Procedure for Pharmacy Checking of Controlled Drug Stocks
Held on Wards & Departments – version 5

1. All wards and departments that hold controlled drugs will have an unannounced controlled drugs (CD) inspection carried out by a pharmacist as a minimum twice a year.

2. A lead pharmacist in each locality will co-ordinate the inspections, allocating wards or departments to appropriate pharmacists.

3. The inspecting pharmacist will:

   3.1 At the time of the visit, announce their presence on the ward or at the team base and explain the purpose of their visit to the assigned practitioner in charge. If the assigned practitioner in charge does not know the pharmacist, the pharmacist should have proof of identity and a letter of authorization from the Controlled Drugs Accountable Officer available for inspection.

   3.2 Obtain the keys for the CD cupboard and locate the ward/team CD register and note where the keys are kept as this will also form part of the inspection and report. **NOTE:** The presence of the assigned practitioner in charge is not needed throughout the whole inspection but they will need to be present for the final stock check and signing off of the CD register against each entry of current stock.

   3.3 Check that the CD cupboard is secured firmly by a strong bolt to the wall (try pulling it away and if any concerns raise it with the ward or department manager), including the CD inner cupboard, not just the outer drug cupboard.

   3.4 Check that while CDs have been held in the CD cupboard nursing staff have undertaken, at least weekly, stock checks that have been recorded in the CD register either on the individual page for the drug or at the back of the CD register.

   3.5 Check that while CDs have been held in the CD cupboard, monthly ad hoc stock checks have been done by the appointed practitioner in charge and a suitable entry made in the back of the CD register on a page set aside for the ward or department manager’s checks.

   3.6 Check all pages in the CD register in use (and in any that may have been archived since the last visit) to ensure:

      3.6.1 All the pages used are in sequence and none have been torn out.

      3.6.2 There are no pages with stock recorded that is absent from the CD cupboard.
3.6.3 All CDs returned to pharmacy or disposed of were done in accordance with correct procedures and correctly recorded.

3.6.4 Identify any CDs recorded as transferred to or from another ward.

3.6.5 That the index is up to date and any CD listed that is no longer held has been crossed out with a single line drawn through the entry.

3.6.6 That the weekly CD check has taken place and the monthly ward or department manager's check has taken place.

3.6.7 If there is a page set aside at the back of the CD register for the weekly stock checks, the pharmacist must sign to say that an unannounced pharmacy inspection has taken place, even if no CDs had been held since the last visit. This should also happen on the page set aside for the monthly ward or department manager's check.

3.7 Check the CD order book(s) to ensure:

3.7.1 All the pages used are in sequence and none have been torn out.

3.7.2 All receipts have been signed for.

3.7.3 There is an up to date copy of the wards CD stock list, signed off by the ward manager and the ward’s pharmacist.

3.8 For each drug in the CD cupboard:

3.8.1 Check the expiry date of the product. (Expired stock should be dealt with in the usual way).

3.8.2 Check the total quantity of that product in stock and ensure that this agrees with the recorded balance in the CD register. Any discrepancies in balance of stock must be investigated and resolved with the assigned practitioner in charge wherever possible. If resolution is not possible the matron/manager for that area must be informed and an incident report completed. Where diversion is suspected, this must also be immediately reported to the Trust’s Controlled Drugs Accountable Officer and the Trust’s Local Security Management Specialist.

3.8.3 Assuming there are no unresolved discrepancies, once the stock is checked as correct by the pharmacist, they must annotate each relevant page below the last entry with the statement, ‘Pharmacy stock check done’, along with the date, time and their signature. The assigned practitioner in charge must also confirm the stock is correct by countersigning this entry as a witness.

3.9 Record the results of the visit immediately using the Sussex Partnership Trust’s ‘CD Checking Record’ (appendix 1), keeping a record for the pharmacy team for future visits and send a copy to the Trust's Controlled Drug Accountable Officer (CDAO).
3.10 Return the keys to the assigned practitioner in charge, informing them of any immediate action required and that an e-mail will be sent to the ward or department manager to confirm your verbal report.

3.11 An aide memoire (appendix 2) is available to ensure all the potential problem areas are covered.

4. Follow up

4.1 Check the audit trail of any CDs transferred in or out with the other supplying or receiving ward involved.

4.2 All visits must be followed up by an e-mail from the nominated ward pharmacist in the locality to the ward or department manager either:

- Stating ‘The six monthly CD inspection was undertaken on (date) and all stocks were correct and procedures were being followed’.

- Stating ‘The six monthly CD inspection was undertaken on (date) and all stocks were correct and procedures were being followed, except:

Then detail any problems identified.

4.3 If problems have been identified there needs to be a clear final statement saying either:

- ‘This is a new problem. Please respond to these issues and provide assurance that they will be addressed before the next inspection.’

- ‘This problem was identified at the last inspection and continues to be unresolved. Please respond to these issues and provide assurance that they will be addressed before the next inspection.’

4.4 All e-mails sent to appointed practitioners in charge must be copied to the Trust’s CDAO. The CDAO will usually follow up any e-mail indicating that a problem remains unresolved after the last inspection, unless there are mitigating circumstances.

4.5 If there are significant concerns contact the Sussex Partnership Trust’s CDAO to discuss and arrange another visit within two months.

Ray Lyon
Controlled Drug Accountable Officer and Chief Pharmacist – Strategy

Version 5 – January 2018

Review date: January 2021
# CD Checking Record

(Version 9)  (For pharmacy use only)

<table>
<thead>
<tr>
<th>Ward/Unit</th>
<th>Date done</th>
<th>By</th>
<th>Are the weekly security checks done</th>
<th>Audit trail check correct</th>
<th>CD keys separate</th>
<th>Any CDs disposed of or returned done correctly if applicable</th>
<th>Minimum weekly stock check code</th>
<th>Ward Manager/ITM checks done since last inspection?</th>
</tr>
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<tbody>
<tr>
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<td>Number</td>
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### Minimum Weekly Stock check codes
- **WA** - All done
- **WB** - Some Done*
- **WC** - None done
- **WD** - Not applicable as no stock held since last inspection

*please comment on percentage

### Ward Manager/ITM Codes
- **MA** - Stock always reconciled with drug chart
- **MB** - Stock sometimes reconciled with drug chart
- **MC** - Stock never reconciled with drug chart
- **MD** - No checks done
- **ME** - Not applicable as no stock held since last inspection

Comments on CD cupboards, stocks, registers and order books, e.g. 'No CD’s in stock', 'Stocks only held for 3 weeks', '2 order books in use at one time', 'No up to date stock list', 'Stock expired', 'CD cupboard not bolted to wall. Please send a copy of any email sent to the ward manager or integrated team manager to the Controlled Drugs Accountable Officer.

On completion this form should be sent to Ray Lyon, Chief Pharmacist – Controlled Drugs Accountable Officer

Reviewed unchanged January 2018

Review date January 2021
Aide memoire for controlled drug (CD) inspections on wards carried out by pharmacists – version 4

1. Storage and security

1.1 CD cupboards should be located away from full view of a downstairs window, unless barred or if the space outside the window is only accessible by staff then the Cd cupboard can be in full view. They must also be located in a lockable clinic room or staff office and be securely bolted to a solid wall, including CD cupboards inside a general medicines cupboard.

1.2 CD cupboard made of metal.

1.3 CD cupboard is locked.

1.4 Unless there are no CDs in stock, the CD cupboard key is separate from the other medicines keys and in the possession of the assigned practitioner in charge (who may hold both the general medicines keys and the separate CD key).

1.5 CD order book is locked in the CD cupboard.

2. Stock balance

2.1 All stock present in the CD cupboard has a correct balance recorded on the correct page of the register.

2.2 For each drug balance recorded in the CD register there is corresponding stock in the CD cupboard.

2.3 There is a clear record of balance transfers between pages of the register.

2.4 Any non-CD items stored in the CD cupboard are appropriate (give details). Note – this should only be for associated pharmaceutical items. On no account may the CD cupboard be used for the storage of non-pharmaceutical items.

3. Balance checks

3.1 There is recorded evidence of at least a weekly balance check.

3.2 Weekly balance checks are recorded in the back of the register or on the page of the stock and are signed by two qualified nurses or a qualified nurse and an authorised employee.

3.3 Either each page of the CD register in use or the back of the CD register has been signed to indicate when stock balances was last checked.

3.3 There is recorded evidence that monthly ‘ad hoc’ stock checks have been undertaken by the ward or department manager on a page set aside for the purpose at the back of the CD register.
4. Record keeping standards

4.1 All the pages used are in sequence and none have been torn out.

4.2 The drug name, dosage form and strength are specified at the top of each page of the CD register.

4.3 All entries are timed and dated and signed by two qualified nurses or a qualified nurse and an authorised employee.

4.4 Any errors have been correctly amended (not obliterated/crossed out) and have been signed by two qualified nurses or a qualified nurse and an authorised employee.

4.5 Patients own drugs are correctly recorded in a designated part of the CD register, or in a separate register kept for that purpose.

4.6 Correct procedures have been followed when CDs have been transferred to or from another ward, on both wards involved.

4.7 The index is up to date.

5. CD order books(s)

5.1 There are no missing pages since the last visit.

5.2 All receipts of CDs have been signed for.

6. Stock holding

6.1 All stock is in date.

6.2 The CD stock list has been reviewed and signed by the appointed practitioner in charge and a member of the pharmacy team, within the last six months.

6.3 Any non-stock CD items or patients’ own CDs held are for patients currently on the ward.

6.4 Any high strength morphine or diamorphine injections (≥30mg) are clearly segregated from lower strength injections (in accordance with NPSA Safer Practice Notice no.12, 2006)

Ray Lyon, Controlled Drug Accountable Officer

January 2018            Review date January 2021