Report on actions you plan to take to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation.

Please see the covering letter for the date by when you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	1-2314943360
Our reference	INS2-3667427174
Location name	North Leverton Surgery

Regulated activities	**Regulation**
Diagnostic and screening procedures **Maternity and midwifery services** **Treatment of disease, disorder or injury**	**Regulation 12** **Safe care and treatment** **How the regulation was not being met:** *The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services.* *This was because:* • *The Royal Pharmaceutical Society (RPS) guidance in relation to repackaged medicines within medicine compliance aids in their original strip or blister packaging had not been implemented.* • *The Public Health England guidance for monitoring of medicine fridge temperatures in relation to provision and calibration of thermometers and frequency of resetting thermometers had not been implemented.* • *Security arrangements to keys to the dispensary and controlled drug storage area were not adequate.* • *Procedures for controlled drugs which require destruction had not been implemented.* • *Accurate records for controlled drug stock were not always maintained and procedures to guide staff in this area had not been developed.*
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	

All foil wrapped medication has now been removed from trays and alternative arrangements have been made with both homes and individuals affected by this change.

Second fridge thermometer has been ordered and we now do daily resets.

Security arrangement for the CD keys have now been altered, a lockable key safe has been purchased and will be wall mounted in the dispensary. CD Keys will not be removed from the practice with immediate effect.

All out of date CD's have now been destroyed and a new procedure is in place along with a new SOP for all future destructions.

The lead dispenser has written a new SOP for stock control within the CD register and a new procedure is in place to ensure best practice is adhered to.

SOP Controlled Drug Discrepancies Code: sop 34	

Written By: Julie Ball Date Written:4th July 2017	

Reviewed By: Alison Carter GP Dr J Reader Date Reviewed: July 2018	

Specific OBJECTIVE
To ensure that the stock of controlled drugs is regularly checked for any discrepancies and reported as soon as possible.

SCOPE

This SOP will detail how any CD discrepancies should be dealt
With and who the problem should be reported to.

Discrepancies can be due to not signing medication in or out of the register or the wrong drug or the amount being written in on the wrong page and sometimes quantities can be miss calculated. Also brand names can sometimes cause confusion. Because we feel brands have caused problems within the register in the past we have decided to stop using a separate book for different brands with a view to simplify the process. As it is not a legal requirement, this has been stopped from July 2017 and all branded books are banded together within the register for future reference.

The process stage

After a discrepancy has been identified it is important that it is referred to the dispensary lead and doctor immediately, it will then be logged, investigated and where necessary reported to the relevant authority. A significant event form must be filled in on the shared drive and the practice manager must be informed.
When the investigation has come to an end and a reason for the error has been identified there must be a procedure put in place to avoid the same thing happening again.
The significant event will be discussed in full at the next dispensary meeting to make all dispensary staff aware of the error and to ensure everyone is fully aware of the new process.
The CD register will be amended using an asterisk and a simple explanation given as a footnote. This will need to be counter signed.

SOP controlled drug monitoring Code: 35	

Written By: Julie ball Date Written:5th July 2017	

Reviewed By: Alison Carter GP Dr Reader Date Reviewed: July 2018	

Specific objective

To ensure all controlled drug being obtained by the surgery are safely and lawfully obtained, stored and effectively monitored by the dispensary staff and that any and all discrepancies are found and reported.

SCOPE

This SOP covers the receipt of all CD medication which requires documentation in the CD register and is subsequently stored in the lockable cabinet (CD CUPBOARD) i.e. schedule TWO controlled drugs.

Schedule 2 (Controlled Drugs)
Includes – diamorphine, morphine, remifentanil, pethidine and amphetamine etc.
They are all subject to safe custody requirements and so must be stored in a locked receptacle i.e. appropriate CD cabinet or approved safe. This should only be opened by the person in lawful possession of the CD or a person authorised by that person.

PROCEDURE

Once the controlled drug is received and checked and signed for and the signed order paper work has been reconciled with the items received and handed to the delivery driver (detailed in SOP 9) it is now fully the dispenser's responsibility to ensure that it is written up correctly in the register.

The strength, form, quantity and supplier must all be checked before writing it into the correct section of the register, entries should always be in chronological sequence in black ink. The date obtained must be filled in at once and the quantity added to the running total to ensure correct stock levels. At this point it is best practice to check the stock in the CD cupboard tally's and is correct.

Each month a FULL stock count should be done and recorded on the appropriate sheet for future evidence. The sheet is kept in the CD cupboard to ensure its safety.

Any discrepancies should be dealt with immediately (refer to SOP 34)

The law
In primary care it is a legal requirement to compile records under the misuse of Drugs Act. All schedule 2 controlled drugs transactions must be kept in a register. Where a paper register is kept it must be bound and contain individual section or pages for each schedule 2 drug. Each page must specify the name, strength and form of the drug at the head of the page. Each entry must be precise, legible and indelible. Entries should be made on the day of receipt of the drug or date of supply (or on the next day if this is not possible)

Who is responsible for the action?	Julie Ball – Lead Dispenser/Alison Carter - Deputy
How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?	
Fridge sheet updated and checked daily. New SOPs have been developed to ensure improvements are maintained. Fridge SOP and signature sheet have been updated.	
Who is responsible?	Julie Ball- Lead Dispenser/Alison Carter - Deputy
What resources (if any) are needed to implement the change(s) and are these resources available?	
Key safe purchased. Additional thermometer ordered.	
Date actions will be completed:	31st July 2017

How will people who use the service(s) be affected by you not meeting this regulation until this date?
Any regulation which will affect patients has been actioned by 11th July 2017.

Completed by: (please print name(s) in full)	ALLISON ELLIS
Position(s):	PRACTICE MANAGER
Date:	11TH July 2017