a documented statement to assess their needs and preferences for support with medicines as part of their overall assessment? |  |  |  |  |
| **2.** | Is there evidence in the customer support plan that the following people were engaged when assessing their need for medicine support: | | | | |
| 2a. | * Customer |  |  |  |  |
| 2b. | * Family/Carer (if applicable) |  |  |  |  |
| **3.** | Is there a medicines support review date documented in the customers support plan? |  |  |  |  |
| **4.** | Is there evidence in the customer support plan that the following professionals have been notified that the customer is receiving medicines support: | | | | |
| 4a. | * GP |  |  |  |  |
| 4b. | * Supplying Pharmacy |  |  |  |  |
| 4c. | * Prescriber |  |  |  |  |
| **5.** | Is there evidence in the customer support plan that the customers health care professional (prescriber) continue to monitor the safety and effectiveness of the medicines?  **Guidance:** This could include evidence of patient attending appointments with GP/Psychiatrist |  |  |  |  |
| **6.** | Has the customer had any changes to their medicines that has been received **verbally** from the prescriber?  (If no please go to question 8). |  |  |  |  |
| **7.** | If yes, have the following details been recorded: | | | | |
| 7a. | * Name and profession of the person who requested the change? |  |  |  |  |
| 7b. | * Name and designation of the person who received the request? |  |  |  |  |
| 7c. | * Date and time of the change request? |  |  |  |  |
| **8.** | Is there evidence in the customer documentation that instructs support workers what to do in the following circumstances: | | | | |
| 8a. | * If the customer is having a meal? |  |  |  |  |
| 8b. | * If the customer is sleeping? |  |  |  |  |
| 8c. | * If the customer is not in the building e.g. visiting family? |  |  |  |  |
| 8d. | * If the customer has declining or fluctuating mental capacity? |  |  |  |  |
| 8e. | * If the customer requires administration of specific medicines that are not in tablet form?   (E.g. inhalers, patches, eye drops, creams, and liquid medicines). |  |  |  |  |
| 8f. | * If the customer requires administration of *‘time sensitive’* medicines?   (E.g. Warfarin/Insulin). |  |  |  |  |
| 8g. | * If the customer requires administration of *‘As Required/PRN’* medicines?   (E.g. Pain relief). |  |  |  |  |
| **9.** | If the customer is prescribed *‘As Required/PRN’* medicines does the customer support plan document the minimum and maximum doses that can be administered? |  |  |  |  |
| **10.** | Are there up to date *‘Patient Information Leaflets (PILs)’* available for the customer if requested?  **Guidance:** This includes medicines supplied using a monitored dosing system (dossette box). |  |  |  |  |
| **11.** | Does or has the customer ever required their medication to be administered covertly?  (If no, please go to question 13) |  |  |  |  |
| **12.** | If yes, is there evidence documented within the customer support plan that gives clear authorisation and instruction in line with the Mental Capacity Act 2005 to give medicines covertly? |  |  |  |  |
| **13.** | Is there evidence within the customer support plan that the customer is in agreement to allow the following: | | | | |
| 13a. | * The team to order their medicines? |  |  |  |  |
| 13b. | * The team to transport, store and dispose of their medicines? |  |  |  |  |
| **14.** | Has the customer had any unwanted, damaged or out of date medications that required to be disposed of?  (If no, please go to section 2) |  |  |  |  |
| **15.** | If yes, is there evidence that the team have completed the following: | | | | |
| 15a. | * Obtained agreement from customer to dispose of medicines? |  |  |  |  |
| 15b. | * Disposed of medications in accordance to agreed method of disposal?   **Guidance:** Usually return to pharmacy |  |  |  |  |
| **16.** | When disposing of medicines have the following been recorded: | | | | |
| 16a. | * Name/s of the medicine? |  |  |  |  |
| 16b. | * Quantity of the medicine? |  |  |  |  |
| 16c. | * Name and profession of the person who returned the medicines? |  |  |  |  |
| 16d. | * Date medicines were returned? |  |  |  |  |
| 16e. | * Name and profession of the person who received the medicines? |  |  |  |  |

| **Section 2:** Please answer the following questions **ONCE** only for each team | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Ref** | **Question** | **Yes** | **No** | **NA** | **Comments** |
| **17.** | Is there evidence that the team have robust processes for managing medicines related problems (incidents/errors)? |  |  |  |  |
| **18.** | Has the team experienced any medicines related problems (incidents/errors) within the last 6 month?  If no, please go to question 21. |  |  |  |  |
| **19.** | Is there evidence that the team have reviewed their medicines related problems to identify and address causes/trends within the last 6 month? |  |  |  |  |
| **20.** | Is there evidence to support that the learning from reviewing the medicines related incidents has been shared with the following people: | | | | |
| 20a. | * Colleague’s working within the organisation |  |  |  |  |
| 20b. | * Customer receiving the medicines support |  |  |  |  |
| 20c. | * Customers family/Carers |  |  |  |  |
| 20d. | * GP and/or Supplying Pharmacy |  |  |  |  |
| **21.** | Is there evidence that the team has robust processes for support workers who administer/provide medicines support that follows the *‘6 rights of administration’*?  **Guidance:** Right person, medicine, route, dose, time and right to decline. |  |  |  |  |
| **22.** | Is there evidence that the team use a medicines administration record (MARs) chart? |  |  |  |  |
| **23.** | If yes, does the team/Registered Manager take part, as a minimum, in a monthly MARs chart audit to ensure accuracy? |  |  |  |  |
| **24.** | Have any discrepancies occurred within the team between medications ordered and medications supplied within the last 6 month? |  |  |  |  |
| **25.** | If yes, is there evidence in the team that support workers know what action to take if a discrepancy is noted?  **Guidance:** Contact the supplying pharmacist |  |  |  |  |
| **26.** | When the team is responsible for storing customer medicines are the medications stored in a lockable cupboard? |  |  |  |  |
| **27.** | Is there evidence that the team, when storing medicines have robust processes in place including the following: | | | | |
| 27a. | Is there an accurate log book that records medications fridge temperature? |  |  |  |  |
| 27b. | Is there a record available stating who has authorisation to access medicines? |  |  |  |  |
| **28.** | How many colleagues from your team/service are required to complete the following (please enter a number in the first column): | | | | |
| 28a. | * Home Group medicines management training (Unique) |  | | |  |
| 28b. | * Competency assessed by direct observation |  | | |  |
| 28c. | * An annual review of knowledge, skills and competency |  | | |  |
| **28.** | How many colleagues from your team/service have completed the following (please enter a number in the first column): | | | | |
| 28a. | * Home Group medicines management training (Unique) |  | | |  |
| 28b. | * Competency assessed by direct observation |  | | |  |
| 28c. | * An annual review of knowledge, skills and competency |  | | |  |