



**Bedfordshire, Luton
and Milton Keynes**
Integrated Care Board

Controlled Drugs & Controlled Drug Regulations in Care Homes

Kasia Wolska

Care Home Specialist Pharmacy Technician – Milton Keynes

Hazel Gervais

Care Home Pharmacist – Milton Keynes

Session Plan

- 1 Introduction & Housekeeping
- 2 Controlled Drugs CDs
- 3 Completing Controlled Drugs register (examples)
- 4 Case Study – interactive session
- 5 Quiz
- 6 Questions

Housekeeping

- Please write your name and the care home/provider you are from in the chat
- Please remain on mute when not speaking
- Q&A section at the end – please use the “raise hand” function or “chat” function
- This session does not equate to competency in the subject area – individual providers are responsible for assessing competency.

Bedford Borough Place

Team Email:
blmkicb.bedsmocarehometeam@nhs.net

Harprit Bhogal
Care Home Pharmacist
harprit.bhogal1@nhs.net
Tel: 07733 013073



Lindsey Jones
Care Home Pharmacy Technician
lindsey.jones33@nhs.net
Tel: 07771 581922



Central Bedfordshire Place

Team Email:
blmkicb.bedsmocarehometeam@nhs.net

Courtenay Amos
Care Home Pharmacist
courtenay.amos@nhs.net
Tel: 07771 576395



Sharon Tansley
Care Home Pharmacy Technician
sharontansley@nhs.net
Tel: 07469 902006



Luton Place

Team Email:
blmkicb.lutoncarehometeam@nhs.net

Kaylie McNaughton
Care Home Pharmacist
kaylie.mcnaughton@nhs.net
Tel: TBC



Lisa Woods
Care Home Pharmacy Technician
lisa.woods5@nhs.net
Tel: 07557 084888



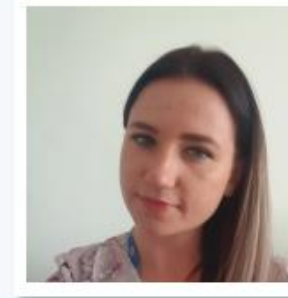
Milton Keynes Place

Team Email:
blmkicb.mkcarehomespharmacy@nhs.net

Hazel Gervais
Care Home Pharmacist
hazel.gervais2@nhs.net
Tel: 07765 254188



Kasia Wolska
Care Home Pharmacy Technician
k.wolska@nhs.net
Tel: 07901 755443



Bedfordshire, Luton and Milton Keynes Integrated Care Board

Our Role

- Supportive – the ICB is not a care home regulatory body.
- The team provides support to a number of key stakeholders including:
 - Care homes / Learning Disability Homes
 - Primary Care Networks (PCNs) / Practices
 - The ICB Quality Team
 - Local Authorities
 - Other community services
 - Secondary care

Please send details of your query/referral to the relevant area's team email address (no proforma required). Individual contacts can be used if needed.

Emails are monitored Monday—Friday, 9am—5pm (excluding Bank Holidays) and will be triaged to the most appropriate member of the team.

Patient identifiable details should ONLY be sent from and to secure email addresses (e.g. NHS.net to NHS.net).

More information, guidance documents & newsletters can be found on the [BLMK ICB Care Home Medicines Optimisation \(MO\) team website](#).



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Integrated Care Board

BLMK ICB Medication Training Offer – Tiered System

1

- Medication eLearning – PrescQIPP

2

- Online Medication Training Sessions – BLMK ICB

3

- Medication Champions Scheme

BLMK ICB Care home Medicines Optimisation team – Training offer

Tier 1 – Medication eLearning:

- Hosted by [PrescQIPP](#) (Skills for Care and NICE endorsed)
- Care Home staff- [‘Medicines use in care homes: courses 1, 2 & 3’](#) (access code needed)
- Community-based Care staff – [‘Managing medicines for adults receiving social care in the community: courses 1 & 2’](#) (no access code required)
- Fully funded by BLMK ICB / Health Education England - free of charge
- Provides foundation knowledge in medicines management within social care and supports the implementation of recommendations in the [NICE SC1 \(Managing medicines in care homes\)](#) and [NICE NG67 \(Managing medicines for adults receiving social care in the community\)](#)
- PrescQIPP annual update- You should have completed the full PrescQIPP course before taking the annual update – **Course 1 recently updated including new code**

BLMK ICB Care home Medicines Optimisation team – Training offer...continued



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Tier 2 – Online Medication Training Sessions

- Provided by the BLMK ICB Care Home Medicines Optimisation team, free of charge
- On the selected topics below and will focus on local guidance and procedures:
 - Homely Remedies and Self Care - delivered
 - When Required (PRN) Medication - delivered
 - Covert Administration of Medication - delivered
 - Medicines Reconciliation & Transfers of Care - delivered
 - Controlled Drugs & Controlled Drug Regulations in Care Homes – today's session
 - Medication Safety, Governance & Safeguarding – Wednesday 13th March 2024
- These sessions will be repeated 2024 – 25 – dates to be confirmed

Tier 3 – Medication Champions Scheme – COMING APRIL 2024

Controlled Drugs CDs



Legislation

- The Misuse of Drugs Act, 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs Regulations 2001

The Misuse of Drugs Regulations 2001 categorise controlled drugs into 5 schedules.

The schedules correspond to the level of therapeutic usefulness and the potential for harm from misuse, with lower schedules having higher risk.

Each Schedule specifies the requirements governing such activities as import, export, production, supply, possession, prescribing, and record keeping which apply to them.

Regulations and Classification

Schedule	Examples	Storage	Prescribing	Records	Destruction
Schedule 1	LSD, raw opium, cannabis*.	Home Office license for production, possession, or supply.			
Schedule 2	Morphine**, oxycodone, cannabis* (CBPM)	Safe custody requirements	Legal requirements apply. Prescriptions valid for 28 days.	CD register entry required for all actions	Denaturing required
Schedule 3	Buprenorphine, midazolam, gabapentin, pregabalin.	Safe custody requirements (with some exemptions)	Legal requirements apply. Prescriptions valid for 28 days.	No CD register, retain invoices for 2 years	Denaturing required
Schedule 4	Diazepam, zopiclone, cannabis* (Sativex)	No storage requirements	No special requirements. Prescriptions valid for 28 days.	No CD register (except Sativex)	Denaturing required
Schedule 5	Codeine, dihydrocodeine. Morphine**	No storage requirements	No special requirements. Prescriptions valid for 6 months.	No CD register, retain invoices for 2 years	No additional requirements

Identifying the Legal Status of a Medicine

Use an up-to-date paper BNF or the BNF Online to determine the CD status of medicines.

Examples:

MST Continus 5mg tablets (Napp Pha

Morphine sulfate 5 mg

- 60 tablet (PoM) (CD2)

NHS indicative price = £3.29

Drug Tariff (Part VIII A Category C) price = £3.29

Zopiclone 3.75mg tablets (Accord Hea

Zopiclone 3.75 mg

- 28 tablet (PoM) (CD4-1)

NHS indicative price = £1.32

Drug Tariff (Part VIII A Category M) price = £1.33

POM = Prescription Only Medicine

CD2 = Controlled Drug Schedule 2

CD4-1 = Controlled Drug Schedule 4 (Part 1)

Policies and Procedures

You must have a policy or standard operating procedure that details how you manage controlled drugs in your service.

This should cover:

- ordering
- storing
- administering
- recording
- disposal.

It should include what to do if there's a discrepancy and the contact details of anyone who you need to inform.

This could include reporting to the Controlled Drug Accountable Officer via the [Controlled Drug Reporting website](#), informing the police, informing CQC depending on the circumstances. Check the contact details for:

- [Controlled Drug Reporting website](#)
- your local police CD liaison officer: [Your nearest CDLO](#)
- you need to inform CQC if the incident meets the criteria of a [statutory notification](#).

Receipt

- If CDs are delivered, they should be separated from other medication by the supplier.
- The package should be clearly marked to indicate that it contains a controlled drug.

- If the CD is collected by a member of the care home staff from the pharmacy or dispensing doctor, there should be a procedure in place that provides an audit trail.

- Check the product against the label (where practicable with a witness):
 - drug name, quantity(not expected to measure liquids), formulation, strength, expiry date.

- The CD should be checked :
 - upon receipt to make sure that it is fit for use, i.e., not damaged
 - against any paperwork received or other relevant document, e.g., copy of prescription

- The receipt of CDs by the care home should be recorded in a CD register.
- The entry should be witnessed by a second suitably trained and competent member of staff.

CD Storage

- Providers of adult care homes must comply with the Misuse of Drugs Act 1971 and associated regulations when storing controlled drugs.
- If the CD requires safe custody it needs to be stored in the CD safe or cabinet, including CDs provided in monitored dosage system (MDS).
- If the resident self-administers their medication and CDs are in use, this must be stored in a locked, non-portable cabinet or drawer in the resident's room.
- If a controlled drug has safe custody requirements and needs to be kept in a fridge, it will need to be stored in a locked medicines fridge. To provide additional security, CDs should be kept in a lockable box within the fridge and access should be restricted.
- The CD cupboard should only be used for the storage of CDs. No other items such as money should be placed there.
- When purchasing a safe or cabinet, assurance should be sought from the vendor or manufacturer that the product specifications comply with the requirements.

Controlled drugs cabinets

The CD cupboard must meet British Standard BS2881:1989 security level 1 and must comply with the requirements specified in the Safe Custody Regulations, see <http://www.legislation.gov.uk/uksi/1973/798/made>

The Safe custody regulations specify the quality, construction, method of fixing and lock and key for the cupboard.

The walls of the room containing CD cabinet should be of a suitable thickness and made of suitable material e.g. bricks.

The CD cupboard must be:

- Securely fixed to the wall with bolts
- Fitted with a robust lock
- Made of metal with strong hinges

The CD cupboard:

- Does not need to be stored within another cupboard
- Must have access restricted according to need
- Keys should be under control of designated person

Care home managers:

- Should have a list of those allowed to be in possession of the keys
- Should ensure there is a clear audit trail of holders of the key
- Must ensure spare keys are stored securely

CD Administration

If the resident is not able to self-administer the controlled drug:

- **In a care home with nursing** a medical practitioner or a registered nurse should administer the CDs. In accordance with the Nursing and Midwifery Council (NMC) standards for medicines management the registered nurse should obtain a secondary signatory from a witness who has been assessed as competent in relation to CDs.
- **In a care home without nursing** CDs should be administered by appropriately trained and competent care home staff, and this should be witnessed by another appropriately trained care home staff member. The use of a witness is intended to reduce the possibility of an error occurring. Therefore, to be effective the witness must have the same level of training as the person administering the controlled drug.
- It is good practice that the second signatory witnesses the whole administration process.

Transdermal opioid preparations

The patches are usually prescribed by brand as there is some variation between manufacturers and different brands of product.

The patch should be applied to a clean, dry area of skin which is non-hairy; the hair may be clipped with scissors but not shaved. Patch chart should indicate where the patch has been applied.

Do not apply the patch to irritated or shaven skin.

Refer to the patient information leaflet (PIL) for information as to where the patch may be applied.

Creams, ointments and talc should not be used on the area of skin that the patch is to be applied to. The skin should be completely dry before application of the patch.

The old patch(es) should be removed before applying the new patch(es). Removal should be recorded and dated.

Key points CD Patches

Remember to wash your hands before and after the administration.

When applying the patch, remove it from the pack; press it firmly for at least 30 seconds, to ensure it is properly applied.

If more than one patch is applied, they should be applied at the same time and placed far enough apart not to overlap.

The site of application should be rotated in accordance with the manufacturer guidance.

Residents with fever should be observed for signs of toxicity, as heat increases the absorption of the drug.

Do not apply the patch immediately after the resident has had a hot shower or bath.

Heat sources such as hot water bottles and electric blankets should not be used.

The patch should be checked each day to ensure that it is still in place.

Generally, a patch that has been cut, divided or damaged in any way should not be used.

Example Patch Placement Chart

Example Medicated Patch Placement Chart

Name of Resident:		Date of birth:	
Name of Patch:		Strength:	
		Frequency:	

When applying a new medicated patch, it will need to be applied to a different part of the body that is clean, dry, undamaged, and non-hairy. Refer to the patient leaflet for instructions. The patch should be checked daily to make sure it is still in place. Remember to remove the old patch before applying a new patch, fold the old patch in half, sticky side together before disposal.

Indicate where the patch has been applied using a cross (x)

	Date Applied:	Date	Signed
	Daily check that patches are in place		
	Date removed:		

	Date Applied:	Date	Signed
	Daily check that patches are in place		
	Date removed:		

	Date Applied:	Date	Signed
	Daily check that patches are in place		
	Date removed:		

	Date Applied:	Date	Signed
	Daily check that patches are in place		
	Date removed:		

This does not replace the need to record administration on the MAR.

Guidelines if resident self-administer CDs

A risk assessment should take place for residents who wish to manage their own CDs.

This should include all aspects of medicines management: ordering, storing, recording supply of CDs, reminding residents to take their medicines, disposal of unwanted CDs.

General points to note:

Risk assessment

The ability of a resident to self-administer their medication must be reviewed periodically and if the resident's circumstances change.

The risk assessment should include whether the resident understands:

- Why the medicine is prescribed.
- How much and how often to take it.
- What may happen if they do not take the medicine or take too much.

Documentation

If the care home is ordering and receiving the CDs on behalf of the resident a record should be made of the receipt, supply and disposal of the CD in the CD register.

If the resident is solely responsible for the ordering and the receipt of the CD there isn't a requirement to document this in the CD register.

Storage

The CD must be stored in a locked non-portable cabinet or drawer in the resident's room.

CD Documentation

- **Administration of the CD** should be documented on the **medicines administration record (MAR) chart** and 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 (it is good practice for the witness to sign the MAR also, but this is not a legal requirement).
- **The records** should be completed immediately after the CD has been administered and not before.
- If the CD is transferred out of the care home, e.g. when the resident is away from the home for a short period of time or is transferred to another care home, a record should be made in the CD register and witnessed by a second trained member of staff.

CD Documentation

If the medication has been administered by a visiting healthcare professional:

- The care home staff should ask visiting healthcare professionals to make their record of administration available to the care home. The healthcare professional should also consider seeing the resident in the presence of care home staff responsible for administering medicines to the resident.
- Care home staff should keep a record of medicines administered by visiting health professionals on the resident's MAR.
- If the CD is stored by the care home, appropriate records should be made in the CD register. A suitably trained member of staff should witness the transfer from the CD cabinet to the visiting healthcare professional.

The controlled drug (CD) register

The CD register is a bound book with numbered pages.

The CD register should not be used for any other purpose, should be kept for two years(or longer) from the last entry and must be kept in a secure place when not in use.

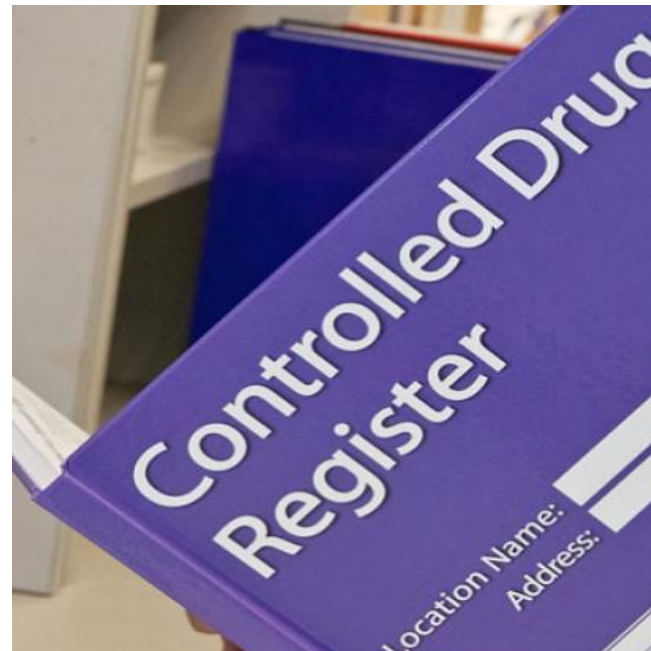
Electronic CD registers are permitted as an alternative. Legislation requires that that computerised entries must be :

- Attributable to the person who created the record
- Secure
- Cannot be altered at a later time
- Capable of being audited
- Compliant with best practise
- Accessible from the care home and capable of being printed

The controlled drug (CD) register

- The CD register must be used to record the receipt, administration, disposal and transfer of CDs.
- The name, strength and form of each medication and the name of the resident should be recorded at the top of each page(a separate page must be used each time).
- It would be useful for an index page to be maintained in the CD register.
- Entries must be in chronological order, should not be cancelled, altered or crossed out.
- All entries should be signed and dated by the member of staff making the entry and trained witnessed who should also sign the entry .
- The administration of a CD should be recorded in the CD register indicating the name of the resident, the dose given, and time administered.
- The running balance should be kept to ensure that irregularities or discrepancies are identified as quickly as possible.
- The balance should be updated each time an entry is made. It is good practice to check all stock regularly, e.g., weekly.
- When transferring the drug record to a new page in the CD register the amount remaining should be identified with 'carried forward from page x' written on the new page.

Examples of entries to CD register



NAME, FORM OF PREPARATION AND STRENGTH..... <i>Morphine Sulphate M/R (Zomorph) – 10mg capsules (Mr John Smith)...</i>								
AMOUNT(S) OBTAINED		AMOUNT(S) ADMINISTERED						
Amount	Date Received	Date	Time	Patient's Name	Amount given	Given by (signature)	Witnessed by (signature)	STOCK BALANCE
<i>60</i>	<i>31/3/21</i>	<i>Prescription received from pharmacy. Nurse 1 Nurse 2</i>						<i>60</i>
		<i>01/04/21</i>	<i>8am</i>	<i>John Smith</i>	<i>1</i>	<i>Nurse 1</i>	<i>Nurse 2</i>	<i>59</i>
		<i>01/04/21</i>	<i>8pm</i>	<i>John Smith</i>	<i>1</i>	<i>Nurse 1</i>	<i>Nurse 2</i>	<i>58</i>

NAME, FORM OF PREPARATION AND STRENGTH..... Morphine Sulphate M/R (<u>Zomorph</u>) – 10mg capsules (Mr John Smith)...								
AMOUNT(S) OBTAINED		AMOUNT(S) ADMINISTERED						
Amount	Date Received	Date	Time	Patient's Name	Amount given	Given by (signature)	Witnessed by (signature)	STOCK BALANCE
60	31/3/21	<i>Prescription received from pharmacy. Nurse 1 Nurse 2</i>						60
		01/04/21	8am	John Smith	1	Nurse 1	Nurse 2	59
		01/04/21	8pm	John Smith	1	Nurse 1	Nurse 2	58
		58 x <u>Zomorph</u> 10mg capsules denatured and disposed of as resident passed away.				Nurse 1	Nurse 2	0

NAME, FORM OF PREPARATION AND STRENGTH..... Morphine Sulphate M/R (Zomorph) – 10mg capsules (Mr John Smith)...								
AMOUNT(S) OBTAINED		AMOUNT(S) ADMINISTERED						
Amount	Date Received	Date	Time	Patient's Name	Amount given	Given by (signature)	Witnessed by (signature)	STOCK BALANCE
60	31/3/21	<i>Prescription received from pharmacy. Nurse 1 Nurse 2</i>						60
		<i>01/04/21</i>	<i>8am</i>	<i>John Smith</i>	<i>1</i>	<i>Nurse 1</i>	<i>Nurse 2</i>	<i>59</i>
		<i>01/04/21</i>	<i>8pm</i>	<i>John Smith</i>	<i>1</i>	<i>Nurse 1</i>	<i>Nurse 2</i>	<i>58</i>
		<i>01/04/21</i>	<i>8am</i>	<i>John Smith</i>	<i>1</i>	<i>Nurse 1</i>	<i>Nurse 2</i>	<i>57</i>
		<i>Written in error – incorrect date. See below for correct entry. Nurse 1, 01/04/21</i>						
		<i>02/04/21</i>	<i>8am</i>	<i>John Smith</i>	<i>1</i>	<i>Nurse 1</i>	<i>Nurse 2</i>	<i>57</i>

NAME, FORM OF PREPARATION AND STRENGTH.....*Morphine Sulphate M/R (Zomorph) – 10mg capsules (Mr John Smith)...*

AMOUNT(S) OBTAINED		AMOUNT(S) ADMINISTERED						
Amount	Date Received	Date	Time	Patient's Name	Amount given	Given by (signature)	Witnessed by (signature)	STOCK BALANCE
<i>45</i>	<i>06/05/21</i>	<i>Transferred from page 19. Nurse 1 Nurse 2</i>						<i>45</i>

Stocks of controlled drugs

Care homes without nursing must not hold stocks of controlled drugs. They can only hold controlled drugs prescribed and dispensed for an individual person.

Care homes with nursing can only hold stocks of Schedule 2 controlled drugs if they obtain a Home Office licence.

There are specific criteria around obtaining a [controlled drugs licence](#) to hold stocks of controlled drugs in care homes with nursing, including a criteria that less than 50% of the care home's funding comes from public funds or charitable donations.

You can ask for advice on Home Office legislation by contacting the [Home Office Duty Compliance Officer](#).

Medicines reconciliation

- When a resident transfers into the care home the care home manager or the person responsible for a resident's transfer into a care home should coordinate the accurate listing of all the resident's medicines (medicines reconciliation) as part of a full needs assessment and care plan.
- In the case of controlled drugs, it particularly important that the list includes not only the name, strength, form, dose, timing and frequency, how the medicine is taken (route of administration) and what for (indication) but also:
 - Date and time the last dose of any 'when required' doses.
 - Whether the resident has opioid transdermal patch(es) in place, and if so when it was last applied (and therefore when it needs to be changed) as well as the number and site of application of patches. Include any charts(e.g. body map charts) as a part of medicines reconciliation process.
 - Whether the resident is on end-of-life medicines
- In the case of controlled drugs, there should also be a written procedure for the receipt of the resident's medication.

CD Discrepancies

There should be a procedure for dealing with discrepancies, incidents and errors related to CDs.

These should be reported immediately to the care home manager and steps should be taken to establish what happened.

If a discrepancy is identified between what is expected and the supply received, then the care home should:

- Enter the stock into the CD register indicating what was obtained, not what was requested.
- Contact the supplier as soon as possible to investigate and resolve the discrepancy.
- Store the CD separately in the CD cabinet awaiting collection.
- Arrange for the supplier to pick up the incorrect CD.
- When the stock is picked up, obtain a signed receipt from the person taking it away, and make an entry into the supplied section of the CD register.

CD Discrepancies

If the CD received is deemed 'unfit' for use care home should:

- Enter the medication received into the appropriate section of the CD register.
- Store the CD in the CD cabinet (ideally in a sealed bag marked 'Damaged Stock') until it is taken away.
- Inform the pharmacy that the stock received is 'unfit' for use, explaining the reason and arrange for the pharmacy to pick up the stock.
- When the stock is taken away, obtain a signed receipt from the person taking it away, and an entry must be made into the supplied section of the CD register.

CD Discrepancies

If a discrepancy is identified between calculated stock figures (running balances) and actual stock the care home should:

- Check back through the entries for that drug and ensure that there has not been a bookkeeping or numerical error.
- Check the MAR chart and any records of disposed medicines.
- If the discrepancy **can** be identified, record the outcome and make any corrections to the CD register with a signed and dated entry (this a retrospective entry) in the margin or at the bottom of the relevant page referring any supporting documentation that was used to resolve the discrepancy.
- There must be no cancellation, obliteration or alteration of any entry in the CD register.

Controlled Drug Reporting Website

If the discrepancy **cannot** be explained or rectified it should be reported online via the CD Reporting tool.

This will require you to register on the site.

<https://www.cdreporting.co.uk/tool/reporting/>

The screenshot shows the 'Controlled Drug Reporting' website interface. At the top, there is a navigation bar with the NHS logo and a 'Menu' link. Below the navigation bar, the main heading is 'Controlled Drug Reporting'. A list of services is provided, including reporting concerns, completing quarterly reports, declarations, and recording destroyed drugs. A link for 'Controlled Drugs Contacts' is also present. On the left, there is a 'Log in' form with fields for 'Email' and 'Password', a 'Forgot Password? Click Here' link, and a green 'Log in' button. On the right, there are two options: 'Register as a new reporter' with a 'Click here' link, and 'Report a Concern anonymously' with a 'Click here' link. A yellow banner at the bottom right contains a welcome message and instructions to register as a new reporter.

Reporting CD incidents

If there is a medication administration error involving a CD this should be reported in accordance with the care home policy (which should include informing the resident's GP) and local commissioning arrangements.

There is no requirement to notify CQC about medicines errors, but you must get in touch if a medicines error has caused:

- a death
- an injury
- abuse, or an allegation of abuse
- an incident reported to or investigated by the police

Disposal of CDs in Care Homes

Type of Care Home	Arrangements	Records
Care home without nursing	CDs should be returned to the supplying pharmacy for appropriate destruction.	Care homes should record the forms and quantities of CDs they are returning, and the supplying pharmacy should sign for them on receipt. CD register should be updated appropriately.
Care home with nursing	CDs must be denatured using a CD denaturing kit by a registered nurse. The care home must have a valid T28 Exemption from the Environment Agency to allow denaturing to take place on the premises.	One staff member should make the record of CD destruction in the CD register and a second member of staff should witness, check, and sign the record

Medicinal and food grade cannabis

- Cannabis-based products for medicinal use (CBPMs) are controlled drugs. This means they can only be prescribed by a specialist doctor. They must have specialist knowledge and expertise and they must be on the specialist register of the General Medical Council.
- People can buy food grade cannabis products over the counter (for example cannabidiol, CBD and hemp oil products) as food supplements. These products are not medicines and therefore cannot make health claims. As with other [over-the-counter](#) products, care home staff should take medical advice if people want to use food grade cannabis products. This is in case there are any issues, for example, interactions with prescribed medicines. If people bring in food grade cannabis products for their own (or a relative's) use, the service must do its own risk assessment.

Supply of medicines for end-of-life care

- ‘NHS England advises that care homes should not routinely hold anticipatory medicines stock. Commissioners may make local arrangements for medicines to be readily available when needed’. - CQC
- BLMK ICB End of Life Medicines Service and participating pharmacies (for obtaining urgent EOL medications). [End of Life Care Medicine Services – BLMKICB Medicines Management](#)

The screenshot shows the website header with the 'Medicines BLMK ICB' logo, a search bar, and navigation links: HOME, CMDU, ABOUT, CATEGORY, FORMULARY, OPTIMISE RX, NEWSLETTERS, USEFUL LINKS, CONTACT. The main heading is 'End of Life Care Medicine Services'. A sidebar on the left contains links for 'End of Life Care Medicine Services', 'List of participating pharmacies', and 'List of medicines'. The main content area has a sub-heading 'End of Life Care Medicine Services' followed by two paragraphs of text.

End of Life Care Medicine Services

BLMK ICB commissions the End of Life Medicines Service from selected community pharmacies across the county. This service aims to ensure that patients receiving palliative care in the community have access to specialised drugs when these are required in an emergency.

The service is available within the normal opening hours of the pharmacy contractor - details of the pharmacies and contact details are provided below. Out of hours centres hold their own supplies to meet the demand outside normal pharmacy opening hours.

The pharmacies are required within the service specification to hold minimum quantities of a prescriptive list of medicines and to provide additional medicines management support to healthcare professionals and carers accessing the service.

Summary



Ensure supply, receipt, storage, administration and disposal of CDs meets regulatory requirements.



Care homes should have policies in place to cover all processes relating to CDs.



There should be procedures in place for identifying, reporting and reviewing incidents, errors and near misses involving CDs as well as sharing concerns about mishandling of CDs.

Case Study – Interactive Section

Missing CD from CD cabinet

Scenario

- ❖ You have been asked to witness the administration of Morphine ampoules 10mg/ml.
- ❖ The CD register states that there are 14 ampoules in stock
- ❖ You and your colleague can only find an open box of 4 ampoules

What do you do?

Use the chat box for suggestions

Missing CD from CD cabinet – actions

IMMEDIATELY report to a senior member of staff/manager

First step investigations may include the following:

- Check to make sure there has not been a numerical/counting error
- Carry out a full stocktake of the CD cabinet
- Speak to the last members of staff who administered the medication
- Check the MAR chart
- Check the disposal book
- Check the medication trolley/medication room

Missing CD from CD cabinet – actions

If the medication cannot be located or the discrepancy explained:

- Follow your local care home policy
- The CD discrepancy **MUST** be reported to the Controlled Drug Accountable Officer via the [Controlled Drug Reporting website](#)
- Depending on the circumstances, you may need to report to the police via your [local police CD liaison officer](#)
- You may need to inform CQC if the incident meets the criteria of a [statutory notification](#)

All actions and advice given should be documented

The CD register should be updated to provide an audit trail of the incident

CD Patch Placement chart

Scenario

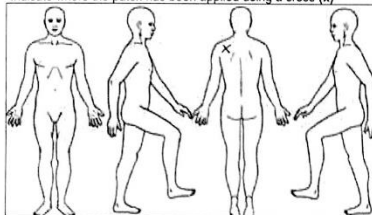
- You have been asked to carry out a daily check for John Smith's fentanyl patch.
- You are given the 'Medicated Patch Placement Chart' to make a record
- Use the chat box to highlight any areas of concern on the Patch Chart

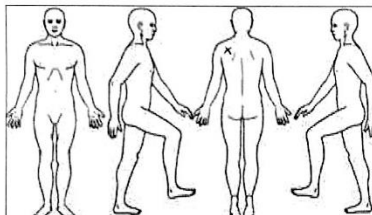
Example Medicated Patch Placement Chart

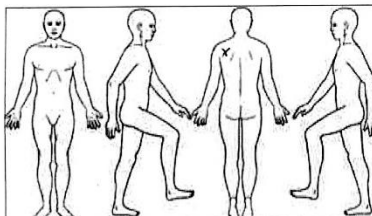
Name of Resident:	JOHN SMITH	Date of birth:	21/1/42
Name of Patch:	FENTENIL	Strength:	25mcg 12mcg
		Frequency:	72 hrs

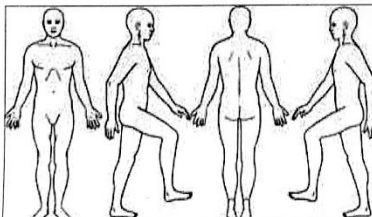
When applying a new medicated patch, it will need to be applied to a different part of the body that is clean, dry, undamaged, and non-hairy. Refer to the patient leaflet for instructions. The patch should be checked daily to make sure it is still in place. Remember to remove the old patch before applying a new patch, fold the old patch in half, sticky side together before disposal.

Indicate where the patch has been applied using a cross (x)

		Date	Signed
	Date Applied:	15/12/23	JP dm
		17/12/23	JK
	Daily check that patches are in place		
Date removed:	none present		

		Date	Signed
	Date Applied:	22/12/23	JP dm
		23/12/23	JK
	Daily check that patches are in place	24/12/23	JK
Date removed:	25/12/23 JK JK		

		Date	Signed
	Date Applied:	25/12/23	
		26/12/23	JK
	Daily check that patches are in place		
Date removed:			

		Date	Signed
	Date Applied:	28/12/23	JP dm
		29/12/23	JK
	Daily check that patches are in place		
Date removed:			

This does not replace the need to record administration on the MAR.

Example Medicated Patch Placement Chart

Name of Resident:	JOHN SMITH		Date of birth:	21/1/42	
Name of Patch:	FENTENIL	Strength:	25mcg 12mcg	Frequency:	72 hrs

When applying a new medicated patch, it will need to be applied to a different part of the body that is clean, dry, undamaged, and non-hairy. Refer to the patient leaflet for instructions. The patch should be checked daily to make sure it is still in place. Remember to remove the old patch before applying a new patch, fold the old patch in half, sticky side together before disposal.

Indicate where the patch has been applied using a cross (x)

		Date	Signed
	Date Applied:	15/12/23	JL DM
	Daily check that patches are in place	17/12/23	JL
	Date removed:	none present	
	Date Applied:	22/12/23	JL DM
	Daily check that patches are in place	23/12/23	JL
		24/12/23	JL
	Date removed:	25/12/23	JL JL

		Date	Signed
	Date Applied:	25/12/23	
	Daily check that patches are in place	26/12/23	JE
Date removed:			

		Date	Signed
	Date Applied:	28/12/23	JE JEM
	Daily check that patches are in place	29/12/23	JE
Date removed:			

This does not replace the need to record administration on the MAR.

Example Medicated Patch Placement Chart

Incorrect spelling of Fentanyl

Name of Resident:	JOHN SMITH		Date of birth:	21/1/42	
Name of Patch:	FENTENIL	Strength:	25mcg 12mcg	Frequency:	72 hrs

When applying a new medicated patch, it will need to be applied to a different part of the body that is clean, dry, undamaged, and non-hairy. Refer to the patient leaflet for instructions. The patch should be checked daily to make sure it is still in place. Remember to remove the old patch before applying a new patch, fold the old patch in half, sticky side together before disposal.

Indicate where the patch has been applied using a cross (x)

	Date	Signed
	Date Applied:	15/12/23
	Daily check that patches are in place	17/12/23
Date removed:	none present	
	Date Applied:	22/12/23
	Daily check that patches are in place	23/12/23
		24/12/23
Date removed:	25/12/23	

Crossed out strength

7 day interval – should be 72 hours

None present. Where did the patch go? Who was informed?

Not using new site for new patch

Daily checks not being carried out

	Date	Signed
Date Applied:	25/12/23	
Daily check that patches are in place	26/12/23	✗
Date removed:		

	Date	Signed
Date Applied:	28/12/23	✗ dlu
Daily check that patches are in place	29/12/23	✗
Date removed:		

Same site for third time in a row

Missing signature for application

Site of application not recorded

Removal not recorded

This does not replace the need to record administration on the MAR.

Example Medicated Patch Placement Chart

Name of Resident: JOHN SMITH	Date of birth: 21/11/42
Name of Patch: FENTANYL Strength: 12mcg	Frequency: 72 hrs

When applying a new medicated patch, it will need to be applied to a different part of the body that is clean, dry, undamaged, and non-hairy. Refer to the patient leaflet for instructions. The patch should be checked daily to make sure it is still in place. Remember to remove the old patch before applying a new patch, fold the old patch in half, sticky side together before disposal.

Indicate where the patch has been applied using a cross (x)

	Date	Signed
	Date Applied: 15/12/23	JK JR
	16/12/23	JK
	Daily check that patches are in place	17/12/23 JK
	Date removed: 18/12/23	JK JR
	Date Applied: 18/12/23	JK JR
	19/12/23	JK
	Daily check that patches are in place	20/12/23 JK
	Date removed: 21/12/23	JK JR
	Date Applied: 21/12/23	JK JR
	22/12/23	JK
	Daily check that patches are in place	23/12/23 JK
	Date removed: 24/12/23	JK JR
	Date Applied: 24/12/23	JK JR
	Daily check that patches are in place	
	Date removed:	

This does not replace the need to record administration on the MAR.

Example Medicated Patch Placement Chart

Accurate spelling and no crossing out

Name of Resident:	JOHN SMITH	Date of birth:	21/11/42
Name of Patch:	FENTANYL	Strength:	12mcg
		Frequency:	72 hrs

When applying a new medicated patch, it will need to be applied to a different part of the body that is clean, dry, undamaged, and non-hairy. Refer to the patient leaflet for instructions. The patch should be checked daily to make sure it is still in place. Remember to remove the old patch before applying a new patch, fold the old patch in half, sticky side together before disposal.

Indicate where the patch has been applied using a cross (x)

	Date	Signed
	Date Applied:	15/12/23 ↓ JR
	Daily check that patches are in place	16/12/23 ↓
		17/12/23 ↓
Date removed:	18/12/23 ↓ JR	
	Date	Signed
	Date Applied:	18/12/23 ↓ JM
	Daily check that patches are in place	19/12/23 ↓
		20/12/23 ↓
Date removed:	21/12/23 ↓ JR	

Patch site rotated

Daily checks

Daily checks

Correct recording of application and removal

CD Register

Have a look at the following page from a CD register

- Are there any errors in the register?
- Are there any suggestions for ensuring good practice?
- Use the chat box to write your comments and thoughts

John Smith								
NAME, FORM OF PREPARATION AND STRENGTH..... Fentanyl 12mcg 20mcg Patches								
AMOUNT(S) OBTAINED		AMOUNT(S) ADMINISTERED						
Amount	Date Received	Date	Time	Patient's Name	Amount given	Given by (signature)	Witnessed by (signature)	STOCK BALANCE
15/12/23	8	15/12/23	10.15	John Smith	1	jl	jen	7
From Another Pharmacy	je	18/12/23	10.00	John Smith	1	je	je	6
		18/12/23	10.15	James Smyth	1	jen	jl	5
		21/12/23	9.45	John Smith	1	jl	jen	4
		22/12/23		Stopped by GP Destroyed by je				

Should not cross out

Info in wrong columns

Use 1 line per entry

Should have 2nd signature

Should not cross out

Use 1 full line for recording receipt and balance and new line for administration

Incorrect balance

Should mark balance as zero

Should have 2nd signature

JOHN SMITH (Room 41)

NAME, FORM OF PREPARATION AND STRENGTH..... FENTANYL 12mcg PATCHES.....

AMOUNT(S) OBTAINED		AMOUNT(S) ADMINISTERED						
Amount	Date Received	Date	Time	Patient's Name	Amount given	Given by (signature)	Witnessed by (signature)	STOCK BALANCE
8	15/12/23			RECEIVED FROM ANOTHER PHARMACY [Signature]				8
		15/12/23	10.15am	JOHN SMITH	1	[Signature]	[Signature]	7
		18/12/23	10.00am	JOHN SMITH	1	[Signature]	[Signature]	6
		* [18/12/23	10.15am	JAMES SMYTH written in error - see below	1	[Signature]	[Signature]	5]*
		21/12/23	9.45am	JOHN SMITH	1	[Signature]	[Signature]	5
		22/12/23		STOPPED BY G.P. DENATURED + DESTROYED BY [Signature] AND WITNESSED BY [Signature]				0

Two signatures for all entries

Receipt on 1 line

Error not crossed out

Balance set to zero

* Entered in incorrect page - See Page 15 for correct entry for James Smyth

Quiz

1. Administration of Schedule 2 Controlled Drugs (CDs) by the care home should be recorded in a CD register and the entry should be witnessed by a second suitably trained and competent member of staff.

True

False

1. Administration of Schedule 2 Controlled Drugs (CDs) by the care home should be recorded in a CD register and the entry should be witnessed by a second suitably trained and competent member of staff.



True

2.If a CD discrepancy cannot be explained or rectified, then this must be reported online via the CD reporting tool.



True



False

2.If a CD discrepancy cannot be explained or rectified, then this must be reported online via the CD reporting tool



True

3. When a controlled drug is administered to a resident, when should CD register be signed for....

a. After removing the CD from the cabinet

b. At the end of the medication round

c. At the end of the day

d. Right after administration

3. When a controlled drug is administered to a resident, when should CD register be signed for....

**d. Right after
administration**

4. Who is responsible for disposal of Controlled drugs in the residential unit, residential Care Home?

Supplying
Pharmacy

Nurse from a
nursing unit

Waste company
in yellow bag
clinical waste

Anyone can by
using
denaturing kit

4. Who is responsible for disposal of Controlled drugs in the residential unit, residential Care Home?



Supplying
Pharmacy

5. How must controlled drugs under safe custody be stored in a care home?



a. CD cupboard



b. With the rest of the medicines



c. Secure cashbox



d. Managers office

5. How must controlled drugs under safe custody be stored in a care home?



a. CD cupboard

Resources

BLMK ICB Medicines website - [BLMKICB Medicines Management](#)

Care Homes page (purple box):
[Care Homes – BLMKICB Medicines Management](#)

Key Documents:

- [Care Home team Service Referral Pathway](#)
- [Homely remedies toolkit and First Dressing scheme](#)
- [Self Care Tool Kit for Care homes](#)
- [Covert Administration Guidance \(Adults\)](#)
- [When Required \(PRN Medication\) – Guidance for Care Homes](#)
- [Expiry dates for medication - Guidance for Care homes](#)
- [Meds room and refrigerator temperature guide](#)
- [Falls Documents – leaflet and poster](#)
- [Care home newsletters](#)

Medicines
BLMK ICB

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Search ...

Bedfordshire, Luton and Milton Keynes Health and Care Partnership
Bedfordshire, Luton and Milton Keynes Integrated Care Board

HOME COVID-19 INFORMATION ABOUT CATEGORY FORMULARY NEWSLETTERS USEFUL LINKS CONTACT

Clinical Guidelines and Pathways	Shared Care Guidelines	Prescribing Information, Bulletins & Guidance	Formulary
Care Homes	End of Life Care Medicines Service	Area Prescribing Committee	High Cost Drugs & IFR
GP Resources	Medicines Commissioning Policies	Medicines Safety	NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

Other resources

- British National Formulary (BNF)
 - Paper copy - ensure using an up-to-date copy.
 - Online: <https://www.medicinescomplete.com>
- Electronic Medicines Compendium (EMC)
 - <https://www.medicines.org.uk/emc>
- National Institute for Health & Care Excellence
 - <https://www.nice.org.uk>
- CQC Website
 - <https://www.cqc.org.uk>
 - [Controlled drugs in care homes - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/controlled-drugs-in-care-homes)
- Managing medicines in care homes. NICE good practice guidance. March 2014.
 - <http://www.nice.org.uk/Guidance/sc1>

BLMK Care Home Medicines Optimisation Team

Contact Details



Bedfordshire, Luton
and Milton Keynes
Integrated Care Board

Bedfordshire team:

Email: blmkicb.bedsmocarehometeam@nhs.net

Luton team:

Email: blmkicb.lutoncarehometeam@nhs.net

Milton Keynes Team:

Email: blmkicb.mkcarehomespharmacy@nhs.net

Questions

