

Supporting Care Homes

CONTROLLED DRUGS

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CDs). CDs have additional safety and legal requirements for the prescribing, supply, receipt, storage, administration and disposal. These stricter controls apply to CDs to prevent them being misused, obtained illegally or causing harm.

These additional safety and legal requirements need to be acknowledged in the Care Homes Medicines Policy. The following points should be taken into consideration.

RECEIPT

- To allow for an audit trail, CDs should be signed for on receipt.
- If CDs are delivered with other medication they should be clearly marked and separated by the supplier.
- CDs should be checked on receipt. If there are any discrepancies between the product and the label, or what was ordered and the CD received, there should be a documented procedure for handling such an occurrence.
- The date, quantity and source should be entered into the CD Register and initialled by the receiving authorised member of staff, with a second competent person as a witness who must have the appropriate level of training and competence. The correct balance should be verified each time.

STORAGE

- A CD cupboard must be made of steel, have a specified locking mechanism and be permanently fixed to a solid wall or floor with rag or rawl bolts. (Safe Custody Regulations www.legislation.gov.uk/ukxi/1973/798/made)
- CD cupboards should only be used for the storage of CDs. No other medication or valuables should be stored in the cupboard (except for “Just in case boxes” when, if space permits, the whole box should be stored in the CD cupboard).
- If medication is provided in a Monitored Dosage System (MDS) the MDS should be stored in the CD cabinet.
- Access to the CD cupboard should be controlled. The CD cupboard keys should be kept under the control of a designated person and should never be accessible to unauthorised people. The designated person remains ultimately accountable for the management of the CDs. Key security is essential and there should be a process detailing how the CD keys are managed. It is good practice to keep the CD keys separate from the cupboard and other general keys.

CONTROLLED DRUGS REGISTER (CDR)

- The CDR must be a bound book with pages clearly numbered and should not be used for any other purpose.
- The CDR should be used to record the receipt, administration, disposal and transfer (e.g. when a patient goes into hospital) of CDs and a running balance kept.
- At all times the CDR should reflect the quantity of CDs held in the care home - this includes out of date CDs until they have been written out of the CDR and disposed of via the appropriate route.
- The CDR must be kept in a secure place when not in use but not in the CD cupboard with the CD stock.
- Each drug, for each resident, should be recorded on a separate page, with the name, dose and strength of the drug written clearly at the top of the page.
- When transferring the drug record to a new page in the CDR, the amount remaining should be identified with 'brought forward from page x' written clearly on the new page.
- Errors must not be crossed out or made illegible. Correction fluid must not be used in the CDR. Errors should be marked with an * and a footnote or note on the next line or margin explaining the error. This and any corrections should be signed and dated by the person making the correction and witnessed by a second competent member of staff who must have the appropriate level of training and competence.

Example of how to record an error in a CDR

NAME, FORM AND STRENGTH OF CONTROLLED DRUG *Oxycodone Modified release 5mg tablets* RESIDENT'S NAME *A Resident*

Quantity obtained from supplier	Date supply obtained	Name and address from whom obtained (i.e. supplier)	Date supplied	Time	Quantity given	Quantity disposed	Given by	Witnessed by	Balance
28 tablets	18.03.19	A Pharmacy 1 Pharmacy Rd, A Town, XX1 2YY							28
			19.03.19	8am	2 tablets	N/A	A Nurse	A Witness	27* 26 AN/AW

*Running balance written in error, should read 26 AN/AW 19.03.19

MEDICATION ADMINISTRATION RECORD (MAR) CHARTS

- Following administration of a CD, the resident's name, plus time and dose given, should be recorded in the CDR and the running balance verified and witnessed by a second competent member of staff who must have the appropriate level of training and competence. This is in addition to the CDR.
- If the medication is administered by a visiting healthcare professional then the care home staff should ask them to complete the appropriate section of the CDR. The visiting healthcare professional will complete their own administration records. Care homes should keep a record of who is administering the medication; this could be on the MAR chart or in the care plan.

RESIDENTS MANAGING THEIR OWN MEDICATION

- A risk assessment should take place and be reviewed regularly for residents who wish to manage their own medication (including CDs). This ensures that any changes in the resident's circumstances are captured.
- Where a resident is wholly responsible for their medicines (i.e. requesting and collecting the CDs personally) no record is required in the CDR.
- If staff are ordering and collecting CDs on behalf of the resident then a record of the receipt from the pharmacy/dispensing practice, the supply to the person and any disposal should be made. Individual doses do not need to be recorded.
- CDs should be stored in a locked, non-portable receptacle in the resident's room – this should be reviewed regularly as part of the risk assessment.

DISPOSAL

Care homes with nursing

- The Care Home must have a valid T28 exemption from the Environment Agency to allow denaturing to take place on the premises. To obtain a T28 exemption online <https://wasteexemptions.service.gov.uk/> or for more information contact enquiries@environment-agency.gov.uk or telephone: 03708 506 506.
- CDs must remain written in the register until destroyed.
- CDs prescribed to resident that are no longer required should be denatured using a proprietary denaturing kit by a registered nurse in the presence of a witness before being handed to the waste disposal company.
- A record of the disposal must be made in the CDR and must be signed and witnessed by the authorised members of staff undertaking the task.

Residential care homes

- CDs should be returned to a pharmacy or dispensing doctor for destruction.
- CDs being returned must be entered out of the CDR and a signing sheet or returns book prepared.
- The pharmacy should sign for the CDs on receipt and a record should be retained by the care home.

OTHER INFORMATION

- Routine checks of all CDs held, and the recorded running balances should be carried out by two authorised members of staff, on a regular basis (e.g. weekly). Any discrepancies should be reported to the manager immediately.
- It is a legal requirement to keep the CDR for a minimum of 2 years from the last entry. It is good practice to keep CDRs for longer than the mandatory 2 years, as cases often come to court at a much later date, by which time the records would have been destroyed.

DISCREPANCIES - SUPPLY

If you find a discrepancy in the receipt of a CD:

- Always enter the stock received in to the CDR.
- Segregate the stock received in the CD cabinet until the discrepancy can be resolved.
- Contact the supplier of the CD to resolve the discrepancy.
- If stock is deemed unfit for use and is picked up by the supplier obtain a signed receipt, make a record in the CDR and adjust the running balance.

DISCREPANCIES - RUNNING BALANCE

- Check back over the CDR entries to ensure that there has not been a calculation error or missed entry.
- Check the MAR chart and records of medicine disposal.
- If the discrepancy can be identified the outcome should be recorded and the CDR should be corrected with a retrospective entry referencing how the discrepancy was resolved.
- If the discrepancy cannot be explained then the Area Team Controlled Drugs Accountable Officer (CDAO), Care Quality Commission (CQC), and the police should be informed.

CD INCIDENT REPORTING

Incidents involving CDs must be reported to the Care Quality Commission (CQC). In addition to CQC there is also a legal requirement for Care Homes to report all CD related incidents in a timely manner to the local NHS England Accountable Officer for Controlled Drugs.

- ↳ If you are reporting a CD incident please report it to <https://www.cdreporting.co.uk/>
 - If you are using the portal for the first time you will need to register online.
 - During the set up do not include the CQC code.
 - Complete an incident form, not a quarterly occurrence report.
- ↳ Reports can also be submitted to england.southeastcdao@nhs.net (Secure email address).
- ↳ The Controlled Drugs Accountable Officer and support team for the West Hampshire area can be contacted via telephone on 01903 708680 or by email at england.southeastcdao@nhs.net

Although immediate concern upon discovery of a CD incident is for resident's safety, and this takes priority, incidents should be reported as soon as possible thereafter. There should be robust processes in place to identify, report and review incidents, errors and near misses.

Please see below a table of the common Controlled Drugs, which has been taken from PrescQuipp Bulletin 75/December 2014 and updated from Medicines Complete BNF April 2019 to reflect changes to legislation.

Common Controlled Drugs

Schedule 2 CDs		
Controlled drug	Brand name	Legal requirements
Morphine	MST Continus® Sevredol® Zomorph® MXL® Oramorph® concentrated oral solution 100mg/5ml (10mg/5ml strength is not a CD, however, some care homes may choose to store it in a CD cabinet and complete CD records)	Requires safe custody in a CD cabinet. Records need to be made in the CD register.
Diamorphine	-	
Dexamphetamine	Amfexa®	
Pethidine	-	
Oxycodone	Shortec®, Longtec®, Oxycontin®, Oxynorm®	
Methadone	Physeptone®	
Methylphenidate	Ritalin®, Equasym®, Xenidate®, Concerta®	
Fentanyl	Durogesic DTrans®, Mezolar®, Matrifen®, Actiq®, Fentalis®	
Tapentadol	Palexia®	
Schedule 3 CDs		
Buprenorphine	Subutex®, Temgesic® tablets Butrans®, Butec®, Bupeaze®, Transtec® patches	Safe custody in CD cabinet is required with some exceptions (common exemptions are phenobarbital, midazolam, tramadol, pregabalin and gabapentin). Schedule 3 CDs do not need to be recorded in the CD register, however, some homes may choose to make records for buprenorphine and temazepam.
Midazolam	Hypnovel® injection Buccolam® oromucosal solution	
Temazepam	-	
Phenobarbital	-	
Tramadol	Zydol®, Marol®, Zamadol®	
Pregabalin	Lyrica®, Alzain®	
Gabapentin	Neurontin®	
Schedule 4 CDs		
Diazepam	-	Safe custody is not required nor is it a requirement to make records in the CD register.
Clobazam	Frisium®	
Lorazepam	-	
Nitrazepam	Mogadon®	
Clonazepam	Rivotril®	
Chlordiazepoxide	Librium®	
Zaleplon	-	
Zolpidem	Stilnoct®	
Zopiclone	Zimovane LS® and Zimovane®	

This list is not exhaustive; therefore care home staff should seek advice for example from the pharmacist or dispensing doctor when unsure of the legal requirements for safety custody and recording of a CD.

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Please visit our website for more information:
<https://www.westhampshireccg.nhs.uk/medicines-in-care-homes>

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