



**Comhairle nan Eilean Siar
Internal Audit Follow Up Review
Medication Management
Final Report – FU07-24/25**

19 March 2025

**COMHAIRLE NAN EILEAN SIAR
INTERNAL AUDIT FOLLOW UP REPORT
MEDICATION MANAGEMENT**

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SECTION 1: EXECUTIVE SUMMARY

Introduction

- 1.1 The Report has been prepared for the Comhairle's Audit and Scrutiny Committee. The original report advised of 4 recommendations made in the Medication Management report which was issued on 4 October 2024. The follow up review was undertaken in accordance with the operational annual internal audit plan for 2024/25.

Internal Audit Objective

- 1.2 Following up internal audit reports and assessing the level of compliance with recommendations made is an important part of the internal audit function.
- 1.3 In accordance with the remit detailed in the operational annual internal audit plan for 2024/25, our internal audit work was designed to obtain assurance that the original recommendations have been implemented. We obtained this assurance through internal audit testing and undertaking discussions with key personnel.
- 1.4 The main recommendations in the original report were:
- 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.

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Detailed Findings

- 1.5 The current status of progress against the original recommendations can be summarised as follows:

Key to Status



Fully implemented;



Partly implemented, although further work is required to meet the objective of the recommendation; or



Insufficient progress to date

Recommendations	Action to Date	Status
Staff training/ refresher to be undertaken on the importance of fully completing MARs charts and staff to be trained on completing the MARs. Staff to ensure that all information is read and followed on the MARs prior to administration. Managers to undertake periodic reviews to ensure completion remains at a high standard.	Fully implemented	
Full policy rewrite is to be undertaken and presented to the relevant committees for approval. Documents should be clear, concise and unambiguous. Policies should complement the workplace training, processes and procedures in line with the SVQ training and the departmental processes and procedures and in line with the Abertay University training. If required LearnPro training to also be updated. Levels of overall responsibility to clarified within the documents and detail protocols in place to deal with unaccounted for, missing medication and medication incidents.	Fully implemented	
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.	Fully implemented	
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.	Fully implemented	

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Concluding Remarks

- 1.6 From our follow up testing, we note that out of the 4 follow up recommendations made in the original 4 appear to have been fully implemented.
- 1.7 For Comhairle Nan Eilean Siar Internal Audit Section

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SECTION 2 - DETAILED FINDINGS AND RECOMMENDATIONS

Action Recommended	Action By	Progress to Date	Action Outstanding
2.1			
<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>	E MacBain	<p>Staff training and refresher training has taken place with all staff who administer medication.</p> <p>The training includes reading the MAR, interpreting and recording on the MAR.</p> <p>Audits of medication are undertaken by senior social care workers with managers having oversight of medication practice within their own service.</p>	None

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Action Recommended	Action By	Progress to Date	Action Outstanding
2.2			
<p>Full policy rewrite is to be undertaken and presented to the relevant committees for approval.</p> <p>Documents should be clear, concise and unambiguous.</p> <p>Policies should complement the workplace training, processes and procedures in line with the SVQ training and the departmental processes and procedures and in line with the Abertay University training. If required LearnPro training to also be updated.</p> <p>Levels of overall responsibility to clarified within the documents and detail protocols in place to deal with unaccounted for, missing medication and medication incidents.</p>	E MacBain/M A Maciver	<p>Medication Policy and Medication Handbook for Care Homes reviewed and updated by the Medication Oversight Group, with input and guidance from Lead Pharmacist, Care Inspector.</p> <p>The handbook is clear on roles, responsibilities and gives detailed guidance on all aspects relating to the safe practice in the administration of medication.</p> <p>The medication trainer is a member of the Medication Oversight Group to ensure the handbook and content within the training is consistent.</p> <p>Guidance within the handbook for staff on recording of medication incidents.</p>	None

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Action Recommended	Action By	Progress to Date	Action Outstanding
2.3			
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.	E MacBain	This process is now in place with unused medication being returned to the pharmacy.	None

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Action Recommended	Action By	Progress to Date	Action Outstanding
2.4			
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.	E MacBain/ Mary Ann Maciver	<p>There is a programme of medication training for all staff involved in medication.</p> <p>Initial training: this is delivered prior to staff undertaking medication administration by a manager or senior who has completed the train the trainer, Abertay medication course. Refresher training annually.</p> <p>Accredited Training team also have a programme in place for supporting staff to attain the required SVQ medication unit at level 3.</p> <p>In the event a staff member makes an error, the staff member is removed from medication administration, a competency is arranged and undertaken with a senior and recorded – this is linked to their supervision.</p> <p>The team of Supervisors undertake medication competency assessments with staff 6 monthly. When medication errors are identified or reported Supervisors complete an incident report and investigate the reason for the error and take appropriate action. If it is an error by a member of staff it is discussed and recorded in a supervision meeting and actions agreed.</p>	None

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.

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.