

Medicines Optimisation

Best Practice Guidance for Care Homes – *Bulletin 2*

Safe Handling of Controlled Drugs in Care Homes

What are controlled drugs?

- A controlled drug (CD) is a prescription only medicine which is subject to extra controls under the Misuse of Drugs Act 1971.
- Stricter legal controls apply to controlled drugs to prevent them from being misused, obtained illegally or causing harm.
- These controls govern how they are produced, stored, supplied and prescribed.
- By law, controlled drugs are classified into five schedules based on their benefit when used in medical treatment and the likely harm if misused.
- Schedule 1 has the highest level of control, although these drugs are rarely used as medicines; schedule 5 has the lowest level of control.
- Drugs in schedules 2 & 3 are those which are likely to require special arrangements in care homes.
- Common examples include morphine, fentanyl, buprenorphine, temazepam, midazolam, tramadol, pregabalin and gabapentin.

How does this affect care homes?

CQC guidance includes:

- Clear procedures that are followed in practice, monitored and reviewed, for controlled drugs, unless they are taken by the person themselves in their own home, including:
 - investigations about adverse events, incidents, errors and near misses
 - sharing concerns about mishandling.
- Systems in place to reflect on the findings of their service reviews and as it does so, learns from adverse events, incidents, errors and near misses relating to medicines that have occurred within the service and elsewhere so that the risk of them being repeated is reduced to a minimum.
- Systems in place to ensure they comply with the requirements of the Medicines Act 1968 and the Misuse of Drugs Act 1971, and their associated regulations, the Safer Management of Controlled Drugs Regulations 2006, relevant health technical memoranda and professional guidance from the Royal Pharmaceutical Society of Great Britain and other relevant professional bodies and agencies.
- You must have a policy or standard operating procedure which details how you manage controlled drugs within your service. This should cover the ordering, storing, administering, recording and disposal of controlled drugs. It should include what to do if there's a discrepancy and contact details of anyone who you need to inform.

<https://www.cqc.org.uk/guidance-providers/adult-social-care/controlled-drugs-care-homes>

Supplies of Controlled Drugs

- Supplies will usually be on NHS prescriptions, which are only valid for 28 days from the date they are signed.
- Doctors and dentists can prescribe all controlled medicines to treat illness or injury.
- Other healthcare professionals, including nurses and pharmacists who have received additional training may prescribe controlled medicines.
- Care staff collecting a prescription for a schedule 2 or 3 controlled drug from the pharmacy or GP dispensary will be asked to sign a specific box on the back of the prescription to confirm that they have received the drug.
- In addition, for schedule 2, staff may be asked for proof of identity, which would ideally be a driving licence or passport, (or work ID badge, if it has a photograph on it)
- 'Stock' CDs can only be ordered by care homes with nursing who are maintained by charitable funds or have obtained a Home Office Licence.

Storage of controlled drugs

- A CD cabinet must be made of steel, have a specified locking mechanism and be permanently fixed to a solid wall with rag bolts.
- Supplies of CDs received into the home should be recorded and placed in the CD cabinet immediately.

Recording of controlled drugs

- A separate record should be kept of the receipt, administration, and disposal of CDs.
- These records must be kept in a bound book with numbered pages (CD Register)
- There should be a separate page for each CD for each person, with the name, dose and strength of the drug written clearly at the top of each page.
- All entries in the register should be signed and witnessed by a second authorised member of staff. ([see Bulletin 17 Responsibilities of checker for CDs](#))
- When a drug is received, the date, quantity and where it came from should be entered into the register, the running balance calculated, signed by the staff member receiving the drug, and witnessed by a second authorised member of staff.
- Administration should be recorded both on the MAR and in the CD record book. Record the time and dose given. Check and record the balance remaining. Ensure person administering the drug and the authorised witness both sign the entry.
- **DO NOT CROSS OUT ANY ERRORS IN THE CD REGISTER.** Errors should be placed in brackets and marked as "entered in error" signed, witnessed, and dated. The correct entry should then be made using a new line.
- Checks should be made on the amount in the pack or bottle at each administration and also on a regular basis, e.g. monthly. An entry should be made in the register to record that a balance check has been carried out.
- Midazolam administered for seizures does not require recording in CD register.

Administration of controlled drugs

- When administering a CD you should follow all the steps involved in giving any other medicine.
- In addition, a second, appropriately trained member of staff should witness this process. ([see Bulletin 17 Responsibilities of checker for CDs](#))
- Records should be made in the CD register as described above in addition to the normal record on the MAR chart.

Residents who Self-Administer Medication Including CD's

- 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 on behalf of the resident then a record of the receipt from the pharmacy, the supply to the person and any disposal should be made. Individual doses do not need to be recorded.
- CDs if stored in residents' room should be in a locked, non-portable receptacle in the resident's room.

Destruction of controlled drugs

- In care homes with nursing CDs should be denatured following the instructions on the denaturing kit supplied by the waste disposal company. CD's should not be added to the denaturing kit until it is ready to be activated, and closed. The disposal must be recorded in the CD register, signed and witnessed. Once activated no more drugs should be added, a new kit should be used. Denaturing kits should then be handed to the waste disposal company.
 - A T28 exemption will be needed to comply with the legislation that is overseen by the Environment Agency. <https://wasteexemptions.service.gov.uk/>
- In care homes without nursing, the CDs should be returned to the pharmacy or dispensing doctor who supplied them for safe denaturing and disposal. A record of the return should be made in the CD register. It is good practice to obtain a signature for receipt from the pharmacist or dispensing doctor.
- If supplied as a 'stock' for the care home (nursing): an authorised person must witness the disposal. You can request a visit from an authorised person via www.cdreporting.co.uk .
- See Best Practice Guide 35 Disposal of controlled drugs for more information.

Discrepancies in CD Register

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

Investigating/ reporting of incidents involving controlled drugs

- Incidents involving CDs must be reported to CQC. There is also a requirement for Care Homes to report all CD related incidents in a timely manner to the Controlled Drugs Accountable Officer (CDAO), NHS England Area Team.
- The CDAO for East of England is Dr Leoni Prasad.
- Reporting of incidents to the CDAO should be done through www.cdreporting.co.uk .

References

1. <https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>
2. CQC guidance about compliance, <http://www.cqc.org.uk/content/regulation-12-safe-care-and-treatment#guidance>
3. The Handling of Medicines in Social Care; Royal Pharmaceutical Society of Great Britain
4. NICE guideline (NG46) Controlled drugs: safe use and management, April 2016 <https://www.nice.org.uk/guidance/NG46>
5. Controlled drugs in care home CQC Guidance <https://www.cqc.org.uk/guidance-providers/adult-social-care/controlled-drugs-care-homes>

Title	Best Practice Guidance – Safe Handling of Controlled Drugs in care Homes
Description of policy	To inform healthcare professionals
Scope	Information for Care Homes
Prepared by	Medicines Optimisation Team
Evidence base / Legislation	Level of Evidence: <i>A. based on national research-based evidence and is considered best evidence</i> <i>B. mix of national and local consensus</i> <i>C. based on local good practice and consensus in the absence of national research based information.</i>
Dissemination	Is there any reason why any part of this document should not be available on the public website? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
Approved by	Medicines Optimisation Team
Authorised by	Medicines Optimisation Team
Review date and by whom	Medicines Optimisation Team May 2021 or following any change in legislation.
Date of issue	June 2019

Version Control (To be completed by policy owner)

Version	Date	Author	Status	Comment
0.1	May 2014	S. Woodruff	Final	
1.0	Aug 2016	S. Woodruff	final	Reviewed & updated, agreed by SMT.
1.1	Dec 2018	O. Jones	Draft	Changes made, logos, new scheduled medicines added. Accountable Office details updated
2.0	May 2019	R Smith & O Jones	Final	Changes approved by MOST May 19
2.1	November 2021	Medicines Optimisation Team Lindsay Wortley	Updated and reviewed	
3.0	Nov 2021	Medicines Optimisation Team	Final	Changed made and agreed: Self-administration information added. Other minor amendments made.
3.1	October 2023	Medicines Optimisation Team Lindsay Wortley	Final	Uploaded to new template only