

MEDICATION AUDIT TEMPLATE

Please note that this form may be customised to meet your own specific needs, Care Quality Support shares this document for guidance only. If you need any more documents, please contact our office on **02080642464** or WhatsApp us on: **07825732303** or visit our website: <https://carequalitysupport.co.uk>

This audit template is designed to support safe, lawful, and effective medication management in line with the **Health and Social Care Act 2008 (Regulated Activities) Regulations**, particularly **Regulation 12: Safe Care and Treatment** and **Regulation 11: Need for Consent**.

It provides a structured framework for reviewing how medication is stored, administered, recorded, and disposed of within domiciliary care settings, including live-in and sleep-in arrangements.

The audit aims to identify good practice, highlight areas for improvement, and ensure that all staff involved in medication support are trained, competent, and compliant with legal and regulatory standards. Findings from this audit should inform service improvement plans, staff supervision, and governance oversight to promote safe outcomes for service users.

Audit Overview

Audit Date:	
Care Provider Name:	
Location/Region:	

Section 1: General Information

Criteria	Yes/No	Comments
Medication Policy available and up to date		
Staff trained in Medication Administration		
Medication errors reviewed and documented		
Medication Administration Records (MAR) completed correctly		
Individual risk assessments completed for medication support		
Medication error investigations and learning documented		

Section 2: Medication Storage

Criteria	Yes/No	Comments
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Medications stored securely (e.g., lockable cupboards)		
Controlled drugs stored in compliant cabinet (if applicable)		
Temperature of storage area monitored and recorded		
Medications clearly labelled with service user's name and dosage		
Expired medications removed and documented		
Emergency medications easily accessible		

Section 3: Medication Administration

Criteria	Yes/No	Comments
MAR sheets fully completed (no gaps)		
Medication given at correct times		
Correct dosage administered		
PRN (As Needed) medication guidelines followed		
Consent obtained for administration		
Two-person check conducted for controlled drugs (if applicable)		
Capacity assessed and best interests process followed where consent is not possible		

Section 4: Medication Documentation

Criteria	Yes/No	Comments
MAR sheets accurate and legible		
Reasons for omitted doses clearly recorded		
PRN medication recorded with outcomes		
Medication changes clearly documented and authorised		

GP/Prescriber instructions recorded correctly		
Medication reconciliation completed after hospital discharge or GP review		

Section 5: Medication Disposal

Criteria	Yes/No	Comments
Expired or unused medications returned to pharmacy		
Disposal of controlled drugs recorded and Signed by two staff members		
Medication disposal records maintained		
Controlled drug register maintained and audited		

Section 6: Staff Training and Competency

Criteria	Yes/No	Comments
All Staff administering Medications are trained and competent		
Regular medication competency assessments conducted		
Staff understand and follow PRN protocols		
Training records available for Inspection		

Section 7: Observations and Recommendations

General Observations
Recommendations
<i>*Governance Oversight: Are audit findings reviewed by management and used to improve practice?</i>

Audit Sign-Off

Auditor Name:	
Role:	

Signature:	
Date:	

Manager Name:	
Signature:	
Date:	

Notes

1. Conduct audits monthly or more frequently if medication issues are identified.
2. Retain audit records for regulatory inspections.