

Care homes failing patients

It is, of course, a scandal that residents in care homes, who are among the most vulnerable people in society, often receive poor care. Last week, the Commission for Social Care Inspection published a damning report into medicines management in care homes. It found that nearly half of all care and nursing homes in England are failing to meet minimum national standards.

The reasons for this are numerous. The CSCI highlighted inadequate or non-existent training for care home staff. Even when staff have been given basic training, home managers fail to ensure that staff then put into practice what they have been taught. Too often the right medicine in the right dose fails to reach the right patient at the right time. This can also be a problem in hospitals, of course, where staff are ostensibly trained to a

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competent level — so it would be wrong to blame the staff at the sharp end for the failings in the system. And it must be remembered that staff in homes are paid little, are often not well educated and may not speak particularly good English.

Another factor that the CSCI drew oblique attention to is the impact of the new pharmacy contract on the provision of medicines management services in care homes. With so much emphasis on medicines use review, primary care trusts are now commissioning community pharmacies to undertake these for the residents of care homes — sometimes, it seems, at the expense of ensuring that prescribed medicines are administered properly in the first place.

In other words, in the relatively recent past pharmacists were commissioned to provide the medicines advice training for care home staff. That role, in some parts of England, seems to have been overlooked in the scramble to provide MURs. There is no reason why pharmacists should not be employed to do both: it is not a question of doing one or the other. PCTs need to be aware that spending money on MURs is pointless if the appropriate basic services are not already in place.

More importantly, there are parts of England where care is of a high quality — as we describe in this week's **News feature** (p198). The fact that good services are possible within existing resources gives the lie to the complaint that PCTs have too little money to provide such services. Rather, it seems it is part of a larger problem: they are choosing not to commission enhanced services, of which care support is one.

Two years ago a report into medicines management at care homes found services were bad. Little has improved since then. For the sake of all residents in these institutions, young and old, let us hope that matters improve in the next two years.

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