

Care Homes Good Practice Guidance

Controlled Drugs

What is a Controlled Drug? (CD)

Controlled Drugs (CDs) are unlike other medicines in that there are additional safety and legal requirements for supply, receipt, storage, administration, and disposal. **These additional requirements must be incorporated into the care homes' medicines policy.** CDs are divided into five schedules depending on their potential for abuse if misused. The schedule a CD is in determines the requirements for safe custody and recording. **See table on page 2.**

For further information or support, please contact your community pharmacy.

Receipt of CDs

- CDs should be delivered separate to the main delivery of medicines and the package clearly marked that it contains a CD.
- CDs should be checked on receipt preferably before they are signed for. There must be a documented procedure for managing any discrepancies identified on receipt of a controlled drug. If there is any discrepancy identified between the product and the label, or what was ordered and the CD received, this procedure must be followed. Inform the supplying community pharmacist as soon as the discrepancy is identified. The CDs must be checked against any paperwork received or other relevant document e.g. copy of prescription.
- The receipt of CDs by the care home staff must be recorded in a CD register. The entry must be witnessed by a second suitably trained and competent member of staff. (See Controlled Drugs Register section below)

Storage of CDs

- A CD cupboard must be made of steel, have a specified locking mechanism and be permanently fixed to a solid wall with rag or rawl bolts.
- CD cupboards must only be used for the storage of CDs and no other medication or valuables should be stored in the cupboard.
- If controlled drug medication is provided in a monitored dosage system (MDS), the MDS must be stored in the CD cabinet.
- Access to the CD cupboard must be restricted. The CD cupboard keys must be kept under the control of an authorised, designated person and there must be a clear audit trail of the holders of the key.



Controlled Drug	Brand Names (Examples)	Store in CD cupboard	Record in CD register	Additional Information
Schedule 2				
Morphine	MST Continus, Zomorph, Sevredol, Oramorph concentrated oral solution 100mg/5ml	✓	✓	
Diamorphine		✓	✓	
Pethidine		✓	✓	
Methadone	Physeptone	✓	✓	
Methylphenidate	Ritalin, Concerta, Delmosart, Equasym, Medikinet	✓	✓	
Fentanyl	Durogesic, Actiq Lozenges, Fencino	✓	✓	
Oxycodone	Oxypro, Longtec, Oxynorm, Oxycontin, Shortec	✓	✓	
Schedule 3				
Buprenorphine	Temgesic, Bupeaze, Butec	✓		None of the controlled drugs in this schedule need to be recorded in the CD register but this is a good practice recommendation.
Temazepam		✓		
Phenobarbital				
Midazolam	Hypnovel, Buccolam, Epistatus			
Tramadol	Marol			
Pregabalin	Alzain, Lyrica, Axalid, Lecaent			
Gabapentin	Neurontin			
Schedule 4				
Diazepam, Lorazepam, Nitrazepam, Zopiclone & Zolpidem		No Legal Requirements		
Schedule 5				
Morphine sulfate 10mg/5ml oral solution (Oramorph)		Morphine sulfate 10mg/5ml oral solution is not a schedule 2 controlled drug, however, CD storage and CD records are a good practice recommendation. Please note: morphine sulfate concentrated oral solution 100mg/5ml (schedule 2) is also available. If both strengths are stocked, ensure separate storage to avoid any confusion and to minimise the risk of administration errors.		



Administration and documentation

Controlled drug register

- Each drug (including where different brands of the same drug have been supplied) for each resident must be recorded on a separate page in the CD register.
- The name, form (e.g. patch, capsule) and strength of the CD, as well as the resident's name must be written at the top of each page.
- The CD register must be used to record the receipt, administration, disposal and transfer of CDs.
- A running balance must be recorded.
- Entries need to be signed and witnessed by TWO appropriately trained members of staff in indelible ink.
- When transferring the drug record to a new page in the CD register, the amount remaining must be identified with "carried forward from page x" written clearly on the new page. It is good practice to write "balance transferred to page x" on the old page.
- Deduction and entries should be made as soon as possible and on the same day and running balance should always reflect quantities left in CD cupboard at any point in time.
- An audit of the CD register, and drugs cupboard should be carried out routinely - this is not just a balance check and should include all aspects of a standard medicines audit. This should be done weekly, fortnightly or monthly at the discretion of the care home manager, or in accordance with the local authority monitoring requirements. Audits should be carried out by two authorised members of staff and recorded in **RED** pen. Any discrepancies must be reported to the manager immediately.
- It is good practice to carry out a balance check at the end of each shift for CDs in use, and at the time of administration. For liquids the volume should be visually estimated. It is not recommended to measure the volume, as this will lead to loss and potential contamination of the liquid. For 'Just-in-Case' CDs that are not currently being used the frequency of balance checks is at the discretion of the care home manager.
- Disposal records should be treated as part of a person's care record. Care records must be retained for eight years.¹

Medication Administration record (MAR) charts

- Administration of the CD should be documented on the medicines administration record (MAR) chart and in the CD register.
- The care home staff responsible for administering the CD and an appropriately trained witness should sign the CD register. The staff member administering the CD should also sign the MAR (a witness signature on MAR is optional, but good practice).
- The records should be completed immediately after the CD has been administered and not before.



Discrepancies

- Errors must not be crossed out or made illegible. Correction fluid must not be used in the CD register. 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 member of staff who must have the appropriate level of training and competence.
- If there is a balance error, check back over the controlled drugs register 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.
- Incidents involving CDs must be reported to the Care Quality Commission (CQC) and to the regional NHS England Controlled Drug Accountable Officer (CDAO) via www.cdreporting.co.uk

Disposal of CDs

Type of care home	Arrangements	Records
Care homes without nursing (Residential homes)	CDs should be returned to the relevant community pharmacist at the earliest opportunity for appropriate destruction unless the resident has died when the CDs should be kept for 7 days.	Care homes should record the name, form and quantities of CDs they are returning, and the pharmacist /driver should sign for them. When CDs are sent for disposal a record must be made in the CD register and in the returns book.
Care homes with nursing (Nursing home)	The care home will need to make arrangements for the collection of waste medication with a Waste Management Regulations licensed waste disposal company. CDs must be denatured before being handed to the waste disposal company, e.g. in specially designed denaturing kits. A <u>T28 exemption</u> will be needed in order to comply with the legislation that is overseen by the Environment Agency.	For CDs supplied to individual residents, a registered nurse and a suitably trained and authorised witness should sign the CD register. A record of the waste transfer note needs to be made by the appropriate nursing care home staff.



References

1. CQC Disposing of medicines, updated 3 November 2022 (accessed 16/11/22) [Disposing of medicines - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-and-reports/disposing-of-medicines)

Further Information

- CQC Storing controlled drugs in care homes, updated 3 November 2022 (accessed 16/11/22) [Controlled drugs in care homes - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-and-reports/storing-controlled-drugs-in-care-homes)
- PrescQIPP Bulletin Guidelines on the management of controlled drugs (CD) in care homes [B75. Care homes - Controlled drugs \(prescqipp.info\)](https://www.prescqipp.info/B75-Care-homes-Controlled-drugs)

Acknowledgement

Adapted from Herts Valley CCG Care Homes Newsletters Issue 07 (December 2019): Controlled Drugs, and East and North Herts CCG Good Practice Guideline – Controlled Drugs November 2020.

Document review

This guidance and supporting documentation will be reviewed every two years by the Herts and West Essex Integrated Care Board Pharmacy and Medicines Optimisation Team or earlier in the event of changes to legislation or good practice.

Version	2.0
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