

**Local Service Manager Support with Medication Audit**

(to be carried out on a six monthly basis)

Service: \_\_\_\_\_ Audit completed by: \_\_\_\_\_ (LSM)

Period covered by audit: \_\_\_\_\_ to \_\_\_\_\_

Service User's Initial's:		
Area checked	Yes/No	Actions required
<b>Monthly checks</b>		
1. Has the check taken place each month and been signed off by a manager?		
2. Have any errors or other issues been highlighted? If yes, how many errors in total have been noted over the six month period? <b>Total Number -</b>		
3. Has appropriate action been identified to address these errors/ issues?		
<b>Local Managers record of medication errors</b>		
1. Do errors noted in the monthly check correspond with those recorded by local managers on the service medication error record?		
<b>MAR sheet</b>		
1. <b>Month sampled –</b> Does your assessment of the MAR sheet confirm the findings of the monthly check?		
<b>Patterns</b>		
1. Are there any issues emerging in relation to the timing of, or way in which support with medication is offered to this individual?		

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<b>Service Management</b>	<b>Yes/ No</b>	<b>Actions required</b>
1. Is there an issue with a particular worker making errors?		
2. Is there an emerging training need for an individual worker or team?		
3. Are there any other repeating patterns which are of concern?		

Signature: \_\_\_\_\_ (LSM)      Date: \_\_\_\_\_