

## Section B: Controlled Drugs Governance

		Evidence / Details	Yes / No
Q1a	Does your organisation require a controlled drugs accountable officer (CDAO)?	Dyfodol is not registered as provider with HIW. It is a non profit based organisation and as such does not require a CDAO. However, they do have a responsible officer which is their senior nurse.	No
Q1b	If yes are the CDAO's details registered with the CQC?	N/A	Not applicable
Q1c	If no, is there a nominated lead for CDs?	Yes, the responsible officer, the senior nurse.	Yes
Q2	Do you have Standard Operating Procedures (SOPs) / polices in place covering all aspects of CD management and use?	Yes, they have a range of policies covering all aspects of CD governance. These are available in hard copy and hosted on their own intranet site so all staff can access them.	Yes
Q3	Are the SOPs/policies reviewed regularly?	Yes all have review dates	Yes
Q4	Do these SOPs/policies take account of relevant guidance, safety alerts and legislation?	Yes. None were inspected individually at the visit but if required we can request access to specific ones.	Yes
Q5	Are staff aware of CD SOPs/Polices and how to access them?	At induction staff are made aware of the policies and access to them. It is then the staff's individual responsibility to be aware and understand the process for each of them.	Yes
Q6	Do staff receive relevant training and undergo competency assessments?	Yes at revalidation	Yes
Q7	Does the organisation have a system in place to check that staff have read, understood and follow SOPs?	The accessibility on the intranet includes a box that staff tick to say that they have read and understood these. The intranet was not reviewed at this visit.	Yes
Q8	Do you risk assess your CD arrangements and your SOPs in response to changes and developments?	Yes, an example was given of changes made during COVID	Yes
Q9a	Are CD audits undertaken at all locations on a regular basis with action plans in place?	Yes, and where appropriate action plans are developed and shared with staff	Yes
Q9b	Are action plans developed and followed through where there are identified gaps in arrangements?	See above	Not applicable
Q9c	Are these overseen by / shared with the CDAO or the nominated lead?	Yes	Yes
Q10	Has the service developed an action plan in light of the Gosport Report?	No	No