SITE survey. APP

SITE SURVEY REPORT

Medication Audit

Prepared for	Brookvale Care Homes Ltd
Date	25 Sep 2026
Site	Willowmere Lodge, Chesterfield
Prepared by	A. Okafor

FORM

Medication Audit

1. Details

Project	Willowmere Lodge, Chesterfield: medication audit (completed example)
Provider	Brookvale Care Homes Ltd
Home or service	Willowmere Lodge
Address	7 Station Road, Chesterfield S41 9JW
Date of audit	25 Sep 2026
Auditor	A. Okafor, clinical lead
Unit or floor audited	First floor, medicines room and morning round
Medicines administration records	Paper
Number of residents whose records were sampled	4

> The notes in this form quote NICE guideline SC1, Managing medicines in care homes. The legal duty is regulation 12(2)(g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: providers must ensure the proper and safe management of medicines. CQC inspects against it.

2. Storage and disposal

Medicines are stored in locked cupboards or trolleys	Yes
Keys are held only by authorised staff	Yes
Room temperature where medicines are kept is checked and recorded	Partly
The medicines fridge temperature is recorded every day, and is within the range the home's policy sets	Yes
The medicines fridge holds only medicines	Yes
Liquids, creams and eye drops are marked with the date opened	Partly
No expired medicines are in stock	Yes
Medicines for disposal are kept securely and recorded	Yes

> NICE says care home providers should keep records of medicines, including controlled drugs, that have been disposed of or are waiting for disposal, and store them securely in a tamper-proof container within a cupboard until they are collected (recommendation 1.12.6).

Notes	Room temperature not recorded on 6 days in September. One opened cream in the trolley with no date opened, replaced.
Storage and disposal score (%)	88

3. Administration records

> NICE says medicines administration records should be legible, signed, clear and accurate, factual, have the correct date and time, and be completed as soon as possible after administration (recommendation 1.14.7). They should include the resident's full name and date of birth, details of each medicine, and known allergies and reactions (recommendation 1.14.8).

Records sampled 1: Room 3

Room or reference	Room 3
Full name and date of birth on the record	Yes
Allergies and reactions recorded	Yes
Every dose signed for, or a reason recorded	Yes
Handwritten or amended entries checked by a second person	None
Clear instructions for "when required" medicines	Yes
Stock count matches the record	Yes
Record result	All checks met

Records sampled 2: Room 8

Room or reference	Room 8
Full name and date of birth on the record	Yes
Allergies and reactions recorded	Yes
Every dose signed for, or a reason recorded	Gaps found
Number of gaps	2
Handwritten or amended entries checked by a second person	None
Clear instructions for "when required" medicines	No

Stock count matches the record	Yes
Record result	Needs correcting
What needs correcting?	Two evening doses with no signature or reason. No when-required protocol for a pain relief medicine.

Records sampled 3: Room 11

Room or reference	Room 11
Full name and date of birth on the record	Yes
Allergies and reactions recorded	Yes
Every dose signed for, or a reason recorded	Yes
Handwritten or amended entries checked by a second person	Yes
Clear instructions for "when required" medicines	None prescribed
Stock count matches the record	Not counted
Record result	All checks met

Records sampled 4: Room 15

Room or reference	Room 15
Full name and date of birth on the record	Yes
Allergies and reactions recorded	Yes
Every dose signed for, or a reason recorded	Yes
Handwritten or amended entries checked by a second person	None
Clear instructions for "when required" medicines	Yes
Stock count matches the record	Yes
Record result	All checks met
Records sampled	4
Records with gaps	1
Gaps in total	2
Records with every check met	3

Records score (%)	75

4. Controlled drugs

Are controlled drugs held?	Yes
Stored in a controlled drugs cupboard	Yes
Every entry in the register signed by the person administering and a trained witness	Yes

> NICE says the care home staff responsible for administering the controlled drug and a trained witness should sign the controlled drugs register, and the staff member administering it should also sign the medicines administration record (recommendation 1.14.16).

Balances checked on this audit	All correct
Controlled drugs whose balance was checked (by item, no resident names)	All 4 items in the cupboard: morphine oral solution, oxycodone capsules, buprenorphine patches, fentanyl patches
Checked with	L. Harrow, manager

5. Staff, policy and incidents

Every member of staff who gives medicines has been trained and assessed as competent	Yes
Each has had a review of their knowledge, skills and competencies in the last year	Partly
There is a medicines policy that staff can find	Yes
Medicines errors and near misses are recorded and reviewed	Yes
Staff know when a medicines incident must be reported to safeguarding and to the regulator	Yes
Residents who look after their own medicines have a risk assessment	Yes
Any covert administration is backed by a mental capacity assessment and a recorded best interests decision	Not applicable

> NICE says care home providers must ensure that designated staff administer medicines only when they have had the necessary training and are assessed as competent (recommendation 1.17.1), and should ensure all care home staff have an annual review of their knowledge, skills and competencies relating to managing and administering medicines (recommendation 1.17.5).

Notes	Two night staff due their annual competency review, last done August 2025.
Staff, policy and incidents score (%)	92

6. Findings and actions

Score

How the score works. Each Yes scores 1, Partly scores a half and No scores 0, and each record sampled scores 1 when every check on it is met. Not applicable is left out. Green meets your target, Amber is up to 15 points below it and Red is further below. A controlled drug discrepancy makes the result Red whatever the score. These bands are this form's method for comparing audits and homes, not a regulator's rating or a clinical judgement.

Overall score (%)	86
Target for this home (%)	90
Result	Amber

Amber. The home's score is below the target. Agree an action, an owner and a date for each gap.

Overall score at the last audit (%)	79
Change since the last audit (points)	7
Lowest section score (%)	75
Lowest section	Administration records
Are there findings to record?	Yes

Findings 1: Administration records

Area	Administration records
Risk	High
What did you find?	Room 8: two evening doses on 21 and 22 September with no signature or reason recorded.
Action	Check with staff on duty, follow the medicines error procedure and tell the GP if a dose was missed.
Who	A. Okafor
By when	26 Sep 2026
Told	GP
Date completed	26 Sep 2026

Status	Done

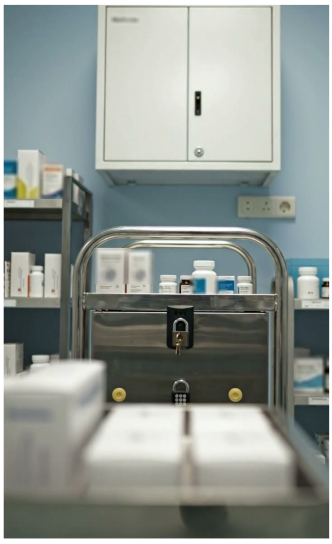
Findings 2: Administration records

Area	Administration records
Risk	Medium
What did you find?	Room 8: no when-required protocol for a pain relief medicine.
Action	Write the protocol with the GP or pharmacist: what it is for, dose, minimum gap between doses and maximum in 24 hours.
Who	A. Okafor
By when	2 Oct 2026
Told	GP, Pharmacist
Date completed	1 Oct 2026
Status	Done

Findings 3: Storage

Area	Storage
Risk	Medium
What did you find?	Medicines room temperature not recorded on 6 days in September. Room felt warm on the day.
Action	Add the room check to the morning round sign-off. Maintenance to look at ventilation.
Who	D. Fenwick, deputy manager
By when	2 Oct 2026

Photos





Told	Not needed
Date completed	30 Sep 2026
Status	Done

Findings 4: Training and competence

Area	Training and competence
Risk	Medium
What did you find?	Two night staff overdue their annual medicines competency review.
Action	Book observed rounds for both.
Who	A. Okafor
By when	16 Oct 2026
Told	Not needed
Status	Open
Findings	4
High risk	1
Medium risk	3
Low risk	0
Still open	1
High risk still open	0

Overall	Needs improvement
Summary	Score 86% against the 90% target (Amber), up 7 points on the last audit. Administration records are the lowest section: 3 of the 4 records sampled met every check, and room 8 had two unsigned doses and no when-required protocol. Storage and controlled drugs are well managed and every balance was correct. Two night staff are due their annual competency review.
Next audit due	23 Oct 2026
Days to the next audit	28
Auditor name	A. Okafor, clinical lead
Auditor signature	
Manager name	L. Harrow
Manager signature	