What 100 CQC Reports Reveal About Medicines Management in Care Homes

Free Report | Pharmacist-Led Review

Methodology

Each year, our pharmacists undertake a structured review of 100 CQC reports for care homes across England. The reports fall within the last 12 months and cover services rated from *Inadequate* to *Outstanding*.

We read each report carefully to identify where CQC inspectors focus under key question S4 (Safe), specifically within the Medicines Optimisation quality statement. Inspectors may highlight examples of good practice or identify areas requiring improvement. Each medicines-related comment is categorised and grouped into themes to identify the medicines management areas most frequently assessed and commented upon.

Themes include:

- Medicines storage
- Fridge temperature monitoring
- MAR completion and outcome follow-up
- PRN protocols
- Staff training and competency
- Medicines audits and governance
- Policies and procedures
- Care planning and person-centred documentation
- Incident management and learning from medicines errors
- STOMP principles and medicines reviews

The findings presented reflect recurring inspection themes across care homes, rather than isolated incidents within individual services.

No.1 & 2 – Storage & Temperature Monitoring

Assessed and commented upon in 25 out of 100 reports

Specific areas checked:

- Storage conditions within medicines rooms
- Fridge temperature monitoring and documentation

- Expiry date checks
- Controlled drugs storage arrangements
- Action taken when temperatures fell outside recommended ranges

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"The medicines room and fridges were temperature controlled and were checked daily."

"We found medicines stored in the treatment room fridge were outside of the recommended temperature range, and no action had been taken."

"Expired medicines were present in the trolley and had not been identified through routine checks."

In good/outstanding reports, Inspectors referenced:

- Clearly documented daily temperature checks
- Prompt action when readings fell outside acceptable ranges
- Well-maintained medicines rooms
- Clear separation and secure storage of controlled drugs

In inadequate/requires improvement reports, Inspectors identified:

- Gaps in temperature recording
- Failure to escalate out-of-range readings
- Expired stock not identified through routine checks
- Storage systems described in policy but not consistently embedded in practice

What would CQC find at your service?

- Would your current systems reliably identify expired medicines?
- If fridge temperatures were outside range, would corrective action be clearly evidenced?
- Are you actually storing medicines and checking them correctly, in line with your policy?

How we can help you

- Free temperature monitoring templates (download section)
- Best practice updates
- Policy consultancy support

No.3 – MAR Completion & Outcome Follow - Up

Assessed and commented upon in 25 out of 100 reports

Specific areas checked:

- Accuracy and completeness of MAR charts

- Recording of refusals and omitted doses
- Documentation of follow-up actions
- Clarity of staff signatures
- Evidence of outcome monitoring

"We found gaps in the MAR charts where medicines had not been signed for."

"There was no clear evidence of follow-up when medicines had been declined."

In good/outstanding reports, Inspectors referenced:

- Accurate, fully completed MAR charts
- Clear documentation of refusals and escalation
- Evidence of review and oversight

In inadequate/requires improvement reports, Inspectors identified:

- Unexplained MAR gaps
- No action taken after omitted doses
- Inconsistent record keeping
- Policies not consistently applied in practice

What would CQC find at your service?

- Would MAR gaps be identified internally before inspection?
- Is there documented evidence of follow-up?
- Are your MAR audits meaningful — or procedural?

How we can help you:

- MAR audit guidance (free downloads)
- Structured audit approaches (Masterclass)

No.4 – PRN (When Required) Protocols

Assessed and commented upon in 51 out of 100 reports

Specific areas checked:

- Presence of PRN protocols
- Clarity of indication and dosage guidance
- Evidence of review
- Recording of effectiveness

"PRN protocols did not always contain sufficient information to guide staff."

"There was no clear evidence that the effectiveness of PRN medicines was being reviewed."

In good/outstanding reports, Inspectors referenced:

- Clear, individualised PRN protocols
- Documented rationale for use
- Evidence of review and effectiveness monitoring

In inadequate/requires improvement reports, Inspectors identified:

- Generic PRN guidance
- Missing protocols
- No evidence of review
- Lack of person-centred documentation

What would CQC find at your service?

- Are your PRN protocols truly person-centred?
- Would staff know when and why to administer?
- Is effectiveness consistently recorded?

How we can help you:

- Free PRN protocol template
- Medicines Masterclass – auditing PRN compliance effectively

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No.5 – Staff Training & Competency

Assessed and commented upon in 50 out of 100 reports

Specific areas checked:

- Evidence of medicines training
- Competency assessments
- Supervision
- Staff confidence

"Staff had not received up-to-date medicines training."

"Competency assessments were not consistently documented."

In good/outstanding reports, Inspectors referenced:

- Clear training matrix
- Documented competency checks
- Ongoing supervision

In inadequate/requires improvement reports, Inspectors identified:

- Outdated training
- No refresher evidence
- Competency not assessed
- Gaps between policy and practice

What would CQC find at your service?

- Is your training current and evidenced?
- Are competency assessments robust and consistent?
- Could you evidence safe delegation?

How we can help you:

- Pharmacist-led medicines training
- Competency frameworks
- Audit-focused masterclass

No.6 – Medicines Audits & Governance

Assessed and commented upon in 42 out of 100 reports

Specific areas checked:

- Frequency of medicines audits
- Scope of audits
- Evidence of review
- Follow-up actions
- Learning from incidents

"Although audits were completed, they had not identified the issues found during inspection."

"There was no evidence that findings from medicines audits were acted upon."

In good/outstanding reports, Inspectors referenced:

- Regular, structured audits
- Evidence of management oversight
- Clear action plans
- Demonstrable learning

In inadequate/requires improvement reports, Inspectors identified:

- Audits completed but ineffective
- Findings not escalated
- No documented improvement

- Tick-box processes

This is the recurring pattern across the 100 reports.

Audits were often in place.
But they did not always identify the issues inspectors later found.

What would CQC find at your service?

- Are your audits detecting real risk?
- Would they stand up to inspection scrutiny?
- Are they driving improvement — or simply recording activity?

No.7 – Policies and Procedures

Assessed and commented upon in 25 out of 100 reports

Specific areas checked:

- Availability and accessibility of medicines management policies
- Staff awareness and understanding of procedures
- Alignment of policies with electronic medicines administration record (eMAR) systems
- Consistency with current best practice and national guidance

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"The provider's medicines policy reflected the electronic medicines system, to ensure staff had clear guidance to be able to use it effectively."

"We reviewed the service's policies and procedures which informed staff what to do when out-of-stock medicines occurred, and these procedures had not been followed."

In good/outstanding reports, Inspectors referenced:

- Detailed policies that clearly explained procedures step by step
- Evidence that staff had read and understood policies
- Policies adapted to reflect the service's eMAR system
- Regular review of policies to ensure they reflected current practice

In inadequate/requires improvement reports, Inspectors identified:

- Electronic policies available but not accessed by staff
- Generic policies not aligned with actual procedures
- Outdated guidance not reviewed or updated

What would CQC find at your service?

- Do your policies clearly describe what actually happens in your service?
- Could staff confidently explain procedures in line with your written policy?

- Are your policies adapted to your eMAR system — or are they generic templates?

How we can help you

- Creation of bespoke, easy-to-understand medicines policies
- Policies aligned with current NICE guidance
- Review and gap analysis of existing policies

No.8 – Care Plans

Assessed and commented upon in 24 out of 100 reports

Specific areas checked:

- Person-centred medicines information within care plans
- Clear guidance on how people prefer to take their medicines
- Documentation of capacity and consent
- Evidence of regular review and updates

"Care plans guided staff as to how people wanted to be supported to take their medicines."

"Care plans lacked information for staff to support people with complex conditions. There was no guidance on recognising or treating hypoglycaemia (low blood sugars)."

In good/outstanding reports, Inspectors referenced:

- Clear documentation of preferences and consent
- Accurate reflection of current prescribed medicines
- Regularly reviewed and updated care records

In inadequate/requires improvement reports, Inspectors identified:

- Generic medication care plans lacking personalisation
- Care plans not updated after medication changes
- Disconnect between care plans and MAR/eMAR records

What would CQC find at your service?

- Do your medication care plans truly reflect the person and their preferences?
- Are changes to medicines promptly reflected in care documentation?
- Would staff find clear guidance in the care plan — or have to rely on assumption?

How we can help you

- My Medication Profile (free download)
- Medicines Masterclass – Making sure care plans are patient centred

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No.9 – Learning from Medication Errors

Assessed and commented upon in 20 out of 100 reports

Specific areas checked:

- Recording and reporting of medication errors
- Management investigation and oversight
- Evidence of shared learning
- Culture of openness and transparency
- Implementation of preventative actions

"The provider had a proactive and positive culture of safety, based on openness and honesty. Staff listened to concerns about safety and investigated and reported safety events. Lessons were learnt to continually identify and embed good practice."

"We reviewed a sample of medicines error forms submitted by staff and found that they had not been appropriately investigated by the manager. Staff told us that learning from errors was not shared."

In good/outstanding reports, Inspectors referenced:

- A proactive and open safety culture
- Clear root cause analysis documentation
- Learning shared during team meetings and supervisions
- Evidence of changes implemented to reduce repeat errors

In inadequate/requires improvement reports, Inspectors identified:

- Errors recorded but not appropriately investigated
- No management oversight or formal analysis
- Learning not shared with the wider staff team
- Repeated errors with no systemic changes implemented
- Blame-focused approaches discouraging open reporting

What would CQC find at your service?

- Are medication errors fully investigated with a root cause analysis?
- Can you evidence learning and improvements following incidents?
- Do staff feel confident reporting mistakes without fear?

How we can help you

- Managing Medication Errors Masterclass – Teaching how to conduct a root cause analysis
- Error review audits and practical recommendations

No.10 – STOMP Principles and Medication Reviews

Assessed and commented upon in 20 out of 100 reports

Specific areas checked:

- Regular medication reviews
- Monitoring of PRN psychotropic medicines
- Engagement with GPs and specialist professionals
- Application of STOMP principles

"Regular reviews took place to monitor the frequency of administration of any medicines prescribed to support people through periods of anxiety or distress. This reduced the risk of overmedicating people."

"The service had engaged positively with health professionals to reduce, where possible, the use of psychotropic medications."

"We found limited evidence of medication reviews for people prescribed long-term psychotropic medicines."

In good/outstanding reports, Inspectors referenced:

- Regular, clearly documented medication reviews
- Monitoring of PRN usage to prevent overmedication
- Active collaboration with health professionals

In inadequate/requires improvement reports, Inspectors identified:

- Lack of regular medication reviews
- High PRN usage without review or challenge

What would CQC find at your service?

- Are psychotropic medicines regularly reviewed and challenged?
- Can you evidence attempts to reduce overmedication?
- Is PRN use monitored and analysed?

Let Us Help You Achieve Good / Outstanding

Our **Medication Masterclass – Auditing Medicines in Care Homes** focuses specifically on how to:

- Structure meaningful medicines audits
- Identify the risks inspectors look for
- Move beyond tick-box compliance
- Evidence improvement effectively
- Build systems that support Good and Outstanding ratings

This masterclass is designed for care home managers, nurses, and governance leads responsible for medicines safety.

If you have read this report and recognised potential gaps in your own systems, the masterclass provides the structured approach needed to strengthen medicines governance.

About the Medication Training Company

The Medication Training Company supports care homes and social care providers across the UK with pharmacist-led and nurse-led medicines training, auditing, and compliance support.

Our work is grounded in inspection evidence and practical experience, helping services move beyond tick-box compliance towards safer, more person-centred medicines management.

Testimonial

> "We have recently become one of four home care providers (out of 1,500) in the country to be awarded an Outstanding rating by the CQC. A key driver behind this was clearly the medication training we have put in place which was highlighted in the report."
>
> — Oliver Stirk, CareFound Home Care, Harrogate