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Medicines management in English care homes — a grim and chaotic picture

A report published by the Commission for Social Care Inspection reveals that there is a problem in getting care homes to face up to their responsibilities with regards to medicines management for their residents. **Debbie Andalo** looks at how pharmacists can help

Pharmacist Louise Winstanley spends half her week visiting nursing and care homes advising about medicines management. The rest of her time she spends helping to develop training for care staff in basic skills around administering and recording details of the medicines they give to patients and residents. Answering both to her primary care trust and strategic health authority bosses, she admits the task is huge. She says: "It's a massive issue and one which needs to be tackled gently. But we are being inundated with requests from care homes to deliver training. There seems to be a problem accessing good quality training in this area."

Her comments illustrate the scale of the problem facing pharmacists in helping care homes face up to their responsibility in medicines management. A report by the Commission for Social Care Inspection (CSCI) published last week painted a grim and chaotic picture of the standards of medicines support in care homes in England.

Failing to meet standards

Nearly half of all care and nursing homes were failing to meet minimum standards in medicines management, it revealed. People were often being given the wrong medicines, somebody else's medicines or no medicines at all. Medication records were not being kept and staff were poorly trained, if at all. What makes its findings more worrying is that they come two years after similar conclusions were reached by the CSCI predecessor, the National Care Standards Commission. Last week's report admits: "The reasons that care homes fail to manage medication properly have changed little. Indeed the failures are no different from those set out in the earlier NCSC report. Homes do not appear to have learnt from past failings and expenditure on training does not seem to have had an impact on this area of quality." And it points out that where homes did make improvements the changes were often not sustained. "Of particular concern is the very high percentage of homes which, having achieved the minimum standard, then slip back and fail."

But the initiative being developed by Louise Winstanley and her nurse partner at Chorley and South Ribble primary care trust in Lancashire is an example of where change for the better is taking place and improvements are being made and sustained.

Ms Winstanley, who is a pharmacy prescriber, works with a nurse prescriber in three care homes in her PCT area; they have a total of 100 residents. She admits when she first visited the homes when she took on this new role 15 months ago, it was a mixed picture. She says: "Some of the homes were extremely well run and I could see that from the word go — the way the staff were with the residents and also how they were interested in what we were doing."

Victor de Schwanberg/Science Photo Library

This link between well-run homes and good medicines management was also noticed and highlighted in the CSCI report. But Ms Winstanley says: "In one of the homes it was certainly the case that it was chaotic as far as prescribing and issues around medicines were concerned. But since we have been working there, there has been a huge change in attitude and staff are really working hard to address these issues."

Bad prescribing

One of the main issues Ms Winstanley has come across in the homes is examples of bad prescribing. She says: "One of the issues for us has been how we go about changing the bad prescribing without offending the prescribers — that has been a big challenge for us."

So far Ms Winstanley and her nurse colleague have made 274 medicine interventions in the three homes. She says: "Half of those were about withdrawing or stopping medication. We have had massive success with the withdrawal of hypnotics. It's actually had a snowball effect — staff have seen how much better the patients are without their sleeping tablets and they are asking us to withdraw other patients from the same medicine."

Her time at the homes is spent giving advice about medicines to staff but also carrying out medicines use reviews. She is in the process of developing care management plans for each of the residents, which she describes as "a massive piece of work". Before the pharmacist/nurse service was established, medicines management at the homes was left to community pharmacists who took on the work in an ad hoc fashion, she says. "I think one of the problems was that the service was patchy — some community pharmacists never really found the time to visit the homes regularly while others put a lot of effort into the work. But that was why we changed the system — we needed a strategy for the whole district."

Alongside her work in the homes, Ms Winstanley has, working with her PCT and Cumbria and Lancashire Strategic Health Authority, also been involved in developing six medicines management training packages, including one for staff in care homes. The training tackles the basics of good medicines management, including details about what a medicine is, medicine doses and record keeping. Last year the training programmes won university endorsement when they were ac-

Key failures identified by CSCI inspectors

- Failings in how medicines were given to residents
- Failure in training before staff were expected to administer medicines
- Record keeping that failed to identify what drugs were given and when
- Poor systems in place for giving medicines
- Poor management of Controlled Drugs, especially morphine
- Poor management of medicines, such as pain relief, that should be given to residents or patients "when required"

Complaints to CSCI about medication

Ten per cent of all complaints about care homes (including those for children's homes) to the CSCI between October 2004 and October 2005 were about medicines.

The most frequent reasons behind a complaint were:

- Wrong dose was given
- Medicine was missed, given too early or given too late
- Staff were not properly trained in administering medicines
- Medicines were left unattended in communal areas or were lost
- Poor medicines stock control or mistakes in medication records

Recommendations in the CSCI report

- All care homes and children's homes should urgently review their policies and practices in managing medicines
- Councils should continue to support improvement in homes' practice through staff training programmes, joint initiatives with NHS primary care organisations and through service commissioning plans
- Councils should hold discussions with homes and training providers in their area to ensure that available training grants are being directed towards rectifying performance deficiencies relating to medicines management
- PCOs should act on their responsibility to support health care provision within private and voluntary care homes and children's homes and the Healthcare Commission should monitor PCOs' performance against this
- Homes should address how medicines are administered to people from different cultures
- The CSCI's commitment — to ensure that inspectors incorporate issues around appropriate sensitivity to residents' cultural needs in their judgement about medicines administration in homes — should be endorsed
- The learning resources developed by the National Patient Safety Agency should be actively promoted to the private and voluntary care sectors where NHS patients are cared for
- New inspectorates taking on the function of regulating and inspecting care services should consider carefully how they will access pharmaceutical advice at both senior and local level from 2007 onwards

credited by the University of Central Lancashire.

Ms Winstanley says: " I think they were the first training programmes of their kind to be university accredited. Being accredited meant we had to show the university that the packages included measures for looking at the standards of the training delivery. We don't deliver the training packages ourselves as yet but we are hoping to start this in the next month, ideally for all the care workers, and introduce a rolling programme."

The CSCI report highlighted lack of training for care staff in medicines management as a key issue which still needs to be addressed. The report pointed out that half its inspections identified a "risk to service users because of the poor standard or complete absence of training programmes for care workers." In one case an inspector discovered that a care home had no records of prescribed medicine. When the care home was asked to introduce records, staff said they had never been shown how to do it. In another case, an inspector discovered that a pot of medicines left on a tray in the kitchen for one resident was, in fact, given by mistake by a care worker to another resident.

The CSCI report also criticised the lack of support for universal pharmacy advice for nursing homes under the new pharmacy contract which was introduced last April. According to the new contract pharmacy advice to care homes is no longer included as a basic service. Instead it has "enhanced" service status. This reclassification, according to the report, has the potential to put patients in care homes at risk. It explains: ". . . providing pharmaceutical advice to care homes has been designated as an 'enhanced' rather than a 'basic' service. This report has identified that there is a risk to service users because care providers are failing to provide the basic elements of safe medication practice. This suggests that care providers need more support from health care professionals to develop safe working practices."

Hazel Sommerville, head pharmacist at the CSCI, said one of the problems is that PCTs are now moving away from contracting community pharmacists to give advice on medicines management, preferring instead to commission medicines use reviews under the new contract. Mrs Sommerville said that both medicines use reviews and medicines advice are equally important. Medicine use reviews are there to offer support to the prescriber whereas medicines advice helps the person in the home. "Both are important and necessary," she says.

But she says the commission has discovered that some cash-strapped primary care trusts are not commissioning enhanced services under the new pharmacy contract, and basic medication advice is not getting into the homes. She admits: "What we are finding is that PCTs don't have the money to place an enhanced service." The issue is compounded because, under the old contract, money for pharmacy advice in care homes was ringfenced but, she says, this cash protection for the service has disappeared under the new contract.

The priority that PCTs give to pharmacy advice in care homes could, however, all be about to change. The CSCI report recommends that PCTs in future should "acknowledge and act on their responsibility to support health care provision" and it also recommends that the NHS regulator, the Healthcare Commission should monitor this, suggesting in future it could be included in the PCT's annual health check. This move, along with the current Department of Health review of the national minimum standards in medication for care homes, could take the care home industry in England nearer to the American model, where care homes have a regulatory duty to offer residents medicines advice.

One of the stumbling blocks towards universal care home pharmacy advice has been the wording of the national minimum standards that govern care homes. The standard on pharmacy advice says only that the "registered manager seeks information and advice from a pharmacist" about medicines policies in the home and medicines dispensed for patients or residents. Mrs Sommerville says: "The current standards reflect the ethos to help the service user but it is not expressed in terms where there is a requirement; it just suggests you must go and look for the advice. The problem is we need standards that are more specific and measurable — which they aren't at the moment."

Key findings on national minimum standards in medication in care homes*

- Between March 2003–March 2005 the number of homes for older people meeting national minimum standards for medication went up from 44.7 per cent to 55.5 per cent
- By March last year 5,140 homes caring for 210,000 people still failed to meet the minimum standards for medication
- In 2003 more nursing homes met the minimum standards for medication than did homes offering personal care only
- Since 2003 improvements in reaching the standards in nursing homes has been "stagnant"

**From the CSCI report, " Handled with care? Managing medication for residents of care homes and children's homes — a follow up study."*