

Helping care homes to meet standards

Care homes need to make improvements in order to meet minimum standards in terms of the ways they deal with medicines.

Hannah Pike investigates how pharmacists can help homes meet requirements set out by the National Care Standards Commission

Nearly a quarter of care homes for older people do not meet minimum standards on handling medicines, according to a new report. "The management of medication in care services" is one of three reports published by the National Care Standards Commission (NCSC) this month.

It reveals that around 1,500 care homes for older people in England (12 per cent) do not come up to scratch when it comes to medicines. Most homes either meet or almost meet the standard (44 per cent and 43 per cent, respectively); 1 per cent exceed it. The report recommends that care providers and other agencies should consider the future involvement of pharmacists in medicines management.

The trouble is that although most care homes do have some input from pharmacists, their knowledge and understanding of medicines management is not always sought by care home managers, and this is essential if homes are to reach these standards.

David Pruce, director of practice and quality improvement, Royal Pharmaceutical Society, comments: "We are concerned about the wide variation in compliance with the NCSC medication standards highlighted in this report and urge care providers and other agencies to review their arrangements for medicines management in care homes. Pharmacists involved in advising care homes should urgently meet with the care home to discuss the implications of the report. They should consider whether the level of advice and input into the care home is appropriate."

The NCSC recognises the important role pharmacists have within care homes as inspectors and advisers and suggests that community pharmacists could become more involved. The report states: "Community pharmacists have an equally important part to play in assisting homes locally and their more

frequent and regular involvement would be welcomed by the sector as a whole. We acknowledge that there is a wide variability in the provision and extent of pharmacist involvement in care homes."

An example of good practice comes from Devon, where four primary care trusts (South Hams and West Devon, Torbay, Plymouth, and Teignbridge) working in partnership with the NCSC, the local counter fraud team and the local pharmaceutical committee, have revised their local pharmacy scheme for care homes. It will start on 1 April.

The new scheme consists of three parts. First is the provision of general pharmaceutical advice to a care home, as in previous years. Secondly, pharmacists will visit each care home at least once during the year to complete a checklist for an annual pharmaceutical assessment. Sue Taylor, chief officer of Devon LPCs told *The Journal* that this checklist has been designed to remove overlap between the NCSC inspectors and the advising pharmacist.

The third part, which is new and the most ambitious, is that pharmacists may conduct a simple medication review for each resident. Although this is optional, Mrs Taylor notes that this also ties in with the new GMS contract to help GPs meet medication review targets. She says: "We presented the scheme to pharmacists at two roadshows in February and the feedback was good. It makes better use of pharmacists' clinical knowledge, offers a better service to the homes and provides better value for money for the PCT."

Mendip PCT has also recently relaunched and redesigned its community pharmacist advice to care homes scheme. Karen Taylor, medicines management facilitator at the PCT, told *The Journal*: "As part of our overall medicines management strategy the PCT believes that individual clinical issues around prescribing are just as much a risk to patients, as poor control and administration procedures. Our new scheme places a much stronger focus on medication review and systems for communication with the prescribing doctors. In re-engineering the scheme, the expertise of the pharmacists providing the advice service is being put to much better use than checking cupboards." She added: "The new scheme includes a reporting link with the NCSC, so the NCSC is involved."

In the East Midlands, Jitto Mehta, pharmacy proprietor of Heathbrook pharmacy in Newbold Verdon, Leicestershire, provides the pharmacy services for a local home that scored a level 4 (the highest level) in its latest medication assessment by the NCSC. Mr Mehta, who has been visiting the home once or twice a week for the past three years, says that he trains staff at the home on topics such

Training

■ The Middlesex group of local pharmaceutical committees recently won a Pharmaceutical Services Negotiating Committee development award for the establishment of the Medicines Training Partnership, which aims to help carers meet the minimum care standards. The partnership organises the training of community pharmacists who then train carers, including carers in residential homes, covering aspects such as record keeping and disposal of medicines.

Michael Levitan, secretary to the group and chief officer for the Medicines Training Partnership told *The Journal* that although there are other organisations and individuals who are prepared to carry out such training, pharmacists should be the natural choice. The partnership's aim for the future is to ensure that all carers are trained to meet the requirements of the national minimum standards, and receive a transferable certificate as evidence of training.

■ The National Pharmaceutical Association has published a new training pack for pharmacists to train care staff on medicines administration.

■ The College of Pharmacy Practice will shortly launch an accreditation scheme for home staff.

as safe medicines handling, storage and date-checking.

He explains how he trains staff about dealing with symptoms such as headaches and stomach upsets. He drew up a list of "homely remedies" and a protocol approved by the local GP for when care staff should refer the resident to the GP. He believes one of the reasons the home got the highest score for medication is teamwork between himself, the home and the local GP.

The NCSC has designed practical tools to help inspectors identify potential problems with services, called "pharmacy triggers". The report recommends that "care providers take account of the NCSC's pharmacy triggers in developing good practice in the management of medicines in their homes". It also recommends that the Department of Health takes the initiative in developing accredited training in handling medicines for care staff throughout England.

Further information Further guidance on the safe handling of medicines is provided by the Royal Pharmaceutical Society (see www.pjonline.com/links/carers). The full NCSC report can be accessed at www.carestandards.org.uk.

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Poor and better performance

Characteristics of poor performance include:

- Medicines stored insecurely or at the wrong temperature
- Wrong medication given to service users
- Poor recording of medicines received and administered

Characteristics of better performance include:

- Good staff training and supervision
- Regular audits of medication
- Good working relationships with local health professionals