



**Comhairle nan Eilean Siar  
Internal Audit Review  
MEDICATION MANAGEMENT  
Final Report –2024/25 -22**

**04 October 2024**

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INTERNAL AUDIT DRAFT REPORT  
MEDICATION MANAGEMENT**

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<b>Date of Visit</b>	<b>September 2024</b>
<b>Draft Report Issued</b>	<b>13 September 2024</b>
<b>Management Response Received</b>	<b>03 October 2024</b>
<b>Final Report Issued</b>	<b>04 October 2024</b>

<b>Issued to:</b>	
<b>Chief Executive</b>	<b>Malcolm Burr</b>
<b>Chief Officer Health &amp; Social Care</b>	<b>Nick Fayers</b>
<b>Head of Partnership Services</b>	<b>Emma Macsween</b>
<b>Service Manager – Residential Services</b>	<b>Ella Macbain</b>
<b>Service Manager – Home Care and Reablement</b>	<b>Mary Anne Maciver</b>
<b>Audit Scotland</b>	<b>Martin Devenny</b>

## **SECTION 1: EXECUTIVE SUMMARY**

### **Introduction**

1.1 The Report has been prepared following an internal audit review of Medication Management as part of the operational annual internal audit plan for 2024/25. The purpose of the Report is to provide an overview of the Comhairle's arrangements for the operation and management of Medication Management. The scope of the audit included a review of the following objectives:

- The Comhairle have appropriate policies in place for the safe management of medication throughout its various care settings;
- Medication policies are relevant, up to date and reflect the diverse care settings within the service and, in particular, to care homes, care at home and day care giving staff clear and unambiguous information;
- Staff have received appropriate training from a suitably qualified member of staff and regular refresher training is undertaken to maintain high and consistent standards;
- All medication records and charts are in place which outline a bespoke plan in terms of dispensing, prompting and where an individual is transferred between care settings, information is shared appropriately;
- A procedure is in place for ordering medication, reviewing current levels held and appropriate protocols for re-examining by an independent senior member of staff;
- All medication is properly recorded in, dispensed and where applicable, disposed of through the appropriate channels;
- All controlled medication is properly controlled, secure and double signed by two members of staff where these have been dispensed to those being cared for within specific settings;
- Medication is stored in accordance with any special requirements such as temperature, out of direct sun light etc;
- Medications which are given covertly in a care home setting are in accordance with appropriate guidance, documented authority and reviewing whether this process continues periodically; and
- Protocols are in place to deal with unaccounted for, missing medication and medication incidents; these are followed and whether appropriate, relevant investigatory bodies are informed.

### **Background Information**

1.2 Medication Management and control, together with an appropriate system of recording are key requirements consistent with national guidance, in order to minimise risks to service users and staff. The Comhairle's Medicines Policy and Procedures has been developed to establish, document and maintain an effective system to manage medicines safely and securely to meet

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clinical needs. There is coverage of stock-ordering, storage of medicines, record-keeping, controlled drugs and physical security. Most people receiving care in their own homes are prescribed some form of medication at some time as part of their treatment by their doctor or nurse and many have multiple medication needs. Most Home Care service users are supported with their medicines from their home care provider, as reflected in their care needs assessment and care plans, and local commissioning agreements. Their needs will range from simple reminders and help with packaging through to actual administration of medication.

**Concluding Remarks**

- 1.3 Our detailed findings are included in the body of the Report. We would point out that the most significant issues arising from our review which require management attention are:
- Full rewrite for Medication Management policy statement and procedure handbooks; and
  - Training on the completion of Medical Administration Record (MAR) ensuring all drugs received and carried over to the following month are recorded and quantities are routinely checked.

**SECTION 2: RECOMMENDATIONS AND AUDIT OPINION**

2.1 We have graded our detailed findings and recommendations, based on the likelihood of the identified weakness occurring and the impact on the Comhairle if it should occur.

The following table contains the definitions applied by Internal Audit in rating audit findings/actions and the number of recommendations in each rating.

Definition of recommendation	Grade	No.
Major weaknesses that could have a significant impact on the Comhairle if not addressed and contained urgently.	High	1
Important issues relating to controls being absent, not operating as expected or could be improved.	Medium	3
The weakness is unlikely to have a material impact on the Comhairle. These are not critical but management should address.	Low	

Where we have identified isolated exceptions in our sample testing, and we consider that they are unlikely to recur; and would have no significant impact if they should occur;

We have classified them as minor or trivial, discussed them with relevant officers and detailed them in Appendix C to the Report.

2.2 Based on the audit work carried out our overall opinion is that a **Reasonable level** of assurance can be placed upon the control environment of the service/area under review.

There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.

**It should be noted that our findings and conclusions are based on the information made available to us at the time of our review. There are current limitations in place as a result of a cyber-attack on 7 November 2023. This is likely to have limited our access to documentation prior to this date which requires to be acknowledged when considering the contents of the Report.**

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04 October 2024

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**SECTION 3 – FINDINGS, RECOMMENDATIONS AND ACTION PLAN**

GRADE	FINDINGS & IMPLICATIONS	RECOMMENDATION	MANAGEMENT COMMENT	RESPONSIBLE OFFICER	TARGET DATE OF IMPLEMENTATION
H1	<p>A sample of 41 Care Home MARs were reviewed. Twenty-seven did not meet the standards expected.</p> <p>Issues identified were mostly basic including:</p> <ul style="list-style-type: none"> <li>• Incomplete documentation;</li> <li>• A lack of detailed documentation regarding the administration/counting of service user medication;</li> <li>• Pencil being used when documenting information;</li> <li>• Incorrect doses administration was viewed (none that would cause serious harm to a service user); and</li> <li>• One MARs indicated two medications being administered with a warning on each not to administer with the other (an acceptable explanation was provided but had not been detailed on the MARs chart).</li> </ul>	<p>Staff training/ refresher to be undertaken on the importance of fully completing MARs charts and staff to be trained on completing the MARs.</p> <p>Staff to ensure that all information is read and followed on the MARs prior to administration.</p> <p>Managers to undertake periodic reviews to ensure completion remains at a high standard.</p>	<p>All staff administering medication have completed competencies and medication training however there continues to be poor practice identified by the Care Inspectorate during their inspection at Seaforth House.</p> <p>A specific action plan is in place to improve medication practices including the input of the Service Improvement Officer who is conducting an onsite baseline audit.</p> <p>Training officer to provide additional medication training to all staff, this will include MARS recording and the importance of accurate recording. Any gaps in knowledge and skills will be followed up by a medication competency. Frequent errors by individual staff will be addressed in supervision and disciplinary process.</p> <p>Weekly audits conducted by Senior Social Care Worker as well as spot checks and peer reviews at handover meetings where MARS charts are checked. Name and dosage recorded but lacking detail – these have been rectified in relation to specifics for individual resident</p> <p>Manager and Seniors have completed the Train the Training course and are able to cascade training to all staff responsible for administering medication.</p> <p>All staff will receive refresher training/ where errors are noted the member of staff undergoes competency and 3 persistent errors will result in staff disciplinary.</p>	E MacBain	December 2024

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Cont.			<p>Reinforce the need for staff to be particularly vigilant and focused when doing medication.</p> <p>Audit tool used by Managers for oversight of medication practices within their care home.</p> <p>Medication Oversight Group established for care homes to review Policy and Handbook, address all medication issues and monitor to ensure good practice</p>		
Cont.	<p>A sample of 15 MARs were reviewed from the Care at Home service. Eight of these did not meet the standards expected.</p> <p>Documenting of medication was not always in line with stipulations on the MARs charts:</p> <ul style="list-style-type: none"> <li>• Quantities of medication not being checked routinely;</li> <li>• Carried forward medication was not documented; and</li> <li>• On several occasions the MARs chart had not been completed during the visit.</li> </ul> <p>A lack of documentation, lack of tracking and accountability for medication could have severe implications especially should any issues arise or investigations be undertaken.</p>	As above	<p>There is currently a refresher medication programme in place to address the increased level of medication errors in some areas, also supervisors undertaking practice observations and assessing staff competencies in the workplace in the administration of medication.</p> <p>Quantities of medication are checked when the prescription and MAR is delivered, counts aren't undertaken on a daily basis.</p> <p>Unused medication is returned at the end of each month. Completion of MAR sheets is not always possible in service users homes as staff may not have access for various reasons, eg, service users attending appointments, out with family, in hospital etc.</p> <p>The Care staff have all completed or in the process of completing the required SVQ level 2 and medication unit level 3, all care staff have undertaken the mandatory medication training which is renewed every 3 years, as well as annual medication refresher Learnpro training. The management of medication in the community is closely monitored by Supervisors, who undertake regular medication competency assessments and practice observations with staff in their workplace.</p>	Mary Ann Maciver	December 2024





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GRADE	FINDINGS & IMPLICATIONS	RECOMMENDATION	MANAGEMENT COMMENT	RESPONSIBLE OFFICER	TARGET DATE OF IMPLEMENTATION
M2	On discussion with the Care Home Managers (Taigh Shiphoint) it was advised that at the end of every 28 day cycle unused medication is returned to the pharmacy. This does not seem to be the case as on occasions the MARs have indicated medication being administered that should not be available while looking at the quantity amounts.	Current processes to be followed as outlined in regard to ordering in medication, reviewing medication and returning medication.  Any medications received or carried forward to be detailed on the MARs.	This practice has been reviewed along with the provider (pharmacy) and the only medication being carried forward and not returned are PRN medication and this has been agreed with the Care Inspectorate.	E MacBain	complete

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GRADE	FINDINGS & IMPLICATIONS	RECOMMENDATION	MANAGEMENT COMMENT	RESPONSIBLE OFFICER	TARGET DATE OF IMPLEMENTATION
M3	<p>There is currently a lack of clarity for who has the overall responsibility for deeming people competent in the practice of medication administration.</p> <p>The training department assist staff in the completion of the SVQ level 3 medication management unit. The training department request that all staff undertake a competency carried out by their senior prior to their observation for the unit. The unit does not deem you competent to administer medication.</p> <p>It is important that all staff that deal with the administration of medication are observed to ensure they remain competent to administer medication on an ongoing basis.</p>	<p>Management to discuss and document responsibility for competency/ observations for staff at all levels within their department that administer medication. This should include how often staff at each level have their competency assessed/observed.</p>	<p>All staff who have responsibility for medication receive training and undergo a competency assessment which is signed off by the Senior. They also are required to complete level 3 medication unit where they are re-assessed by the SVQ assessor.</p> <p>To assess competency the senior social care worker requires to have completed the Abertay Train the Trainer course.</p> <p>To date staff have only gone through refresher training when an issue has arisen. Going forward all staff with receive competency annually where observed practice is included and documented within the staff training records.</p> <p>The trainer requires to undergo refresher training with Abertay every 3 years.</p> <p>Supervisors in the Home Care and Reablement service have had sufficient training to deem them competent to undertake staff medication competencies and to deliver medication training. They have undertaken train the trainer Abertay medication training, SVQ level 3 is a requirement for their role (along with level 4 management unit) which includes them being assessed for competency in the administration management of medication as well as undertaking the inhouse medication training. Supervisors routinely undertake practice observations and medication competencies for the HC&amp;R workforce.</p>	E MacBain/ Mary Ann Maciver	<p>December 2024</p> <p>October 2024</p>

## **RESPECTIVE RESPONSIBILITIES OF MANAGEMENT AND INTERNAL AUDIT**

### **Responsibility in Relation to Internal Controls**

It is the responsibility of the Comhairle's management to maintain adequate and effective financial systems and to arrange for a system of internal controls. Our responsibility as internal auditors is to evaluate the financial systems and associated internal controls. In practice, we cannot examine every financial implication and accounting procedure within an activity, and we cannot substitute for management's responsibility to maintain adequate systems of internal controls over financial systems. We therefore may not identify all weaknesses that exist in this regard.

It is the responsibility of the Comhairle's management to consider the detailed findings of this Report, where such findings have a specific impact on risk registers. This may include a risk that has not yet been identified, or current risk controls which may be required to be updated to reflect any changes as a result of the findings contained in this report.

### **Responsibilities in Relation to Fraud and Corruption**

The prime responsibility for the prevention and detection of fraud and irregularities rests with management. They also have a duty to take reasonable steps to limit the opportunity for corrupt practices. It is our responsibility to review the adequacy of these arrangements, but our work does not remove the possibility that fraud, corruption or irregularity may have occurred and remained undetected.

We nevertheless endeavour to plan our internal audit work so that we have reasonable expectation of detecting material fraud, but our examination should not be relied upon to disclose all such material frauds that may exist.

**DEFINITION OF AUDIT OPINIONS AND RATINGS**

The standard definitions for internal audit assurance over an engagement are as follows:

<b>Level of Assurance</b>	<b>Definition</b>
Full Assurance	Internal control, governance and risk management are of a high standard. A sound system of control to achieve the system objectives exists and the controls are being consistently applied.
Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

**ISOLATED EXCEPTIONS TO EXPECTED PROCEDURES AND CONTROLS**

<b>ITEM</b>	<b>ISOLATED EXCEPTION</b>	<b>RESPONSIBLE OFFICER</b>	<b>AGREED Y/N</b>	<b>DATE OF DISCUSSION</b>
1	An issue in Harris House is causing the MARs to be printed with Page 1 of 1 when there are multiple pages. Staff are aware of this issue and look for multiple pages, this could cause an issue with administration of medication. IT have been notified and will rectify this as soon as possible.	Chrissie Macrae	Yes	13/09/2024