

December 2022 (replacing  
Autumn 2022 edition)

# Medicine Matters

## Medicines information for care staff in a social setting

### Management of Controlled Drugs in Care Homes

When visiting care homes, we continue to find that management of controlled drugs (CDs) frequently requires a review or improvement of processes. This edition of Medicine Matters focuses on the management of CDs in care homes.

CDs are a group of prescribed medicines that are subject to additional regulations due to the risk of harm they may introduce if diverted from their intended use, and as such, they are categorized into different schedules (1 – 5) depending on the extent of harm they would cause if they were misused. Care homes are required to ensure that robust procedures are in place for the management of CDs.

ALL schedule 2, and *some* schedule 3 CDs (temazepam and buprenorphine) should be managed in accordance with the Misuse of Drugs (safe custody) regulations and stored in a CD cupboard which conforms to the safe custody requirements.

Any movement of schedule 2 CDs (and some Schedule 3) must be recorded in a CD register which must be a bound book with numbered pages. There must be a separate page for each form and strength of each controlled drug for each person. A running balance should be included in the register for each medicine. The name, strength and form of each CD, should be written at the top of the page and ideally, the name of the person to whom the medication belongs.

Care home staff should make appropriate records of controlled drugs that have been administered to residents. The care home staff responsible for administering the controlled drug and a trained witness should sign the controlled drugs register. The staff member administering the controlled drug should also sign the medicines administration record.

It is also considered best practice to undertake and evidence (in CD register - usually in red ink) a weekly stock check of all medicines in use, again 2 staff (trained and competent) should be involved.

Recent examples of CD management requiring improvement:

- Administration documented in register by only one person
- Administration not documented in register at all (blank line left, staff administering next dose identified that the previous dose not documented in the register)

- Weekly stock check not evidenced in register or carried out and evidenced by one person only

The CD register provides an account and stock balance of which medicines are contained in the CD cupboard. There should be a stepwise process which includes counting and recording the opening balance of medication in stock prior to preparing medicine for administration and confirming the balance is the same as the closing balance following the last entry. In addition, the remaining balance, once the dose has been prepared and administered, should be counted, and confirmed as correct in the CD register. Note: Ensure that the CD register is included in any regular audit process.

### Common questions: Disposal of (CDs)

#### How do you dispose of used Controlled Drugs patches?

Remember to always **remove the old patch first** and fold in half until stuck together. There will be some residual controlled drug left in the patch. Put back in the empty packet and discard in a CD waste disposal bin (nursing homes) or for homes providing personal care; in a sharps container if available or in a waste disposal bin. The administration will then be recorded on the MAR chart and also in the CD register. There is no need to return the old patch to the pharmacy or record the destruction in the CD register. Further information re: management of CD patches is available at <https://www.sps.nhs.uk/articles/using-transdermal-patches-safely-in-healthcare-settings/>

**Morphine Oral solution** We frequently find opened bottles of morphine oral solution that have passed their use by date. It is important that Morphine Oral Solution is **discarded 90 days after first opening**. Remember to put a date opened and an expiry date on the bottle to prevent use after this date. We have also seen other liquid medicines with short expiry dates when opened including recently, some brands of oxycodone.

### Recording Controlled Drugs that are returned to the pharmacy

We have recently supported a care home with some potential missing CDs. The Controlled Drugs Accountable Officer (CDAO) was made aware of a discrepancy with morphine injections in a care home following a patient death. On checking the CD register it appeared that some injections had been returned to the pharmacy but there was no obvious record in the care home returns book nor had the pharmacy recorded receiving these injections. On closer investigation the care home had returned the injections along with a large box of other returns but did not have a receipt for the collection or a copy of the items

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actually returned. The returns books were not numbered so it was difficult to find the correct returns book.

### Solutions agreed to complete the audit trail included:

- Care home adds a start and finish date to the front of every returned medicine book
- Care home calls pharmacy to arrange collection of CDs, details entered on a separate page of the returned medicines book which pharmacy representative ideally signs on collection
- Pharmacy driver hands the CDs directly to the pharmacist who makes a record in the pharmacy returned CDs book

### Top Tips – what to do if you identify a balance or entry discrepancy in the CD register?

When documenting entries or carrying out audits using the CD register, it is possible that miscalculations or incorrect entries will be identified. It is important that all staff involved in managing CDs are aware of the necessary actions to take if an inaccuracy is noted.

The actions you need to take will depend on the nature of the issue identified, who was involved and when this happened.

If there is an **obvious miscalculation** recorded, and both staff reviewing the entry are agreed, the balance can be corrected, however do not be tempted to 'over-write' the correct number on top of the original entry, instead add brackets around the incorrect number, and document the correct remaining balance next to the brackets, including a footnote on the page to describe the reason for changing the balance – this should be signed by both staff.

If staff have added an entry to an **incorrect page**, document 'entered in error' alongside the entry, and signpost to the correct page.

If you are **unable to easily establish the source** of the balance discrepancy, and further investigation is required, then make sure there is not a delay to the resident receiving a dose of medication, but ensure the discrepancy is reported to home management and investigated as soon as possible. Details of the investigation including any necessary correction should be appropriately recorded onto the page of the CD register to ensure transparency.

The first activity when preparing CDs should be to count and confirm the **opening balance** before selecting the required dose. If this figure does not correspond with the number remaining following administration of the previous dose, an investigation should take place to establish the source of the inconsistency, and details of findings recorded as a footnote on the corresponding page in the register.

Where it is not possible to physically count remaining supplies (e.g., liquids), staff should estimate the remaining balance as accurately as possible. Things to consider when recording liquid balances:

- How much volume does a full bottle of the medication contain?
- When was this supply opened?
- Do both members of staff estimate a similar quantity?

- Does the quantity appear to be similar to the recorded balance in the CD register (i.e., not significantly different)?

A common error seen in care home CD records is in the accuracy of recording the remaining balance, particularly on receipt of new supplies and adding quantity received to the existing balance. Consider ensuring a calculator is available to ensure accuracy, and make sure staff involved BOTH physically count stock, including opening boxes which may appear to be sealed, including on receipt of new supplies. In addition, when CDs are destroyed or returned to the pharmacy for disposal, ensure this is recorded in the CD register and the remaining balance recorded (this may be ZERO).

### Restricting access to CD keys in care homes

Access to the CD cupboard should be restricted according to need with spare keys being stored securely. There are no rules about which members of staff can hold controlled drugs keys in a care home, but it should be a designated person and there should be a clear audit trail of the holders of the keys.

Providers should carry out a risk assessment to decide this process which should be described in the controlled drugs policy.

Consider whether CD keys could be held separately to other keys, and who is able to access to the CD keys, and therefore access to the CDs. Ensure there is a procedure to document which staff is the nominated key holder on each shift. This procedure should look to ensure that no individual is able to gain entry to the CD cupboard without another member of staff being present. **However, the process should not introduce unnecessary delay to accessing treatment for residents.**

### Reporting errors involving controlled drugs

Recently, a new procedure for reporting medicine related incidents concerning controlled drugs (CDs) has been introduced for care homes and other social care support setting. This reporting pathway is to work **alongside** the usual reporting mechanisms that providers follow and will provide information to the Controlled Drug Local Intelligence Network (CD LIN) which has oversight into CD management across all health and social care settings.

For further information please refer to the [letter](#) produced by the Regional Controlled Drugs Accountable Officer (CDAO) or seek advice from the Medicine Optimisation CD support team:

[england.cumbrianortheast-cds@nhs.net](mailto:england.cumbrianortheast-cds@nhs.net)

### Further information:

CQC guidance on CD storage: [Controlled drugs in care homes - Care Quality Commission \(cqc.org.uk\)](#)

CD guidance on Gabapentin and Pregabalin: [Controlled drugs: pregabalin and gabapentin - Care Quality Commission \(cqc.org.uk\)](#)

Medicine Optimisation, NECS - Good Practice Guidance: [NECS good practice guidance and tools for care homes - NECS Medicines Optimisation \(necsu.nhs.uk\)](#)

Medicine Optimisation NECS – Controlled Drugs newsletter [CD newsletter - NECS Medicines Optimisation \(necsu.nhs.uk\)](#)

If you have any questions regarding this newsletter or if you have an idea for an article to be included in a future issue, please contact us via [necsu.moadmin@nhs.net](mailto:necsu.moadmin@nhs.net) where you will be forwarded to the most appropriate member of the team

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