

# Medicines Management in Care Homes Self Assessment Pack

Shropshire County PCT Medicines Management Team

September 2010

Prepared by: Ceri Wright  
Care Homes Medicines Management Officer  
The Medicines Management Team  
Shropshire County PCT

Title	Page Number
1. Introduction/Background .....	3
2. Performing the Self Assessment .....	3
Domain 1: Staff Training & Competency .....	4
1.1 Self Assessment Result Sheet.....	6
Domain 2: Individual Medication Records .....	9
2.1 Self Assessment Result Sheet.....	10
Domain 3: Homely Remedies.....	12
3.1 Self Assessment Result Sheet.....	13
Domain 4: Self-Medication .....	14
4.1 Self Assessment Result Sheet.....	15
Domain 5: Administration of Oxygen.....	16
5.1 Self Assessment Result Sheet.....	17
Domain 6: Receipt, Storage & Disposal of Medicines .....	18
6.1 Self Assessment Result Sheet.....	19
Domain 7: Administration of Controlled Drugs .....	22
7.1 Self Assessment Result Sheet.....	23
Domain 8: Communication Relating To Medication Administration.....	24
8.1 Self Assessment Result Sheet.....	26
Domain 9: PRN Medication .....	27
9.1 Self Assessment Result Sheet.....	29
Domain 10: Local & National Guidance.....	31
10.1 Self Assessment Result Sheet.....	32
Domain 11: Service Transfer Information (see also domain 8) .....	33
11.1 Self Assessment Result Sheet.....	34
Domain 12: Medication Review.....	36
12.1 Self Assessment Result Sheet.....	37
Domain 13: Consent/Preference.....	38
13.1 Self Assessment Result Sheet.....	39
Domain 14: Medication Errors.....	41
14.1 Self Assessment Result Sheet.....	44

# 1. Introduction/Background

It is the responsibility of the provider to ensure that medication is handled in a safe manner. Providers will need to show they are meeting the standards as a part of the CQC registration system.

It is expected that medicines are received, handled, stored, administered, disposed of and recorded are done so in accordance with Statutory and Regulatory requirements and good practice recommendations.

This Self Assessment Tool has been developed in line with the CQC Essential Standards of quality and safety, and will enable providers to evidence their own practice in relation to medicines management (Outcome 9, Regulation 13) by gauging their performance against a standard indicator.

The assessment programme covers 14 domains which are linked to the Essential standards for Outcome 9 and other Outcomes where these have relevance to medicines management, for example Outcome 5 meeting nutritional needs.

Observation of the assessments will become a part of the annual PCT pharmacist's check and in addition, the medicines management team will carry out spot checks which may be followed up by an offer of support or guidance. In addition you will be required to perform two audits per year on subjects agreed by the joint commissioners and the medicines management team and show evidence of this.

Homes are also able to provide feedback to the medicines management team and request support if necessary.

# 2. Performing the Self Assessment

Each domain may be worked through at the discretion of the manager or other appointed person. There is no particular order in which to do this but it is advisable to read through the domains prior to beginning the process.

Review the criteria presented as check-lists of Performance Indicators on the self assessment results sheets.

Depending upon your findings and observations, for each Performance Indicator on the check-list decide upon the perceived level of compliance and record this in the appropriate box. Use the following notation to do this:

- C = COMPLIANCE with the performance indicator
- P = PARTIAL COMPLIANCE with the performance indicator
- N = NON-COMPLIANCE with the performance indicator

Use the comments section to briefly note any comments or actions required using cross references when necessary.

If you observe a state of non-compliance or partial compliance, or are unsure which level is an appropriate score for any of the indicators, you may contact the medicines management team for guidance and support.

Use the SUMMARY OF COMMENTS/OBSERVATIONS section for further detail where this is appropriate.

If the assessor feels that any of the Performance Indicator/Standards are not relevant then N/A may be entered in the comments section.

## Domain 1: Staff Training & Competency

Care Home	
Assessor/s	
Date/s	

CQC Essential Standards of Quality and Safety in relation to this domain	CQC Standard description
<ul style="list-style-type: none"> <li>▪ <b>Outcome 12 Requirements relating to workers</b></li> </ul> <p><b>Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</b></p> <p>The registered person must—</p> <p>(a) operate effective recruitment procedures in order to ensure that no person is employed for the purposes of carrying on a regulated activity unless that person—</p> <p>(i) is of good character,</p> <p>(ii) has the qualifications, skills and experience which are necessary for the work to be performed, and</p> <p>(iii) is physically and mentally fit for that work;</p> <p>(b) ensure that information specified in Schedule 3 is available in respect of a person employed for the purposes of carrying on a regulated activity, and such other information as is appropriate;</p> <p>(c) ensure that a person employed for the purposes of carrying on a regulated activity is registered with the relevant professional body where such registration is required by, or under, any enactment in relation to—</p> <p>(i) the work that the person is to perform, or</p> <p>(ii) the title that the person takes or uses; and</p> <p>(d) take appropriate steps in relation to a person who is no longer fit to work for the purposes of carrying on a regulated activity including—</p> <p>(i) where the person is a health care professional, informing the body responsible for regulation of the health care profession in question, or</p> <p>(ii) where the person is a social care worker registered with the General Social Care Council, informing the Council.</p>	<p><b>What should people who use services experience?</b></p> <p><b>People who use services:</b></p> <ul style="list-style-type: none"> <li>▪ Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Have effective recruitment and selection procedures in place.</li> <li>▪ Carry out relevant checks when they employ staff.</li> <li>▪ Ensure that staff are registered with the relevant professional regulator or professional body where necessary and are allowed to work by that body.</li> <li>▪ Refer staff who are thought to be no longer fit to work in health and adult social care, and meet the requirement for referral, to the appropriate bodies.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Outcome 25: Registered person: training</b></li> </ul> <p><b>Regulation 7: Registered person: training</b></p> <p>(1) If the service provider is—</p> <p>(a) an individual, the individual must undertake;</p> <p>(b) a partnership, it must ensure that one of the partners undertakes; or</p> <p>(c) a body other than a partnership, it must ensure that the nominated individual undertakes, from time to time such training as is reasonably practicable and appropriate to ensure that there are the necessary experience and skills available for carrying on the regulated activity.</p>	<p><b>What should people who use services experience?</b></p> <p><b>People who use services:</b></p> <p>Have their care, treatment and support needs met because there is a competent person leading the service.</p> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Undertake appropriate training.</li> </ul>

(2) The registered manager must undertake from time to time such training as is appropriate to ensure that the manager has the experience and skills necessary for managing the carrying on of the regulated activity.

**Regulation 7 of the Health and Social Care Act 2008  
(Regulated Activities) Regulations 2010**

### 1.1 Self Assessment Result Sheet

Competency	Domain 1: Staff Training & Competency Performance Indicator/Standard	Findings (C/P/N)	Comments
1.	The care home has a means to assess which elements of training are necessary for each care worker.		
2.	All care workers within the home have received level one training (induction). NB: For care workers who will not be administering medication to residents this may be an awareness session. Highlighting the care workers role in a situation where medication is present.		
3.	All members of staff who administer medication to residents have completed accredited Level 2 (basic) training.		
4.	The training provides care workers with basic knowledge of how medicines are managed and how to recognise and deal with problems.		
5.	The training describes the principles behind all aspects of the home's policy on medicines handling and records.		
6.	There is a mechanism within the care home to assure care workers are confident in administering medication to residents.		
7.	There is a suitable mentor in the home to support staff through their medication training at each level.		
8.	The care home has a formal means to assess whether the care worker is sufficiently competent in medication administration before being allowed to give medicines.		
9.	There is an assessment process recorded in each care worker's training file.		
10.	It is made clear to care workers that level 2 training does not enable them to administer medication using specialised techniques i.e. giving oxygen, insulin by injection or rectal diazepam.		
11.	Where a resident requires a medication which needs to be administered using a specialised technique there is a mechanism to support this.		
12.	Each care worker administering medication to residents understands the need to seek guidance and support if there is uncertainty e.g. if label states "apply to affected area" and the area is unknown to the care worker.		
13.	Each care worker understands the need for confidentiality, when and to whom information about an individual's medication.		
14.	There is a support mechanism in the home to enable care workers to request additional training if they feel there is a need.		
15.	Where the care home employs nurses to provide care to residents, it is assured that their actions are within the auspices of the NMC Guidelines for Professional Practice.		
16.	Where the care home employs nurses to provide care to residents, it is assured that their actions are within the auspices of the NMC Guidelines		

	for The Administration of Medicines.		
17.	Where the home employs nurses to provide care to residents there is a supervisory process to identify when a registered nurse is not meeting these standards.		

**Summary Of Comments/Observations**

A sample of \_\_\_\_\_ Medication Administration Records were reviewed for the purposes of this assessment where applicable.



## Domain 2: Individual Medication Records

Care Home	
Assessor/s	
Date/s	

CQC Essential Standards of Quality and Safety in relation to this domain	CQC Standard description
<ul style="list-style-type: none"> <li>▪ <i>Outcome 9: management of medicines</i></li> </ul> <p><b>Regulation 13 Management of medicines</b> The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. <b>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b> <b>People who use services:</b></p> <ul style="list-style-type: none"> <li>▪ Will have their medicines at the times they need them, and in a safe way.</li> <li>▪ Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Handle medicines safely, securely and appropriately.</li> <li>▪ Ensure that medicines are prescribed and given by people safely.</li> <li>▪ Follow published guidance about how to use medicines safely.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Outcome 21: Records</i></li> </ul> <p><b>Regulation 20 Records</b> 1) The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of— (a) an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user; and (b) such other records as are appropriate in relation to— (i) persons employed for the purposes of carrying on the regulated activity, and (ii) the management of the regulated activity. (2) The registered person must ensure that the records referred to in paragraph (1) (which may be in paper or electronic form) are— (a) kept securely and can be located promptly when required; (b) retained for an appropriate period of time; and (c) securely destroyed when it is appropriate to do so. <b>Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b> <b>People who use services can be confident that:</b></p> <ul style="list-style-type: none"> <li>▪ Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.</li> <li>▪ Other records required to be kept to protect their safety and wellbeing are maintained and held securely where required.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Keep accurate personalised care, treatment and support records secure and confidential for each person who uses the service.</li> <li>▪ Keep those records for the correct amount of time.</li> <li>▪ Keep any other records the Care Quality Commission asks them to in relation to the management of the regulated activity.</li> <li>▪ Store records in a secure, accessible way that allows them to be located quickly.</li> <li>▪ Securely destroy records taking into account any relevant retention schedules.</li> </ul>

## 2.1 Self Assessment Result Sheet

Competency	Domain 2: Individual Medication Records Performance Indicator/Standard	Findings (C/P/N)	Comments
1.	The MAR chart clearly states each resident's name and date of birth.		
2.	The MAR chart displays a recent photograph of each resident.		
3.	MAR charts clearly identify known allergies.		
4.	MAR charts clearly show the name(s) of the medicines.		
5.	MAR charts clearly show the route of administration of the medicines (e.g. oral, topical, IV etc.).		
6.	Medication Records clearly show the dose of medicine to be administered.		
7.	MAR charts clearly state the dose of medicine which has <i>actually been</i> administered. (This will apply to medicines with a variable dose).		
8.	MAR charts clearly show the time medication has been administered.		
9.	Medication records describe the indication for PRN medicine.		
10.	MAR charts show the maximum frequency of PRN medicine in twenty four hours.		
11.	PRN medicines are being administered appropriately. (Also see Domain 9).		
12.	Medication Records clearly state reason for missed doses i.e. refusal of medication by residents using codes indicated on MAR.		
13.	Medication records indicate the site of application for creams and lotions etc.		
14.	The appropriate code is used for the non-administration of medication.		
15.	Explanations are given when the "other" code is used.		
16.	All hand-written entries for medication on MAR charts are checked for correctness and signed by a second person. (Preferably this applies to interim, acute medication and homely remedies only).		
17.	The home ensures that care workers check that the person has not already been given the medication by anyone else.		
18.	Medications no longer required are not shown as current on residents MAR charts.		
19.	The home obtains a MAR chart for each new medication supplied.		

20.	Where times of administration have been altered, reasons are recorded together with new times, which are signed and dated.		
21.	Medication times align with regular drugs rounds or visa versa.		
22.	Doses changed by GPs are annotated on the MAR with reference to the GP, date and time recorded.		
23.	The home ensures that administration is recorded on the MAR chart by the person preparing and administering the medication.		
24.	The application of creams, ointments and oral nutritional supplements are recorded on the MAR chart.		
25.	All staff involved in the process of medicines management have read the up to date medicines policy and have signed to agree to the procedures.		
26.	There is an up-to-date documented record of the printed names, signatures and initials of all staff who are authorised to administer medicines.		

**SUMMARY OF COMMENTS / OBSERVATIONS**

A sample of \_\_\_\_\_ Medication Administration Records were reviewed for the purposes of this assessment where applicable.

## Domain 3: Homely Remedies

Care Home	
Assessor/s	
Date/s	

CQC Essential Standards of Quality and Safety in relation to this domain	CQC Standard description
<p>▪ <b>Outcome 9: management of medicines</b></p> <p><b>Regulation 13 Management of medicines</b> The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.</p> <p><b>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b> <b>People who use services:</b></p> <ul style="list-style-type: none"> <li>▪ Will have their medicines at the times they need them, and in a safe way.</li> <li>▪ Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.</li> </ul> <p>This is because providers who comply with the regulations will:</p> <ul style="list-style-type: none"> <li>▪ Handle medicines safely, securely and appropriately.</li> <li>▪ Ensure that medicines are prescribed and given by people safely.</li> <li>▪ Follow published guidance about how to use medicines safely.</li> </ul>
<p>▪ <b>Outcome 8: Cleanliness and infection control</b></p> <p><b>Regulation 12 Cleanliness and infection control</b> (1) The registered person must, so far as reasonably practicable, ensure that— (a) service users; (b) persons employed for the purpose of the carrying on of the regulated activity; and (c) others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity, are protected against identifiable risks of acquiring such an infection by the means specified in paragraph (2). (2) The means referred to in paragraph (1) are— (a) the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection; (b) where applicable, the provision of appropriate treatment for those who are affected by a health care associated infection; and (c) the maintenance of appropriate standards of cleanliness and hygiene in relation to— (i) premises occupied for the purpose of carrying on the regulated activity, (ii) equipment and reusable medical devices used for the purpose of carrying on the regulated activity, and (iii) materials to be used in the treatment of service users where such materials are at risk of being contaminated with a health care associated infection.</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p>Providers of services comply with the requirements of regulation 12, with regard to the <i>Code of Practice for health and adult social care on the prevention and control of infections and related guidance</i>. (CQC are not required by the Act to produce guidance about the prevention or control of healthcare-associated infections. In this publication, there is no guidance about regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The guidance is available in the Department of Health's publication: <i>The Code of Practice for health and adult social care on the prevention and control of infections and related guidance</i>).</p>

3.1 Self Assessment Result Sheet

Competency	Domain 3: Homely Remedies Performance Indicator/Standard	Findings (C/P/N)	Comments
1.	There is a list of homely remedies agreed with the GP on an individual patient basis.		
2.	Any creams/ointments should be used for individual residents only and not included the homely remedy list.		
3.	A list of homely remedies is maintained for purchases and returns.		
4.	The administration of homely remedies is recorded on the MAR.		
5.	The resident's GP is informed if homely remedies are used for more than 24 hours. The MAR chart should confirm this.		
6.	The home has a protocol for non-prescribed medicines.		

SUMMARY OF COMMENTS / OBSERVATIONS

Empty space for summary of comments and observations.

A sample of \_\_\_\_\_ Medication Administration Records were reviewed for the purposes of this assessment where applicable.

## Domain 4: Self-Medication

Care Home	
Assessor/s	
Date/s	

CQC Essential Standards of Quality and Safety in relation to this domain	CQC Standard description
<ul style="list-style-type: none"> <li>▪ <i>Outcome 9: management of medicines</i></li> </ul> <p><b>Regulation 13 Management of medicines</b> The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. <b>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b> <b>People who use services:</b></p> <ul style="list-style-type: none"> <li>▪ Will have their medicines at the times they need them, and in a safe way.</li> <li>▪ Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.</li> </ul> <p>This is because providers who comply with the regulations will:</p> <ul style="list-style-type: none"> <li>▪ Handle medicines safely, securely and appropriately.</li> <li>▪ Ensure that medicines are prescribed and given by people safely.</li> <li>▪ Follow published guidance about how to use medicines safely.</li> </ul>

*4.1 Self Assessment Result Sheet*

Competency	Domain 4: Self-Medication Performance Indicator/Standard	Findings (C/P/N)	Comments
1.	Residents have been offered the opportunity to self-medicate where appropriate.		
2.	A risk assessment has been completed for those residents who wish to self-medicate.		
3.	Residents have lockable storage for their medication.		
4.	The MAR states "self-medicating" against the medication to be self administered.		
5.	Appropriate checking procedures for medication are in place and recorded.		
<b>SUMMARY OF COMMENTS / OBSERVATIONS</b>			
A sample of _____ Medication Administration Records were reviewed for the purposes of this assessment where applicable.			

## Domain 5: Administration of Oxygen

Care Home	
Assessor/s	
Date/s	

CQC Essential Standards of Quality and Safety in relation to this domain	CQC Standard description
<ul style="list-style-type: none"> <li>▪ <b>Outcome 9: management of medicines</b></li> </ul> <p><b>Regulation 13 Management of medicines</b> The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. <b>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b> <b>People who use services:</b></p> <ul style="list-style-type: none"> <li>▪ Will have their medicines at the times they need them, and in a safe way.</li> <li>▪ Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Handle medicines safely, securely and appropriately.</li> <li>▪ Ensure that medicines are prescribed and given by people safely.</li> <li>▪ Follow published guidance about how to use medicines safely.</li> </ul>
<p><b>Outcome 11: safety, availability and suitability of equipment</b> <b>Regulation 16 safety, availability and suitability of equipment</b> (1) The registered person must make suitable arrangements to protect service users and others who may be at risk from the use of unsafe equipment by ensuring that equipment provided for the purposes of the carrying on of a regulated activity is— (a) properly maintained and suitable for its purpose; and (b) used correctly. (2) The registered person must ensure that equipment is available in sufficient quantities in order to ensure the safety of service users and meet their assessed needs. (3) Where equipment is provided to support service users in their day to day living, the registered person must ensure that, as far as reasonably practicable, such equipment promotes the independence and comfort of service users. (4) For the purposes of this regulation— (a) "equipment" includes a medical device; and (b) "medical device" has the same meaning as in the Medical Devices Regulations 2002. <b>Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b> <b>People who use services and people who work in or visit the premises:</b></p> <ul style="list-style-type: none"> <li>▪ Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).</li> <li>▪ Benefit from equipment that is comfortable and meets their needs.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Make sure that equipment: <ul style="list-style-type: none"> <li>● is suitable for its purpose</li> <li>● is available</li> <li>● is properly maintained</li> <li>● is used correctly and safely</li> <li>● promotes independence</li> <li>● is comfortable.</li> </ul> </li> <li>▪ Follow published guidance about how to use medical devices safely.</li> </ul>

5.1 Self Assessment Result Sheet

Competency	Domain 5: Administration Of Oxygen Performance Indicator/Standard	Findings (C/P/N)	Comments
1.	Oxygen is administered at the prescribed concentration and flow-rate.		
2.	Oxygen masks are clean and dry.		
3.	Oxygen masks are covered when not in use.		
4.	Oxygen cylinders are in safety cradles or trolleys when in use.		
5.	"OXYGEN IN USE/NO SMOKING" signs are displayed on the resident's door.		
6.	"OXYGEN STORED" sign is present on the treatment/clinical room door.		
7.	Oxygen not in use is stored securely in "NO SMOKING" areas and in safety cradles which are fastened to the wall.		
8.	Prescribed oxygen on is for a named resident only.		
9.	When patients no longer require oxygen, this is reported to the GP practice concerned.		
<p><b>SUMMARY OF COMMENTS / OBSERVATIONS</b></p>			
<p>A sample of _____ Medication Administration Records were reviewed for the purposes of this assessment where applicable.</p>			

## Domain 6: Receipt, Storage & Disposal of Medicines

Care Home	
Assessor/s	
Date/s	

CQC Essential Standards of Quality and Safety in relation to this domain	CQC Standard description
<ul style="list-style-type: none"> <li>▪ <i>Outcome 9: management of medicines</i></li> </ul> <p><b>Regulation 13 Management of medicines</b>            The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.</p> <p><b>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b>  <b>People who use services:</b></p> <ul style="list-style-type: none"> <li>▪ Will have their medicines at the times they need them, and in a safe way.</li> <li>▪ Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Handle medicines safely, securely and appropriately.</li> <li>▪ Ensure that medicines are prescribed and given by people safely.</li> <li>▪ Follow published guidance about how to use medicines safely.</li> </ul>

6.1 Self Assessment Result Sheet

Competency	Domain 6: Receipt/ Storage/ Disposal Performance Indicator/Standard	Findings (C/P/N)	Comments
1.	A record is maintained of all medication used by the home.		
2.	Quantities of resident's medications are audited prior to ordering to ensure appropriate stock holding of medication, i.e. one month.		
3.	Medication received into the home is checked against the prescription forms and current MAR.		
4.	A method of exchanging information with pharmacy/dispensing practice is in place in case of missing/incorrect medication.		
5.	Any discrepancies are reported to the pharmacy/dispensing practice at the point of receipt.		
6.	A copy of all medications requested is kept at the home.		
7.	The quantity of each item of received into the home is recorded.		
8.	Prescriptions are viewed and checked for correctness prior to dispensing.		
9.	Changes to prescriptions made verbally by GPs are checked, dated and initialled by two responsible staff members.		
10.	Medicines for internal and external use are stored separately.		
11.	Medicines cupboards are clean and dry.		
12.	Medicine cupboard and storage room is locked when not in use.		
13.	Medicine trolleys are clean and dry.		
14.	Medicine trolleys are locked when not in use.		
15.	Medicine trolleys are secured to the wall.		
16.	Stock of homely remedies is correct.		
17.	Medicines requiring refrigeration are stored appropriately.		
18.	The medicines refrigerator is clean and dry.		
19.	The medicines refrigerator is lockable and/or in a secure room.		
20.	The minimum and maximum temperature of the medication refrigerator is checked and recorded daily.		
21.	The temperature of the medicines refrigerator is between 2°C and 8°C.		
22.	There is a procedure in place should the thermometer show that		

	the fridge has not been between 2°C and 8°C.		
23.	Reagents are stored in a separate locked cupboard.		
24.	Reagents have lids securely in place.		
25.	Reagents are dated on opening.		
26.	Medicines are returned to the pharmacy/dispensing practice/waste carrier when past the expiry date.		
27.	Medicines returned to the pharmacy/dispensing practice/waste carrier when a course of treatment is discontinued.		
28.	Medicines are retained at the home for a period of 7 days following the death of a resident.		
29.	Medicines are disposed of correctly.		
30.	Staff are aware of hazardous/Cytotoxic/Cytostatic medication.		
31.	Hazardous/Cytotoxic/Cytostatic medication is disposed of appropriately. According to waste regulations.		
32.	Medicines returned to the pharmacy/dispensing practice/waste carrier are recorded.		
33.	Returned controlled drugs (i.e. those recorded in the CD register) are signed for by the person receiving them.		
34.	Miss-administered medicines, (e.g. dropped medicines), are disposed of in a pharmaceutical waste container and recorded.		
35.	Medicine pots are used in accordance with the manufacturer's directions.		
36.	Oral medication syringes are used in accordance with the manufacturer's directions.		
37.	Eye drops/ear drops/nasal drops are marked with the date of opening and stored correctly.		
38.	Creams are labelled with the resident's name on the container rather than the box.		
39.	Eye treatments are labelled with the resident's name on the container rather than the box where this is feasible.		
40.	Inhalers are labelled with the resident's name on the container rather than the box.		
41.	Keys for the medication cupboards/storage room are only handled by authorised staff and a record of these staff kept.		
42.	There is a written procedure for missing keys.		

**SUMMARY OF COMMENTS / OBSERVATIONS**

A sample of \_\_\_\_\_ Medication Administration Records were reviewed for the purposes of this assessment where applicable.

## Domain 7: Administration of Controlled Drugs

Care Home	
Assessor/s	
Date/s	

CQC Essential Standards of Quality and Safety in relation to this domain	CQC Standard description
<ul style="list-style-type: none"> <li>▪ <i>Outcome 9: management of medicines</i></li> </ul> <p><b>Regulation 13 Management of medicines</b> The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.</p> <p><b>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b> <b>People who use services:</b></p> <ul style="list-style-type: none"> <li>▪ Will have their medicines at the times they need them, and in a safe way.</li> <li>▪ Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Handle medicines safely, securely and appropriately.</li> <li>▪ Ensure that medicines are prescribed and given by people safely.</li> <li>▪ Follow published guidance about how to use medicines safely.</li> </ul>

7.1 Self Assessment Result Sheet

Competency	Domain 7: Administration Of Controlled Drugs Performance Indicator/Standard	Findings (C/P/N)	Comments
1.	Controlled drugs (including those provided in a MDS) are stored in an appropriate locked cupboard.		
2.	Movement of controlled drugs is recorded in the controlled drugs register.		
3.	There is an individual page in the register for each resident and their controlled drug.		
4.	The record of administration includes date and time of medication.		
5.	The record of administration includes dosage and route of medication.		
6.	The record of administration includes the remaining stock balance.		
7.	The record of administration includes signatures of two responsible staff members (one as a witness).		
8.	The actual stock of controlled drugs tallies with the amount recorded in the controlled drugs register.		
9.	There is a procedure in place for the disposal of controlled drugs.		
10.	Controlled drugs are being disposed of according to current controlled drug regulations.		
11.	Staff are aware of procedures for reporting controlled drug incidents and how the reporting mechanism links with CQC and the role of the Accountable Officer.		
12.	An up-to-date British National Formulary/Mims is available (i.e. the current or previous year).		
<b>SUMMARY OF COMMENTS / OBSERVATIONS</b>			
A sample of _____ Medication Administration Records were reviewed for the purposes of this assessment where applicable.			

## Domain 8: Communication Relating To Medication Administration

Care Home	
Assessor/s	
Date/s	

CQC Essential Standards of Quality and Safety in relation to this domain	CQC Outcome description
<p style="margin-left: 20px;">▪ <i>Outcome 9: management of medicines</i></p> <p><b>Regulation 13 Management of medicines</b>                      The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.  <b>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b>  <b>People who use services:</b></p> <ul style="list-style-type: none"> <li>▪ Will have their medicines at the times they need them, and in a safe way.</li> <li>▪ Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Handle medicines safely, securely and appropriately.</li> <li>▪ Ensure that medicines are prescribed and given by people safely.</li> <li>▪ Follow published guidance about how to use medicines safely.</li> </ul>
<p style="margin-left: 20px;">▪ <i>Outcome 1: Respecting and involving the people who use the services</i></p> <p><b>Regulation 17 Respecting and involving service users</b>                      (1) The registered person must, so far as reasonably practicable, make suitable arrangements to ensure—                      (a) the dignity, privacy and independence of service users; and                      (b) that service users are enabled to make, or participate in making, decisions relating to their care or treatment.                      (2) For the purposes of paragraph (1), the registered person must—                      (a) treat service users with consideration and respect;                      (b) provide service users with appropriate information and support in relation to their care or treatment;                      (c) encourage service users, or those acting on their behalf, to—                      (i) understand the care or treatment choices available to the service user, and discuss with an appropriate health care professional, or other appropriate person, the balance of risks and benefits involved in any particular course of care or treatment, and                      (ii) express their views as to what is important to them in relation to the care or treatment;                      (d) where necessary, assist service users, or those acting on their behalf, to express the views referred to in sub-paragraph (c)(ii) and, so far as appropriate and reasonably practicable, accommodate those views;</p>	<p><b>What should people who use services experience?</b>  <b>People who use services:</b></p> <ul style="list-style-type: none"> <li>• Understand the care, treatment and support choices available to them.</li> <li>• Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.</li> <li>• Have their privacy, dignity and independence respected.</li> <li>• Have their views and experiences taken into account in the way the service is provided and delivered.</li> </ul> <p><b>Those acting on behalf of people who use services:</b></p> <ul style="list-style-type: none"> <li>• Understand the care, treatment and support choices available to the people who use services.</li> <li>• Can represent the views of the person using the service by expressing these on their behalf, and are involved appropriately in making decisions about their care, treatment and support.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>• Recognise the diversity, values and human rights of people who use services.</li> <li>• Uphold and maintain the privacy, dignity and independence of people who use services.</li> <li>• Put people who use services at the centre of their care,</li> </ul>

<p>(e) where appropriate, provide opportunities for service users to manage their own care or treatment;</p> <p>(f) where appropriate, involve service users in decisions relating to the way in which the regulated activity is carried on in so far as it relates to their care or treatment;</p> <p>(g) provide appropriate opportunities, encouragement and support to service users in relation to promoting their autonomy, independence and community involvement; and</p> <p>(h) take care to ensure that care and treatment is provided to service users with due regard to their age, sex, religious persuasion, sexual orientation, racial origin, cultural and linguistic background and any disability they may have.</p> <p><b>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<ul style="list-style-type: none"> <li>● Provide information that supports people who use services, or others acting on their behalf, to make decisions about their care, treatment and support.</li> <li>● Support people who use services, or others acting on their behalf, to understand the care, treatment and support provided.</li> <li>● Enable people who use services to care for themselves where this is possible.</li> <li>● Encourage and enable people who use services to be involved in how the service is run.</li> <li>● Encourage and enable people who use services to be an active part of their community in appropriate settings.</li> </ul>
<p>▪ <b>Outcome 6: Cooperating with other providers</b></p> <p><b>Regulation 24.—</b>(1) The registered person must make suitable arrangements to protect the health, welfare and safety of service users in circumstances where responsibility for the care and treatment of service users is shared with, or transferred to, others, by means of—</p> <p>(a) so far as reasonably practicable, working in cooperation with others to ensure that appropriate care planning takes place;</p> <p>(b) subject to paragraph (2), the sharing of appropriate information in relation to—</p> <p>(i) the admission, discharge and transfer of service users, and</p> <p>(ii) the co-ordination of emergency procedures; and</p> <p>(c) supporting service users, or persons acting on their behalf, to obtain appropriate health and social care support.</p> <p>(2) Nothing in this regulation shall require or permit any disclosure or use of information which is prohibited by or under any enactment, or by court order.</p> <p><b>Regulation 24 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p>What should people who use services experience?</p> <p>People who use services:</p> <ul style="list-style-type: none"> <li>● Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>● Cooperate with others involved in the care, treatment and support of a person who uses services when the provider responsibility is shared or transferred to one or more services, individuals, teams or agencies.</li> <li>● Share information in a confidential manner with all relevant services, individuals, teams or agencies to enable the care, treatment and support needs of people who uses services to be met.</li> <li>● Work with other services, individuals, teams or agencies to respond to emergency situations.</li> <li>● Support people who use services to access other health and social care services they need.</li> </ul>

8.1 Self Assessment Result Sheet

Competency	Domain 8: Communication Performance Indicator/Standard	Findings (C/P/N)	Comments
1.	When a resident is admitted to hospital a copy of the current MAR chart is supplied to the hospital.		
2.	Medication is checked following discharge from hospital and any query is raised at the earliest opportunity.		
3.	Where a medication has changed, the resident is involved in the change process.		
4.	There are named staff responsible for medication within the home that GP surgeries, pharmacies etc. are aware of.		
5.	Staff at the home identify colleagues at the GP practice, pharmacy etc. to whom they can address correspondence.		
6.	For each new resident a list of current medication from the GP is obtained and assessed.		
7.	Medication is checked and assessed when a new resident moves into the home and any query is raised at the earliest opportunity.		
8.	Changes made to medication by a GP or hospital admission are communicated to the supplying pharmacy/dispensing practice.		
9.	Changes made to medication following a GP visit are annotated on the MAR chart and followed up by the GP practice in writing.		
10.	When Shropdoc or other out of hours service is contacted are all details of the resident readily to hand?		
11.	When a resident is transferred to another care setting a copy of the current MAR chart is supplied to that setting.		
12.	Provisions are made to report frequent refusals to the prescriber.		
13.	The home ensures that care workers are able to recognise and report possible side effects.		
14.	The home ensures that care workers understand the procedure for reporting refusals.		
15.	The home ensures that care workers understand the procedure for reporting medication errors.		
<b>SUMMARY OF COMMENTS / OBSERVATIONS</b>			
A sample of _____ Medication Administration Records were reviewed for the purposes of this assessment where applicable.			

## Domain 9: PRN Medication

Care Home	
Assessor/s	
Date/s	

CQC Essential Standards of Quality and Safety in relation to this domain	CQC Standard description
<ul style="list-style-type: none"> <li>▪ <b>Outcome 9: management of medicines</b></li> </ul> <p><b>Regulation 13 Management of medicines</b> The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. <b>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b> <b>People who use services:</b></p> <ul style="list-style-type: none"> <li>▪ Will have their medicines at the times they need them, and in a safe way.</li> <li>▪ Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Handle medicines safely, securely and appropriately.</li> <li>▪ Ensure that medicines are prescribed and given by people safely.</li> <li>▪ Follow published guidance about how to use medicines safely.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Outcome 4: Care and welfare of people who use services</b></li> </ul> <p><b>Regulation 9 (1)</b> The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of— (a) the carrying out of an assessment of the needs of the service user; and (b) the planning and delivery of care and, where appropriate, treatment in such a way as to— (i) meet the service user's individual needs, (ii) ensure the welfare and safety of the service user, (iii) reflect, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment, and (iv) avoid unlawful discrimination including, where applicable, by providing for the making of reasonable adjustments in service provision to meet the service user's individual needs. (2) The registered person must have procedures in place for dealing with emergencies which are reasonably expected to arise from time to time and which would, if they arose, affect, or be likely to affect, the provision of services, in order to mitigate the risks arising from such emergencies to service users. <b>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b> <b>People who use services:</b></p> <ul style="list-style-type: none"> <li>▪ Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>• Reduce the risk of people receiving unsafe or inappropriate care, treatment and support by: <ul style="list-style-type: none"> <li>• assessing the needs of people who use services</li> <li>• planning and delivering care, treatment and support so that people are safe, their welfare is protected and their needs are met</li> <li>• taking account of published research and guidance</li> <li>• making reasonable adjustments to reflect people's needs, values and diversity</li> <li>• having arrangements for dealing with foreseeable emergencies.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Outcome 7: Safeguarding people who use services from</b></li> </ul>	<p><b>What should people who use services experience?</b></p>

<p><i>abuse</i></p> <p><b>Regulation 11.</b>—(1) The registered person must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means of—</p> <p>(a) taking reasonable steps to identify the possibility of abuse and prevent it before it occurs; and</p> <p>(b) responding appropriately to any allegation of abuse.</p> <p>(2) Where any form of control or restraint is used in the carrying on of the regulated activity, the registered person must have suitable arrangements in place to protect service users against the risk of such control or restraint being—</p> <p>(a) unlawful; or</p> <p>(b) otherwise excessive.</p> <p>(3) For the purposes of paragraph (1), “abuse”, in relation to a service user, means—</p> <p>(a) sexual abuse;</p> <p>(b) physical or psychological ill-treatment;</p> <p>(c) theft, misuse or misappropriation of money or property; or</p> <p>(d) neglect and acts of omission which cause harm or place at risk of harm.</p> <p><b>Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>People who use services:</b></p> <p>Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.</p> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Take action to identify and prevent abuse from happening in a service.</li> <li>▪ Respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.</li> <li>▪ Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice.</li> <li>▪ Make sure that the use of restraint is always appropriate, reasonable, proportionate and justifiable to that individual.</li> <li>▪ Only use de-escalation or restraint in a way that respects dignity and protects human rights, and where possible respects the preferences of people who use services.</li> <li>▪ Understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns.</li> <li>▪ Protect others from the negative effect of any behavior by people who use services.</li> <li>▪ Where applicable, only use Deprivation of Liberty Safeguards when it is in the best interests of the person who uses the service and in accordance with the Mental Capacity Act 2005.</li> </ul>
--	---

### 9.1 Self Assessment Result Sheet

Competency	Domain 9: PRN Medication Performance Indicator/Standard	Findings (C/P/N)	Comments
1.	The home has a medication policy and procedure covering the administration of "when required" PRN medication.		
2.	Care plans provide detailed information on medication prescribed as when required, i.e. when and why it is required.		
3.	PRN medication is offered at times to meet the needs of the person.		
4.	Accurate records of PRN administration made including the time it has been administered.		
5.	The expiry dates for checked on a regular basis.		
6.	If PRN medication is given regularly a request is made to the GP to review it.		
7.	PRN medicines are held in suitable quantities.		
8.	Information is readily available for staff to know how to administer the medication.		
9.	The policy ensures that staff know when to give the medication i.e. what symptoms to look out for, or ask the person if they need it.		
10.	The maximum amount to be given in a day or the time to leave between doses recorded.		
11.	A record of the outcome following the administration of a PRN medication made.		
12.	If after the specified time the medication is not producing the intended outcome this communicated to the prescriber.		
13.	The information on why the medication has been prescribed and how to give it is sought from the prescriber, the supplying pharmacist or other healthcare professionals involved in the treatment of the person.		
14.	Consideration is given to the resident's capacity to refuse the medication.		
15.	Staff are provided with information on the needs of the person e.g. if signs of pain are expressed in a non-verbal way.		
16.	Medication that is still in use and in date is carried over from one month to the next and not disposed of.		
17.	A record of the quantity carried over is recorded on the new MAR so there is an accurate record of the quantity in stock and to help when performing audits.		
18.	PRN medication is supplied in an original box rather than a monitored dosage system (MDS).		

20.	Specialised training is sought/provided for specific medication where indicated, for example the administration of midazolam buccal.		
-----	--	--	--

**SUMMARY OF COMMENTS / OBSERVATIONS**

A sample of \_\_\_\_\_ Medication Administration Records were reviewed for the purposes of this assessment where applicable.

## Domain 10: Local & National Guidance

Care Home	
Assessor/s	
Date/s	

CQC Essential Standards of Quality and Safety in relation to this domain	CQC Standard description
<ul style="list-style-type: none"> <li>▪ <i>Outcome 9: management of medicines</i></li> </ul> <p><b>Regulation 13 Management of medicines</b> The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. <b>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b> <b>People who use services:</b></p> <ul style="list-style-type: none"> <li>▪ Will have their medicines at the times they need them, and in a safe way.</li> <li>▪ Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Handle medicines safely, securely and appropriately.</li> <li>▪ Ensure that medicines are prescribed and given by people safely.</li> <li>▪ Follow published guidance about how to use medicines safely.</li> </ul>
<ul style="list-style-type: none"> <li>▪ <i>Outcome 5: Meeting nutritional needs</i></li> </ul> <p><b>Regulation 14 Meeting nutritional needs</b> (1) Where food and hydration are provided to service users as a component of the carrying on of the regulated activity, the registered person must ensure that service users are protected from the risks of inadequate nutrition and dehydration, by means of the provision of— (a) a choice of suitable and nutritious food and hydration, in sufficient quantities to meet service users' needs; (b) food and hydration that meet any reasonable requirements arising from a service user's religious or cultural background; and (c) support, where necessary, for the purposes of enabling service users to eat and drink sufficient amounts for their needs. (2) For the purposes of this regulation, "food and hydration" includes, where applicable, parenteral nutrition and the administration of dietary supplements where prescribed. <b>Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b> <b>People who use services:</b> Are supported to have adequate nutrition and hydration. <b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Reduce the risk of poor nutrition and dehydration by encouraging and supporting people to receive adequate nutrition and hydration.</li> <li>▪ Provide choices of food and drink for people to meet their diverse needs, making sure the food and drink they provide is nutritionally balanced and supports their health.</li> </ul>

10.1 Self Assessment Result Sheet

Competency	Domain 10: Local/ National Guidance Performance Indicator/Standard	Findings (C/P/N)	Comments
1.	Shropshire County PCT Pain Guidelines are displayed and adhered to.		
2.	Shropshire County PCT Nutritional Supplement Guidelines are displayed and followed.		
3.	Shropshire County PCT Antipsychotic Guidelines are displayed and followed.		
4.	Shropshire County PCT Antibiotic Guidelines are displayed and followed.		
5.	There is an awareness of NICE Guidelines by all members of staff who handle medication.		
6.	The Shropshire Tissue Viability Group Wound Management Formulary is adhered to (where applicable).		
7.	The Homely Dressing Protocol is followed (where applicable).		
8.	The home is registered to receive relevant alerts from the MHRA/other relevant safety organisations.		

**SUMMARY OF COMMENTS / OBSERVATIONS**

A sample of \_\_\_\_\_ Medication Administration Records were reviewed for the purposes of this assessment.

## Domain 11: Service Transfer Information (see also domain 8)

Care Home	
Assessor/s	
Date/s	

CQC Essential Standards of Quality and Safety in relation to this domain	CQC Standard description
<ul style="list-style-type: none"> <li>▪ <i>Outcome 9: management of medicines</i></li> </ul> <p><b>Regulation 13 Management of medicines</b> The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.</p> <p><b>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b> <b>People who use services:</b></p> <ul style="list-style-type: none"> <li>▪ Will have their medicines at the times they need them, and in a safe way.</li> <li>▪ Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Handle medicines safely, securely and appropriately.</li> <li>▪ Ensure that medicines are prescribed and given by people safely.</li> <li>▪ Follow published guidance about how to use medicines safely.</li> </ul>

**11.1 Self Assessment Result Sheet**

Competency	Domain 11: Service Transfer Information Performance Indicator/Standard	Findings (C/P/N)	Comments
1.	On planned admission to hospital or transfer another establishment resident's medicines are taken with them.		
2.	On an unplanned admission to hospital or transfer another establishment resident's medicines are taken with them.		
3.	A copy of the MAR chart is provided at the time of transition.		
4.	Information on any known drug reactions is provided.		
5.	A current carer contact name and number is provided on transfer.		
6.	Actual medication which arrives with the resident is checked against an up to date list of medicines.		
7.	A complete list of current medicines is provided to the home on admission of a new resident from another establishment.		
8.	A complete list of current medicines is provided to the home on admission of a new resident from hospital.		
9.	The list is checked against medicines prior to admission.		
10.	Where any medicine list has been updated this is communicated to the appropriate people caring for the resident i.e. family members or other care establishments.		
11.	All dosages and frequency of administration are checked even if the actual medication remains the same.		
12.	The resident is present when reconciliation of medication is made.		
13.	Any discrepancies are instantly investigated and recorded.		
14.	The MAR chart is clearly updated and done so in a manner which is easily visible by other relevant members of the care team.		
15.	Medication is checked within six hours of arrival to the home.		
16.	Information i.e. patient information leaflets, provided with the medication are looked at prior to administering any new medication following discharge.		
17.	The home has a clear policy and set of procedures for each step in the reconciliation process.		
<b>SUMMARY OF COMMENTS / OBSERVATIONS</b>			

A sample of \_\_\_\_\_ Medication Administration Records were reviewed for the purposes of this assessment where applicable.

## Domain 12: Medication Review

Care Home	
Assessor/s	
Date/s	

CQC Essential Standards of Quality and Safety in relation to this domain	CQC Standard description
<ul style="list-style-type: none"> <li>▪ <i>Outcome 9: management of medicines</i></li> </ul> <p><b>Regulation 13 Management of medicines</b>            The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.</p> <p><b>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b>  <b>People who use services:</b></p> <ul style="list-style-type: none"> <li>▪ Will have their medicines at the times they need them, and in a safe way.</li> <li>▪ Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Handle medicines safely, securely and appropriately.</li> <li>▪ Ensure that medicines are prescribed and given by people safely.</li> <li>▪ Follow published guidance about how to use medicines safely.</li> </ul>

12.1 Self Assessment Result Sheet

Competency	Domain 12: Medication Review Performance Indicator/Standard	Findings (C/P/N)	Comments
1.	A medication review is carried out by the resident's GP on a regular basis.		
2.	A medication review is carried out by a Medicines Management Team Practice Based Pharmacist on a regular basis.		
3.	The resident is involved in the process of medication review.		
4.	A key care worker from the home is involved in the medication review process.		
5.	The home takes the initiative to prompt a medication review when it is required (at least on a yearly basis).		
6.	A record of the medication review is made in the resident's care notes.		
<b>SUMMARY OF COMMENTS / OBSERVATIONS</b>			
A sample of _____ Medication Administration Records were reviewed for the purposes of this assessment where applicable.			

## Domain 13: Consent/Preference

Care Home	
Assessor/s	
Date/s	

CQC Essential Standards of Quality and Safety in relation to this domain	CQC Standard description
<ul style="list-style-type: none"> <li>▪ <i>Outcome 9: management of medicines</i></li> </ul> <p><b>Regulation 13 Management of medicines</b> The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. <b>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b> <b>People who use services:</b></p> <ul style="list-style-type: none"> <li>▪ Will have their medicines at the times they need them, and in a safe way.</li> <li>▪ Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Handle medicines safely, securely and appropriately.</li> <li>▪ Ensure that medicines are prescribed and given by people safely.</li> <li>▪ Follow published guidance about how to use medicines safely.</li> </ul>
<p><i>Outcome 2: Consent to care and treatment</i></p> <p><b>Regulation 18 Consent to care and treatment</b> The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. <b>Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b> <b>People who use services:</b> Where they are able, give valid consent to the examination, care, treatment and support they receive.</p> <ul style="list-style-type: none"> <li>▪ Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.</li> <li>▪ Can be confident that their human rights are respected and taken into account.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Have systems in place to gain and review consent from people who use services, and act on them.</li> </ul>

### 13.1 Self Assessment Result Sheet

Competency	Domain 13: Consent/Preference Performance Indicator/Standard	Findings (C/P/N)	Comments
1.	A record of the discussion and the way in which the resident has given consent is made.		
2.	Regular reviews of consent and preferences are carried out and recorded.		
3.	Medication, what it is for, potential complications and side effects and their management is explained to the resident.		
4.	Explanation and discussion is carried out in the manner, style and pace of discussion that is appropriate to the resident's level of understanding, culture and background.		
5.	Any questions are answered in an appropriate way making sure the information given is correct.		
6.	The resident is given verbal and/or written information on the medication if requested.		
7.	The resident is given the opportunity to ask questions or seek clarification of any information they have been given.		
8.	Feedback is sought from the resident to ascertain their level of understanding.		
9.	The resident is given time to reflect on the information and if necessary or requested, invite other members of the multi-disciplinary team, or family and an advocate if appropriate to provide support.		
10.	The resident is reassured that they can change their mind at any stage.		
11.	The resident's choices and preferences have been identified and taken into account within a risk management framework.		
12.	A record of preferences are kept and documented in resident's care plans.		
13.	If there is any doubt about a resident's capacity to consent this is tested appropriately using the principles of the Mental Capacity Act.		
14.	Medication is never administered covertly for residents who have capacity.		
15.	Regular refusals of medication are documented and the GP informed.		
16.	A full assessment is carried out of their mental capacity following MCA's Code of Practice for residents who cannot give consent.		
17.	For residents who cannot give consent a full report is produced and a best interest decision made for each medication prescribed which is clearly documented in the resident's care plan/notes.		

18.	All relevant people i.e. the GP, resident's family (or IMCA) Social Worker and Community Psychiatric Nurse are consulted.		
19.	The pharmacist is involved to ensure that crushing a medication or mixing it with certain food or drink would prove non-detrimental.		
20.	A care plan and risk assessment outlining how the medication would be given covertly i.e. in food is maintained.		
21.	A record of any response to a medication administered in an alternative way is maintained.		

**SUMMARY OF COMMENTS / OBSERVATIONS**

[This area is intentionally left blank for the summary of comments and observations.]

A sample of \_\_\_\_\_ Medication Administration Records were reviewed for the purposes of this assessment where applicable.

## Domain 14: Medication Errors

Care Home	
Assessor/s	
Date/s	

CQC Essential Standards of Quality and Safety in relation to this domain	CQC Standard description
<p>▪ <i>Outcome 9: management of medicines</i></p> <p><b>Regulation 13 Management of medicines</b> The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. <b>Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</b></p>	<p><b>What should people who use services experience?</b> <b>People who use services:</b></p> <ul style="list-style-type: none"> <li>▪ Will have their medicines at the times they need them, and in a safe way.</li> <li>▪ Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.</li> </ul> <p><b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Handle medicines safely, securely and appropriately.</li> <li>▪ Ensure that medicines are prescribed and given by people safely.</li> <li>▪ Follow published guidance about how to use medicines safely.</li> </ul>
<p><b>Regulation 18.— Notification of other incidents</b> (1) Subject to paragraphs (3) and (4), the registered person must notify the Commission without delay of the incidents specified in paragraph (2) which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity. (2) The incidents referred to in paragraph (1) are— (a) any injury to a service user which, in the reasonable opinion of a health care professional, has resulted in— (i) an impairment of the sensory, motor or intellectual functions of the service user which is not likely to be temporary, (ii) changes to the structure of a service user's body, (iii) the service user experiencing prolonged pain or prolonged psychological harm, or (iv) the shortening of the life expectancy of the service user; (b) any injury to a service user which, in the reasonable opinion of a health care professional, requires treatment by that, or another, health care professional in order to prevent— (i) the death of the service user, or (ii) an injury to the service user which, if left untreated, would lead to one or more of the outcomes mentioned in sub-paragraph (a); (c) any request to a supervisory body made pursuant to Part 4 of Schedule A1 to the 2005 Act by the registered person for a standard authorisation, including the result of such a request; (d) any application made to a court in relation to depriving a service user of their liberty pursuant to section 16(2)(a) of the 2005 Act;</p>	<p><b>What should people who use services experience?</b> <b>People who use services:</b> Can be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission so that, where needed, action can be taken. <b>This is because providers who comply with the regulations will:</b></p> <ul style="list-style-type: none"> <li>▪ Notify the Care Quality Commission about incidents that affect the health, safety and welfare of people who use services, including: <ul style="list-style-type: none"> <li>• injuries to people</li> <li>• making an application to depriving someone of their liberty</li> <li>• events which stop the registered person from running the service as well as they should</li> <li>• allegations of abuse</li> <li>• a police investigation.</li> </ul> </li> </ul>

(e) any abuse or allegation of abuse in relation to a service user;

(f) any incident which is reported to, or investigated by, the police;

(g) any event which prevents, or appears to the service provider to be likely to threaten to prevent, the service provider's ability to continue to carry on the regulated activity safely, or in accordance with the registration requirements, including—

(i) an insufficient number of suitably qualified, skilled and experienced persons being employed for the purposes of carrying on the regulated activity,

(ii) an interruption in the supply to premises owned or used by the service provider for the purposes of carrying on the regulated activity of electricity, gas, water or sewerage where that interruption has lasted for longer than a continuous period of 24 hours,

(iii) physical damage to premises owned or used by the service provider for the purposes of carrying on the regulated activity which has, or is likely to have, a detrimental effect on the treatment or care provided to service users, and

(iv) the failure, or malfunctioning, of fire alarms or other safety devices in premises owned or used by the service provider for the purposes of carrying on the regulated activity where that failure or malfunctioning has lasted for longer than a continuous period of 24 hours.

(3) Paragraph (2)(f) does not apply where the service provider is an English NHS body.

(4) Where the service provider is a health service body, paragraph (1) does not apply if, and to the extent that, the registered person has reported the incident to the National Patient Safety Agency.

(5) In this regulation—

(a) "the 2005 Act" means the Mental Capacity Act 2005;

(b) "abuse", in relation to a service user, means—

(i) sexual abuse,

(ii) physical or psychological ill-treatment,

(iii) theft, misuse or misappropriation of money or property, or

(iv) neglect and acts of omission which cause harm or place at risk of harm;

(c) "health care professional" means a person who is registered as a member of any profession to which section 60(2) of the Health Act 1999 applies;

(d) "registration requirements" means any requirements or conditions imposed on the registered person by or under Chapter 2 of Part 1 of the Act;

(e) "standard authorisation" has the meaning given under Part 4 of Schedule A1 to the 2005 Act;

(f) "supervisory body" has the meaning given in paragraph 180 (in relation to a hospital in England) or paragraph 182 (in relation to a care home) of Schedule A1 to the 2005 Act;

(g) for the purposes of paragraph (2)(a)—

(i) "prolonged pain" and "prolonged psychological harm" means pain or harm which a service user has experienced, or is likely to

experience, for a continuous period of at least 28 days, and  
(ii) a sensory, motor or intellectual impairment is not temporary if such an impairment has lasted, or is likely to last, for a continuous period of at least 28 days.

**Regulation 18 of the Care Quality Commission (Registration) Regulations 2009**

14.1 Self Assessment Result Sheet

Competency	Domain 14: Medication Errors Performance Indicator/Standard	Findings (C/P/N)	Comments
1.	There is a clear procedure to follow should an error occur.		
2.	Should an error occur it is reported to the person in charge or their deputy immediately.		
3.	The resident's GP or the out of hours service or emergency service (as appropriate) is contacted, ensuring all the information regarding the error is available.		
4.	Details of any error is recorded in the appropriate place and resident's notes.		
6.	A learning process is developed following any error involving all appropriate people.		
7.	If a person has been placed at risk of harm or the error involves a controlled drug it is reported to the Care Quality Commission (CQC).		

**SUMMARY OF COMMENTS / OBSERVATIONS**

A sample of \_\_\_\_\_ Medication Administration Records were reviewed for the purposes of this assessment where applicable.