Medication safety in care homes

Project summary

Working together to develop practical solutions: an integrated approach to medication safety in care homes

A partnership project led by the National Care Forum (on behalf of the Care Provider Alliance) working with:

- The Royal College of General Practitioners
- The Royal College of Physicians
- The Royal College of Psychiatrists
- The Royal Pharmaceutical Society
- The Royal College of Nursing
- The Health Foundation
- Age UK

Contents

1: Introduction

Medication safety in care homes is an ambitious cross-sector partnership project aiming to improve the medicines pathway for residents in care homes. The first phase of the project ran for nine months in 2011 and was funded by the Department of Health.

The partnership is led by the National Care Forum (on behalf of the Care Provider Alliance), working with: the Royal College of General Practitioners, the Royal College of Physicians, the Royal College of Psychiatrists, the Royal Pharmaceutical Society, the Royal College of Nursing, the Health Foundation and Age UK.

The partnership was formed to try and address some of the issues raised by the *Care homes' use of medicines study* (CHUMS)[1] and ongoing concerns about safety and standards related to medication prescribing, administration and management in care homes.

Representatives from a range of professional bodies, plus a number of health and social care professionals currently working in and with care homes were invited to join a working group which met formally four times over the year. Des Kelly, Executive Director of the National Care Forum and Chair of the Care Provider Alliance and Susan Went, Health Foundation Quality Improvement Fellow, acted as joint project directors for the project. A full list of organisations and individuals who contributed to the working group can be found in appendix 2.

"To do nothing is not an option. We need to improve the safety of care for some of the most vulnerable members of our society... Only a partnership between residents, their relatives, care homes, and health professionals is going to tackle this problem. This issue is everyone's responsibility."
Susan Went, Joint Project Director

Members of the working group pooled their knowledge and expertise to try and develop a range of practical solutions and tools which would help residents, doctors, pharmacists and care home staff to reduce the incidence of medication errors and near misses in care homes. These prototype tools have been developed with feedback from care homes and are now ready for formal testing in the field.

The testing stage will form phase two of the project. It is hoped that testing will provide evidence about how well the tools address the problems identified and how they will help to improve medication safety in care homes. Successful improvements will then be rolled out on a larger scale across the sector, improving the quality and safety of care for all care home residents.

This document captures some of the learning and outputs from phase one of the project, while also outlining possible next steps to be considered in further phases of the work.

"The 'open space' methodology for participation of the multidisciplinary working group has worked well. It has resulted in a high level of commitment to balance the principles of passion and responsibility and focus the task groups on the crucial aspects of medication safety in care homes. Mutual respect for the different professional perspectives has enabled the working group to produce practical prototype materials that have the potential to make a positive difference for people living in care homes."
Des Kelly, Joint Project Director

[1] Barber ND, Allred DP, Raynor DK, Dickinson R, Garfield S, Jesson B et al. Care homes' use of medicines study: prevalence, causes and potential for harm of medication errors in care homes for older people. *Qual Saf Health Care* 2009; 18: 341-6

2: About the project

Background and context

The CHUMS report was published in 2009 following an extensive research study into the prevalence, causes and potential harm of medication errors in 55 care homes for older people. The report revealed an unacceptable level of medication errors relating to older people in care homes.

The study showed that care home residents take an average of eight different medicines every day. On any one day, seven out of ten residents experience mistakes with their medications. These errors range from doses being missed or given incorrectly, to the wrong drugs being given out. In some cases these errors have the potential to cause very serious harm.

A report commissioned by the Department of Health into the use of antipsychotic drugs to treat people with dementia in care homes[2] was also published in 2009, revealing unacceptable levels of prescribing. These two studies have formed a strong call to action to improve the use and safety of medication in care homes to protect vulnerable older residents.

A collaborative approach to improvement

It was recognised that the issues raised by these reports can only be resolved by all professionals working together for the benefit of people living in care homes. In 2010, the Health Foundation, together with the Royal College of Physicians, the Royal College of General Practitioners and the Royal College of Psychiatrists, began working in partnership with the care homes sector and Age UK to build a better understanding of the problems and their potential solutions.

In 2011, this work developed into *Medication safety in care homes*, a formal improvement project involving the National Care Forum, the Royal College of General Practitioners, the Royal College of Physicians, the Royal College of Psychiatrists, the Royal Pharmaceutical Society, the Royal College of Nursing, the Health Foundation and Age UK.

These organisations are all working together to find practical solutions to reduce the risk of harm associated with medications in care homes. This unique partnership approach recognises that improving medication management in care homes is a system-wide issue, which needs to be tackled together.

Working in small task groups, with a spread of knowledge and experience from different professions in each group, members focused on specific issues in order to develop possible solutions. They then used small cycles of change to develop their ideas into working prototypes. The groups had time to meet and discuss their plans at each of the working group events throughout the year, but the majority of the work was done remotely.

The events

The working group met four times throughout 2011. Each event was a chance to review and consolidate the work of the task groups and to share views, learning and feedback as a whole group.

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[2] Banarjee, S. *The use of antipsychotic medication for people with dementia: Time for action. A report for the Minister of State for Care Services by Professor Sube Banerjee.* 2009. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108302.pdf (accessed Jan 2012).

Event one

The first event on 17 March 2011 marked the formal launch of the project. Following a presentation by Nick Barber, author of the CHUMs study, leaders from each of the partner organisations gave their brief responses to the issues raised. The leadership panel included:

- Dr Clive Bowman, Divisional Medical Director, BUPA Care Services
- Dr Mike Cheshire, Immediate past Clinical Vice President of the Royal College of Physicians and Medical Director of NHS North West
- Dr Peter Connelly, Chair of the Faculty of the Psychiatry of Old Age, Royal College of Psychiatrists
- Tim Curry, Assistant Head of Nursing, Royal College of Nursing
- Helen Gordon and Dr Catherine Duggan, Chief Executive / Director of Professional Development and Support, Royal Pharmaceutical Society
- Professor Nigel Mathers, Vice Chair of Council, Royal College of General Practitioners
- Ian Turner, National Chairman, Registered Nursing Home Association

"There can be little doubt that the issue of the safety of medicines in care home settings is of crucial importance. It is an issue most effectively tackled by a practical and multidisciplinary team approach. A commitment to working together for the benefit of people living in care homes is our over-riding motivation. If we can't solve the problem by being willing to work together then nobody can."
Des Kelly, Joint Project Director

The rest of the day took the form of a workshop, with delegates working in groups to define the key themes and develop initial ideas for practical solutions which could be taken forward by the partnership. Five task groups were created all focusing on a different area of medication safety.

Event two

The event on 19 May 2011, hosted by the Royal College of General Practitioners, focused on the perspective of staff working in a care home setting. Pat Bailey, Project Manager, reported back on research she had carried out into the key issues for staff. She spoke to registered managers and members of staff from a range of care homes.

A number of care home managers attended the event and were invited to join the working group. The task groups spent the afternoon developing their plans and highlighting any gaps or duplication in the work of the project so far, as a result one more task group was established.

"This critically important project has the potential to change our entire approach to how we look after older people in care homes. I am amazed at the amount of progress made and am grateful to all our colleagues for the time and energy they have invested in finding a way forward that will make a real difference to the quality of people's lives." Dr Clare Gerada, Chair of the Royal College of General Practitioners

Event three

On 5 July 2011 the working group met for the third time at the Royal Pharmaceutical Society. The event focused on the perspectives and experiences of care home residents and their family and carers. It was also an opportunity to launch the *Making care safer* report[3], published jointly by the Health Foundation and Age UK, which collected together carer and resident stories about medication safety in care homes.

[3] The Health Foundation and Age UK. *Making care safer, Improving medication safety for people in care homes: thoughts and experiences from carers and relatives*. 2011. http://www.health.org.uk/publications/making-care-safer/ (accessed Jan 2012).

The task groups continued to work together throughout the day and to plan their future work. The event was also an opportunity to welcome new members and use their fresh perspective to identify any potential gaps or duplication in the work. This led to the creation of two new task groups.

The leadership panel included:

- Professor Nigel Mathers, Vice Chair of Council, Royal College of General Practitioners
- Ian Turner, National Chairman, Registered Nursing Home Association
- Yolanda Fernandes, Assistant Director, Engaging Clinical Communities, the Health Foundation
- Pat Bailey, Project Manager, National Care Forum
- David Richardson, National Programme Delivery Manager, Age UK

Talks were also given by Dr Keith Ridge, Chief Pharmaceutical Officer at the Department of Health and Helen Gordon, Chief Executive of the Royal Pharmaceutical Society.

"We need to hold on to our vision and values – making a difference for people in care homes... This work is so important for our residents and patients and has the potential for a much broader impact in care homes... There are a whole series of new discussions opening up as a result of this collaborative. It is having a much wider impact. It's a great example of how professional bodies can and should work together." Helen Gordon, Chief Executive of the Royal Pharmaceutical Society

Event four

The final meeting of the working group during phase one of the project was held on 1 November 2011 at the Royal College of Physicians. It was an opportunity to present the final prototypes developed by each group, and to share learning and feedback about what the next steps should be for the project. There was a common wish in the room that the work should continue in 2012, with a formal period of testing for the prototypes.

Speakers included:

- Paul Burstow, Minister of State for Care Services
- David Behan, Director General for Care Services, Department of Health
- Keith Ridge, Chief Pharmaceutical Officer, Department of Health
- Professor Nick Barber, University of London School of Pharmacy and author of the CHUMS report

The leadership panel included:

- Dr Clive Bowman, Divisional Medical Director, BUPA Care Services
- Professor Alistair Burns, National Clinical Director for Dementia, Department of Health (also speaking on behalf of Prof Sue Bailey, President, Royal College of Psychiatrists)
- Helen Gordon, Chief Executive, Royal Pharmaceutical Society
- Neil Hunt, Chief Executive, Royal College of General Practitioners
- Dr Linda Patterson, Clinical Vice President, Royal College of Physicians
- David Richardson, National Programme Delivery Manager, Age UK
- Gill Robertson, Royal College of Nursing (speaking on behalf of Peter Carter)
- Adrian Sieff, Assistant Director– Engaging Clinical Communities, the Health Foundation
- Ian Turner, National Chairman, Registered Nursing Home Association

"The Royal College of Physicians has been delighted to contribute to this important piece of work, which we hope will improve the care of many people who live in care homes. We have been impressed by the enthusiasm of all the participants and have found the multi disciplinary way of working on this topic to be very fruitful." Dr Linda Patterson, Clinical Vice President, Royal College of Physicians

The Department of Health welcomed the continued commitment of the working group to this important work:

"We share a common interest in improving the quality and safety of care by ensuring residents get the right medication in the right way at the right time. I warmly welcome the collaboration that has enabled the project to achieve this important milestone. If we get this right, it will make a significant difference to the life of people in care homes. The Department is totally committed to support the sector as it drives this forward."

David Behan, Director General for Care Services, Department of Health

"From the very beginning this project has been about all the different professional groups coming together to take control and responsibility for delivering better services to residents. No one can do this alone and that is why we congratulate and welcome the ongoing commitment of all involved. The joint efforts of the professional leadership bodies, the National Care Forum on behalf of the Care Provider Alliance, Age UK and the Health Foundation, the NHS – including GPs, doctors, nurses and pharmacists, and of course the residents and staff of care homes have all helped to support and drive this project forward.

"We now welcome the continued commitment, as we look to take this to the next stage – to actually test the tools in care home settings. The Department of Health welcomes this work, which contributes to our broader agenda of improving quality and outcomes and safeguards for people in care settings. We need to be sure that the tools now get used, so that the project delivers the practical steps needed to address the problems identified."

Keith Ridge, Chief Pharmaceutical Officer, Department of Health

3: Understanding the problem

CHUMS findings and recommendations

The *Care homes' use of medicines study* (known as CHUMS) was published in 2009. It surveyed 256 residents from 55 different nursing and residential homes and revealed unacceptable levels of error in medications received by older residents of care homes.

During the first working group event, Professor Barber, the main author of the study, presented his findings.

He stressed that improving medication safety in care homes is a systems issue. Most catastrophic errors are caused by a series of small errors which individually may have a low risk of harm. The CHUMS study revealed low levels of harm from errors but together those errors could lead to high risk. They also led to a loss of quality of life and lack of dignity for residents.

Altering the system is a big interconnected process. It can be difficult to look at it as a whole. The complicated structure of primary care (many sectors, many providers) makes it more complicated to introduce change or consistency than in secondary care.

He also spoke of how willing care homes were to take part in the study, suggesting they were open to feedback and wanting/asking for help. With staff spending as much as half their time on medication related activities, for many care home managers, medication error is their greatest fear.

The main findings of the CHUMS report:

- Residents (mean age 85 years) were taking an average of eight medicines each
- On any one day seven out of 10 patients experienced at least one medication error
- Homes could be working with between 1-14 different GPs (mean 3.8/home) and between 1-4 different pharmacies (mean 1.5/home)
- Whilst the mean score for potential harm was relatively low, the results did indicate opportunity for more serious harm.

	Prevalence of errors (probability per drug)	**Level of harm (1-10 scale)**
Prescribing	8.3% (39% residents)	2.6 (0.2-5.8)
Administration	8.4% (22% residents)	2.0 (0.2-6.6)
Dispensing	9.8% (37% residents)	2.1 (0.1-5.8)
Monitoring	14.7% (32/218) in 27/147 residents	3.7 (2.8-5.2)

The report concludes:
"That two thirds of residents were exposed to one or more medication errors is of concern. The will to improve exists, but there is a lack of overall responsibility. Action is required from all concerned."

The CHUMS report highlighted these main areas where improvement needs to be made:

- The need to move towards a preferred GP provider for care homes.
- The need for IT system solutions to help with communication and records.
- A lack of protocols and adequate staff training within care homes.
- How GPs monitor and review medication for each resident.
- How pharmacies review and dispense medication, and the need for a good relationship between the home and pharmacist.
- An urgent need for research into the effectiveness of managed dosage systems (MDS).
- Ways to simplify the act of giving medication and to protect drugs rounds from interruption.
- The use and accuracy of the medication administration record.
- Reducing medication errors on admission.
- The need to bring treatment and care to the person in the home.

Carer and resident views

The *Making Care Safer report* collects together the testimony given by family and carers of people living in a care home, specifically around issues of medication safety. Three day-long focus groups were held with family and carers of residents throughout 2010. In total 26 people attended the events. Members of the group also shared testimony they had collected from fellow carers.

Attendees were all carers past and present who are also 'experts by experience', trained to participate in inspections of care homes by the Care Quality Commission (CQC). This means that in addition to their valuable personal experience as carers for people who live in care homes, they have also spoken to many residents, family members and staff as a result of their work.

The report collects together their observations about medication in care homes and their suggestions for how and where improvements could be made. These were structured around improving communication and information sharing; prescribing and administration of medicines; staff development and support; and advocacy and rights. There were also some crosscutting recommendations:

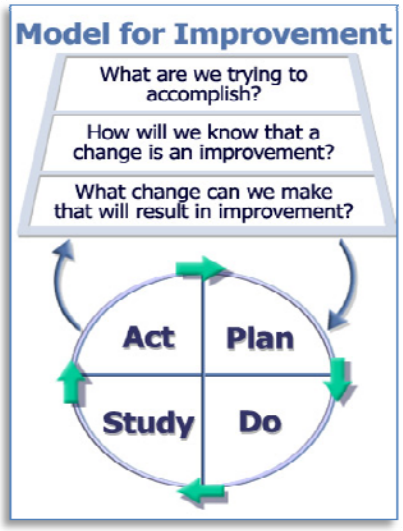
- Build strong trusting relationships as these are fundamental to how well care is delivered.
- Take time to communicate, update records, and share information.
- Ensure regular and formal reviews of care plans and medication.
- Prioritise safety by protecting the drugs round, improving systems and attention to detail.
- Identify, capture and develop good practice and help disseminate this to staff.
- Make use of relevant health professionals to ensure medication practices are safe.
- Clarify roles and responsibilities to ensure smoother communication and safer care.
- Consider medication as part of a holistic approach to care to ensure that decisions are always made in the interests of the resident and their voice is heard.

Views of care home staff

Comments and feedback about medication safety were collected from care home staff as part of the project and were presented to the working group at the second event. This was summarised into a few main themes where improvement was needed:

- The need to build better working relationships between GPs, pharmacists and care home staff and the need for a common set of principles for everyone to work to.
- Problems managing repeat prescriptions and the need for electronic prescriptions to be used between the three settings: surgery, pharmacy and care home.
- A lack of medication review and no clear guidance about how long a person should be on a drug before it is reviewed. Care homes would like to see a system of regular reviews throughout the year.
- IT solutions and improved systems for medication management and stock taking. Care homes reported mixed views on the benefits of MDS.
- A time and staffing resource issue around administrating medication to residents, with drugs rounds often being interrupted.
- A tension between the regulatory responsibilities of care homes and taking a person centred approach to medicines management.
- A need to review the documentation associated with management and administration of medicines both to improve the usefulness and to streamline and reduce the time it takes.
- A desire for more involvement and support from pharmacists.
- Training and information in an easy to read format about medicines. Certificated training which is competence tested.

4: Agreeing an approach



Simple improvement techniques

The group adopted the Model for Improvement for their work: three important questions combined with PDSA cycles (plan, do, study, act).

Task groups were encouraged to focus on practice not policy, in order to develop practical solutions which would deliver improvement in small ways. There was an understanding that the products would be prototypes, draft tools developed using the collective experience within the working group. They would then need to be tested using small scale tests in order to develop and refine the ideas using feedback from other members of the group and from care homes.

Groups used the following approaches to develop their prototypes:

- Work with the service to understand the problems on the ground. Use the learning from staff, resident and carer experiences to develop practical tools.
- Adapt characteristics of best practice in other settings into simple tools for care homes.
- Find and share new examples of good practice.

Overarching principles

During the first event, the working group spent time defining the challenge ahead and agreeing a few overarching principles for how they should approach the work.

- Focus on practice not policy, and on what we can deliver, not what somebody else should deliver.
- Keep the needs of residents and staff in mind at all times.
- We need to challenge attitudes to effect culture change.
- No decision about me without me: We will need to listen to residents' aspirations and involve them and their families in decisions about medication.
- We need to use a coproduction/collaborative methodology, harness the energy from the care homes sector, find champions and use their input to design solutions that work for them.
- There is huge variability in what constitutes a care home, therefore resources and tools need to fit different care environments.
- We need to make our tasks manageable, avoid duplication, and share the good work that's already happening, supporting care homes to share and spread good practice.

Areas of focus

It was evident that key themes were emerging from the CHUMS report, feedback from staff and from families and carers. Following the first event, the key areas needing to be addressed were summarised as follows:

- **Overprescribing for older people:** the need for standards and tools to help reduce prescribing and encourage a more person centred approach to medication, and to provide specialist advice regarding geriatric prescribing.
- **Medication review and monitoring:** improved processes for a meaningful review of medication, particularly high risk medicines, involving care home staff and medical professionals.

- **Person centred approach to care planning:** to ensure that a resident's wishes re medication are shared with all stakeholders when they enter a care home.
- **Out of hours support for care staff:** a clear, well disseminated, easy to access plan in place for all carers if medication advice is required after hours.
- **Transfer of care:** standards and tools to reduce medication errors during and after transfers between care settings.
- **Use of homely remedies:** practical help for care home staff to help them give homely remedies as the regulatory regime is perceived as very restrictive.
- **Use of monitored dosage system (MDS):** research into the effectiveness and safety of this system.
- **The need for better systems for communication:** between all parties involved in the provision of medicines. We need to ensure that communication from GP–care home–pharmacist–family is linked.
- **Use of technology:** single records and common technology could help improve communication and avoid confusion and duplication. Online tools could also support decision making.
- **Training and development:** a clear pathway for support and training for care home staff in relation to medication.
- **Practical tools to support care staff:** including web-based scenarios, case studies re medication issues, clear guidance re MAR sheets etc.
- **Leadership:** development of local leadership within care homes and in multidisciplinary teams.
- **Defining clinical roles and responsibilities within the multidisciplinary team:** care home managers, care home staff, nurses, lead pharmacist, lead GP.

5: Taking action: Initial outcomes

A toolkit of prototypes

Each task group worked together to produce one or more practical tools designed to improve medication safety in care homes. Initial ideas were developed into working prototypes which were shared with the wider group for their feedback and with sample care homes or relevant professionals.

The prototype tools:

- Residents' charter
- My record, my medicine, my choice
- Leadership guide
- Training guide for employers and learners workbook
- A set of tools for identifying residents with deteriorating symptoms and for using homely remedies
- Top ten tips for prescribing
- Framework: making the best use of medicines across all settings

These are described in more detail on the following pages.

Residents' charter

What is it?	A statement outlining residents' rights in relation to medication in care homes. The charter is presented as an A3 poster, a pocket-size leaflet and an A4 easy read version.
How will it help?	When a person enters a home, staff often automatically assume responsibility for managing medicines. This can lead to a loss of independence and control for the resident. The charter focuses on ensuring resident voice, choice and control. It reminds everyone that the starting point for medicines management should be for the person to be enabled to retain control of their own medicines, or as a minimum be involved in managing their medicines (in accordance with their abilities and wishes). The charter also identifies the minimum level of support each professional group (doctor, pharmacist, and care home staff) will provide.
How will it be used?	Care providers and health and social care professionals involved in residential care will be encouraged to embrace the principles contained in the charter. It will be displayed prominently in homes, doctor's surgeries and chemists, and made available to all residents and their families.
The development journey	One member of the task group was already involved in a local Primary Care Trust's work to develop person centred medicine management guidance. This was used as a starting point for the charter. The varied professional expertise of working group members and their ability to consult formally and informally with a wider group of professional colleagues contributed to the charter's development.
Feedback so far	During the development phase, the task group received feedback from 79 people, including three GPs, 31 residents, 30 care home staff and four registered managers. Feedback was overwhelmingly positive about the idea of a charter and its contents. It was considered a good initiative that will improve standards, with the caveat that it may not be understood and or be beneficial to residents with dementia or severe mental health problems.
Next steps	Ready for formal testing. Work needed to develop guidance for how it will be used and to encourage groups and organisations to sign up to the principles in the charter.

My record, my medicine, my choice

What is it?	A template form for recording a summary medication record, designed to be used and held by the resident. Guidance for use is provided on the back.
How will it help?	Information gathered during the group discussions identified a lack of information provided to residents and their families on what medicines residents are actually taking and why they need to take them. When care home residents see a GP or visit hospital, medication is often changed. Communication between all the professionals involved in a person's care can be poorly managed during these times. Empowering the resident to have this information will help to improve communication between the multidisciplinary team, meaning medicines are managed more safely. The form is designed to make it easier to share information about medicines between professionals and with family and carers (as appropriate), reducing errors during transition and improving communication. It does not replace care home records. It is designed to give the resident their own record and to increase their knowledge and understanding of the medicines they are taking.
How will it be used?	The form will be used and held by the resident. It should travel with them to appointments about their health. Doctors, nurses, pharmacists and care home staff will help the resident to complete the form and ensure it remains up to date. During hospital stays or medical emergencies, the record will advise hospital or ambulance staff about medications and allergies to help inform their decision making about appropriate care. It is a communications tool that can help residents engage in conversations about their medicines. It should be used in conjunction with the Residents' Charter.
The development journey	The task group team was made up of people from a range of disciplines, including care home mangers, social care experts, pharmacists, GPs, nurses and hospital physicians. However the group always tried to view the work from the perspective of the resident. They didn't want to reinvent the wheel, so used an existing summary care record, which they adapted.
Feedback so far	The template was trialled by residents and their carers in homes. Group members also circulated throughout their networks for constructive feedback. Initial feedback that the form could be seen as 'just another record', prompted the group to review and refine the prototype to develop something which would empower the resident.
Next steps	This prototype now needs to be formally tested in a range of settings.

Leadership guide

What is it?	*Leadership: Improving the prescribing, dispensing and management of medications in care homes* is a booklet designed to be read by care home managers. It contains a leadership statement, 'Sally's story of effective leadership,' and a series of inspiring case studies.
How will it help?	The booklet focuses on the leadership role of registered managers in care homes and demonstrates through examples how they can lead the improvement of medication practice. The document is written on the basis that improvement is not only about training but about creating a leadership culture which encourages truly person centred care. The vignettes give simple examples of how to improve aspects of care.
How will it be used?	The booklet will be used by care home managers. It is designed to guide and inspire them to improve culture, practice and behaviours. The group envisaged that this would be used as part of a leadership and management development programme for registered managers, in multi-professional networks and in the training of key professionals.
The development journey	The group were clear from the beginning that they wanted to use the power of storytelling to show people how they could improve care. They were also clear that it is the professionals and leaders who translate policy vision and knowledge into practice. The group had particularly strong input from three registered managers who shared their stories and experiences, which helped to inform the work.
Feedback so far	The group benefited from having input from three registered managers, plus contact with a further 40 registered managers through one member of the group. This meant they have received a particularly strong input from the group they are trying to reach. Informal feedback has been good so far.
Next steps	The prototype now needs to be properly tested with care home managers and other professionals.

Training guide for employers and learners workbook

What is it?	*A guide for employers: training for safer medication* outlines the levels of training required for care home staff and what employers should look for in a training provider. The *Learner's workbook: safer medication in care settings* contains information, case studies and exercises designed to build knowledge about medication safety in care home staff. The Learner's workbook has now been reviewed by Skills for Care to ensure it is consistent with other training materials and standards.
How will it help?	The two documents aim to set a standard for the frequency and content of training for medicines management in care homes. The quality and availability of training is reported as being very varied. It also helps care home staff to understand their role in improving medication safety.
How will it be used?	The group hope that the training they have developed will form part of a national standard of training for care home staff.
The development journey	The group recognised that all professional disciplines would benefit from a standard programme of training around medication management in care homes, however decided early on to focus on care workers as a priority area. Their product initially focused on competencies but was reworked into a training workbook package in line with feedback.
Feedback so far	During development the prototype was piloted across the independent sector including 11 care workers in care homes and 10 registered nurses in Shropshire. Feedback was also received from Skills for Care. The documents were reworked and modified in line with feedback received.
Next steps	The prototype now needs to be formally tested in its new format as a workbook and guide for employers.

A set of tools for identifying residents with deteriorating symptoms and for using homely remedies

What is it?

Symptom assessment tool: A form to help care staff identify changes in a resident's health condition and react appropriately.

Homely remedies guide: Residents often develop minor conditions that do not immediately require a doctor. It is an agreed practice that homes keep a number of medicines and creams that can be brought over the counter to help with minor ailments. These are known as homely remedies.

Risk assessment tool: An assessment tool to help care staff identify residents who may be at higher risk of deteriorating health due to their multiple health conditions and multiple medicines they are taking.

How will it help?

Residents with multiple medical problems are at particular risk of medication error/side effects due to the mixture of medications they are taking. These tools are designed to help care home staff correctly identify when residents deteriorate and are at risk, and react accordingly and to improve communication between the home, pharmacist and doctor.

How will they be used?

The Symptom assessment tool: is a simple to use form which helps to identify a deteriorating resident. A score is provided for different symptoms which contributes to a total score within a green, amber or red range. This provides practical guidance on when to call for medical advice and with what degree of urgency.

The *Homely remedies guide*: provides guidance to staff on how to provide non-prescription medication used to treat minor ailments. Flowcharts and information help staff to make choices about the appropriate treatment while taking into account the medication a resident is already taking. A green result on the *Symptom assessment tool* leads to the use of homely remedies as advised by this guide.

The *Risk assessment tool:* helps to score the level of medication risk for each resident based on their number and type of medical conditions plus the combination of medications they are taking. A moderate or high risk score will affect how often the resident needs to be monitored against special information in their care plan and how often their medication should be reviewed by a GP.

The development journey

The group formed at a late stage in the project, and tools were developed from existing examples of good practice being used by members of the group. Discussions within the group identified a need to support staff and to give a framework on identifying changes in residents' health conditions.

Feedback so far

These tools have not yet been tested in care homes. However, one of the doctors in the task group has used similar models in her work with care homes and says they have made a difference. Care home managers, doctors and pharmacists have commented on them and some changes have now been made. There is general agreement that tools of this type can support identification and improve communication.

Next steps

The tools now need to be formally tested within care homes.

Top ten tips for prescribing

What is it?	A leaflet providing some simple guidance for doctors when prescribing for people in care homes.
How will it help?	The ten tips are aimed mainly at doctors but will also be useful guidance for all professionals involved in caring for people in care homes. They emphasise the importance of involving the resident and their family in decisions about medication. They stress the need for regular reviews of medication. They encourage the prescribing doctor to always ask if the medicine benefits the patient, to weigh up the long term benefit of the medication versus the current situation, and to consider drug interactions and the risk of falling. They also encourage other options rather than antipsychotic prescribing.
How will they be used?	The document is designed to be used by doctors to inform their prescribing practice when working with older people in care homes.
The development journey	This group formed at a late stage in the project following a suggestion that we needed to develop something aimed at doctors. All members of the task group who developed this prototype were doctors.
Feedback so far	Feedback received so far is that the top tips are sensible and relevant and possibly could be expanded upon. Overall they are seen as a useful tool.
Next steps	This prototype now needs to be formally tested.

Framework: making the best use of medicines across all settings

What is it?	The framework document sets out the principles and underpinning recommendations for optimising medicines use across all settings with a focus on care homes.
How will it help?	The CHUMS report illustrated the problems associated with the use of medicines in care homes and set out areas of concern where established practice needed to be challenged and changed. The framework focuses on the four stages of the medication process: prescribing, dispensing and supply, administration, and monitoring and review. Recommendations are made for each area with short case study examples to show what good looks like.
How will they be used?	The group envisage that this document will be used by all professional groups involved in caring for people in a care home, to define the high level principles which set out what good looks like. The guidance ties in with work done by other groups and promotes the idea that placing the resident at the centre of care overcomes differences between professionals.
The development journey	The group defined areas where high level principles were needed and then discussed and scoped the principles and statements. The group communicated continuously throughout the process either by commenting on drafts or by providing examples and case studies to illustrate the principles and share best practice.
Feedback so far	The document incorporates comments and feedback received from members of the wider working group, who also contributed case studies and good practice examples.
Next steps	More specific guidance and support tools are now needed to underpin the high level principles and provide practical guidance and support for all those involved in the medicines process in care settings.

Other products

A range of papers were also commissioned as part of the project, to provide evidence and information to increase the working group's knowledge of issues around medication management.

IT solutions paper

Information technology and medication administration in care homes is an initial discussion paper. A task group was established to conduct initial research into what IT systems are currently being used, delivered and developed to aid medication management. The report recommends further more detailed research. Other initial recommendations include:

- A care home should use a single medication system.
- Electronic systems should be encouraged.
- Electronic interchange should be used to share data between care home, pharmacy, and GP.
- We need more detailed research to prove the effectiveness and safety of electronic systems.

Evidence review

Preventing medication errors in care homes: review of publications summarises the published evidence about interventions that make a difference. In total 243 publications were reviewed, including much material from the US and from hospital settings. Following exclusions, 64 documents relevant to care homes and community settings are included in this review of evidence.

Policy and practice review

Managing and administering medication in care homes for older people was written by the Centre for Policy on Ageing (CPA) and focuses on administering medication in care homes, the prevalence of error, common causes and how these can be addressed. Many findings reinforce the CHUMS report, including the finding that a care home resident being administered medication three times a day would be 99.9% certain to receive at least one medication error every month.

Library of virtual resources

During the project we have uncovered and collected a vast amount of documents, tools and practice examples of varying quality. All have been listed, categorised and referenced. This collectively generated resource will be made available as a virtual library.

6: What have we learned about our improvement approach?

Members of the working group were asked to provide feedback and to evaluate their work at various points throughout the project. This helped us to collect some valuable learning about the improvement process.

Overall feedback was extremely positive. People really enjoyed being part of the project and found the collaborative multi-disciplinary set up a refreshing and useful approach to improvement.

What worked?

The project structure	The project events were great for setting vision, context sharing and identifying overlaps across the work being developed. It was helpful to segment work into a series of task groups, this made the overall task less overwhelming and gave it structure.
A multidisciplinary approach	The varied professional backgrounds brought a wealth of experience and knowledge and enabled all professions to consider the other perspectives relating to medication management. Theorists and practitioners pooled ideas and approaches to come up with potential solutions. As many issues were multidisciplinary, this was an essential approach to facilitate improvement.
Collaborative working	The entire project group established relationships and ways of working that were immensely positive. The unique contribution of so many disciplines working together with a shared aim has been excellent and would serve as a good model for other areas of work in the care home sector. People also report that they now feel more confident working across professional groups as a result of taking part in this project.
Remote working	There wasn't always enough time for practical work at the events. Instead most of the groups did most of their work remotely, communicating by email and using the face to face meetings to agree work and decide on actions for the next phase.
Group facilitators	The role of facilitator for each task group was key. This person coordinated work, and followed up with individuals in between meetings to make sure actions were progressed.
Using existing good practice	There are many excellent and innovative examples of good practice already out there. We don't need to reinvent the wheel. Instead we need to share and enable others to learn and use the work that has already been done to improve care.
Involving care home staff	Care home managers have really appreciated being involved in the project. Many have said they wouldn't normally have had a voice in this kind of forum. They have found that problems they thought were specific to them are in fact general and seen by many other care homes. This common experience has helped to explore ways around the problems.

Challenges we faced

An ambitious challenge	Everyone was conscious that this was a huge and complicated task. One of the major challenges is there is an enormous amount of work still to do.
Resourcing each task group	Some groups seemed small and some tasks were too large. There needed to be a range of representatives from different professions contributing to each group, but it took us a while to get the balance right.
Time restraints	Fitting everything in proved a challenge all the way through the project. More time could have been made for practical work during the events, often we were trying to squeeze too much in.

What could be done better next time?

Provide an overall narrative	Sketching the big picture during each event to create more of a narrative from session to session might have assisted an emerging understanding of what was happening.
Map other work across the sector	It would have been useful at the beginning of the project to have mapped any other work that was taking place in a similar area, this would have meant we could have linked in with other projects at an earlier stage.
Develop central resources	A virtual site where documents could be held so that everyone could comment on the same document rather than multiple versions would have enabled more efficient working and allowed for individuals to own the changes rather than rely on group facilitators to incorporate them.
Rotate the venues	It would have been helpful to have rotated the venues to enable easier access for everyone, rather than holding them all in central London.
More face to face meetings	Some people would have liked more face to face meetings, although others would have found the time commitment difficult.

7: Next steps and recommendations

Next steps for the partnership

Draft prototypes have been developed and delivered, but there is still a lot of work to do in order to turn these into useful practical tools which are ready for care home staff and professionals to begin using across the country.

It was clear at the final event that the working group are committed to continuing this piece of work. They made the following recommendations and suggestions.

Recommendations for phase two

- Partner organisations to contribute to the leadership of the working group/future network. Create a core steering group with a representative from each of the partner organisations that will pull future plans together.
- Agree funding and coordination for a formal testing and roll out stage of the project (phase two).
- Develop detailed plans for, testing and measurement, including how the usefulness and effectiveness of the tools will be measured.
- Share and maintain mailing lists for the working group and creating a system for keeping in touch.
- Schedule a 2012 event to discuss plans for roll out following the testing phase.
- Set up a central place online where all project information, prototypes, resources and the virtual library will be hosted.
- Develop a detailed communications strategy for roll out and marketing of the agreed tools following a successful testing phase.

Wider suggestions from the working group

Leadership in the long term

- Encourage transparent clinical and professional ownership and leadership of this work. Set up a multi disciplinary network (or community of practice) across the sectors and professions that will sustain this work beyond the scope of the project.

Partnerships for change

- Work in partnership with education providers to ensure alignment of educational expectations and standards of practice – engage further with Skills for Care and Skills for Health.
- Develop a strong partnership with regulators to ensure alignment of registration, inspection and accreditation standards. Also develop links with SCIE and NICE to develop quality standards.
- Engage with the wider health and social care economy: Get support and endorsement from CCGs, Health and Wellbeing boards. Engage with GP consortia.
- Adopt the Resident's Charter as a central tool for change. Encourage all partner and government agencies to sign up to the charter as part of their core work.
- Encourage cross fertilisation in leadership development: between the various leadership quality frameworks – Tomorrow's Doctors, Modernising AHP Careers, NHS Institute and National Skills Academy for Social Care.
- Doctors, surgery staff, pharmacist, the care home manager and senior staff need to prioritise developing effective working relationships, recognising the importance of each other's roles and creating a culture for continuous improvement.

Research and evidence

- Carry out proper cost benefit analysis so that we can evidence the financial reasons to improve medication safety.
- Look at contracts and financial incentives for GPs and pharmacy. A change to the finance structure, from volume to optimising outcomes, using payment for core services and performance incentives in order to incentivise care home work and lead to better care. Weighting the Quality and Outcomes Framework (QOF) to truly reflect need.
- Support and incentivise IT development. We should be supporting IT providers to work together to develop systems rather than developing in isolation.
- Continue to commission research: to track improvements or changes in medication safety and to provide further information about the safety of MDS.
- Look at personalising the administration of medicines and giving services the opportunity to look at other models.

Other practical solutions not yet developed

These ideas have been proposed by members of the group as ideas for potential tools which could be developed during future work.

- Create a community of practice for multidisciplinary professionals working with medication in care homes.
- Develop a specific medication plan tool that could be used by a range of professionals to enter information/changes/communication re medication.
- Develop specific practical guidance to underpin the principles outlined in the framework document.
- Develop top tips for care home managers, senior staff and care staff.
- Create a series of one page summaries.
- Create an organisational checklist for care homes to use to assess their own practice and look at where medication safety improvements could be made. A list of simple changes to practice. This could also be a scoring measure for safety.
- Create a list of simple changes to practice for doctors etc.
- National programme of workshops around the country for care home managers.
- Run a communications campaign to empower family and carers to ask questions about medication management.
- Develop an agreed model of best practice for the provision of medical care by GPs to care home residents.

8: Appendices

Appendix 1: Partner organisations

- The Care Provider Alliance
- The National Care Forum
- English Community Care Association
- National Care Association
- Registered Nursing Home Association
- Royal College of Nursing
- Royal College of Physicians
- Royal College of General Practitioners
- Royal College of Psychiatrists
- Royal Pharmaceutical Society
- The Health Foundation
- Age UK
- Department of Health

Appendix 2: The working group

With thanks to all who participated in the events and the work of the working group, and our apologies for any unintended omissions.

Dr David Alldred	Lecturer in Pharmacy	University of Leeds
Dr Dave Anderson	Associate Medical Director/Associate Clinical Director/Head of School of Psychiatry	Mersey Care NHS Trust
Gillian Arr-Jones	Chief Pharmacist	Care Quality Commission
Pradeep Arya	Old Age Faculty	Royal College of Psychiatrists
Pat Bailey	Project Manager	National Care Forum
Professor Sue Bailey	President	Royal College of Psychiatrists
Dr Alex Bailey	Clinical Advisor to Prof Sir Bruce Keogh	Department of Health
Joanne Balmer	Head of Practice Development	Southern Cross Healthcare
Nick Barber	Professor of Pharmacy Policy & Practice	UCL, School of Pharmacy
Nina Barnett	Consultant Pharmacist, Care of Older People	North West London Hospitals NHS Trust
Caroline Bernard	Policy and Communications Manager	Counsel & Care
Gracy Bhoopalan	Home Manager	Sanctuary Care
Professor Dinesh Bhugra	President	Royal College of Psychiatrists
Sharon Blackburn	Policy & Communications Director	National Care Forum
Alison Blenkinsopp	Professor of Medicines Management	Keele University
Dr Clive Bowman	Divisional Medical Director	Bupa Care Services
Dr Benjamin Brown	Primary Care Academic Clinical Fellow	North Western Deanery/ The University of Manchester
Brian Brown	National Pharmacy Manager	Care Quality Commission
Denise Brown	Home Manager	Sanctuary Care
Alistair Burns	National Clinical Director for Dementia	Department of Health
Eileen Burns	Consultant physician, Medicine for the Elderly, BGS lead for Care Homes	Leeds Teaching Hospitals Trust/NHS Leeds, British Geriatric Society
Vanessa Cameron	CEO	Royal College of Psychiatrists
Diane Carne	Home Manager	Harrow PCT
Dr Mike Cheshire	Medical Director NHSNW	Public Health and C.E.D.
Vic Citarella	Director	CPEA Ltd
Julia Clarke	Associate: Organising for Quality and Value	NHS Institute for Innovation & Improvement
Ellen Coleman	Senior Analyst: Intelligence - analysis and information delivery team	Care Quality Commission
Cordelia Colthart	Clinical Fellow	Royal College of Physicians
Peter Connelly	Chair of the Faculty of the Psychiatry of Old Age	Royal College of Psychiatrists
Lisa Connolly	Matron	Broughton House
David Cousins	Head of Patient Safety - Medicines	NHS - NPSA
Claire Crawley	Senior Policy Manager - Safeguarding	Department of Health
Gillian Crosby	Director	Centre for Policy on Ageing
Fiona Culley	Prescribing Adviser	Nursing & Midwifery Council
Tim Curry	Assistant Head of Nursing	Royal College of Nursing
Nicola Davey	Senior Associate	NHS Institute for Innovation and Improvement
Jessica Dean	Programme Manager	Age UK

Carolyn Denne	Head of Service Quality	Social Care Institute for Excellence
Dr Martyn Diaper	GP Safer Care Team	NHS Institute for Innovation and Improvement
Judy Downey	Chair	Relatives & Residents Association
Martin Duerden	Member of Expert Resource Network	
Dr Catherine Duggan	Director of Professional Development & Support	Royal Pharmaceutical Society
Hilma Dunn	Home Manager	Central & Cecil Housing Care Support
Martin Else	CEO	Royal College of Physicians
Dr Gillie Evans	Chair	Peterborough Palliative Care in Dementia Group
Yolanda Fernandes	(Previously) Assistant Director - Engaging Clinical Communities	The Health Foundation
Professor Steve Field CBE	Chairman / General Practitioner	NHS Future Forum National Health Inclusion Board
Dr Duncan Forsyth	Consultant Geriatrician	Addenbrooke's Hospital
Brian Gaffney	Medical Director	NHS Direct
Rita Gardner	Registered Manager, Elderly Residential Services	Birmingham City Council
Tom Gentry	Policy Adviser - Health Services	Age UK
Karen George	Clinical Nurse Advisor/Independent Providers	Shropshire Community Health
Clare Gerada	Chairman	Royal College of General Practitioners
David Gerrett	Senior Pharmacist	National Patient Safety Agency
Sally Gillis	Clinical Development Manager (National)	Sanctuary Care
Rose Goodman	Administrator	National Care Forum
Helen Gordon	Chief Executive	Royal Pharmaceutical Society
Alison Gough	Registered Manager	Coverage Care Services
Martin Green	Chief Executive	ECCA
Professor Matt Griffiths	Independent Nurse Consultant - Prescribing & Medicines Management	Royal College of Nursing
Melanie Haley	Registered Manager (Gattison House)	Doncaster Metropolitan Borough Council
Tanis Hand	Healthcare Assistant Adviser	Royal College of Nursing
Goran Henriks	Director of Innovation	Jonkoping County, Sweden
Peter Hibbert	Associate Director Patient Safety & NPSA Pshp Lead	NPSA, NHS
Christine Hiley	Home Manager	CLS Care Services Group
Pamela Holmes	Practice Development Manager / Consultant Communications in Health and Social Care	Social Care Institute for Excellence
Pauline Houchin	Lead Care Specialist	Barchester Healthcare
Amanda Howe	Honorary Secretary	Royal College of General Practitioners
Professor Carmel Hughes	Professor of Primary Care Pharmacy and Director of Research	School of Pharmacy, Queen's University Belfast
Kim Hughes	Executive Member	NASHiCS
Janet Husk	Programme Manager, Healthcare of Older People	The Royal College of Physicians
Jane Ingham	Director of Clinical Standards	Royal College of Physicians
Steve Jamieson	Head of Nursing Practice	Royal College of Nursing
Philippa Jayanathan	Director of Long Term Care	The Royal Hospital for Neuro-disability
Chris Jenner	Member of Expert Resource Network	
Barbara Jesson	Community Pharmacy Adviser	Croydon Borough Team NHS SW London

Eudelyn Joseph	Deputy Clinical Manager	Sanctuary Care
Anne Joshua	Associate Director of Pharmacy	NHS Direct
Brefne Jowers	Programme Coordinator	The Health Foundation
Rajbant Kaur	Project Manager, Older People & Dementia	Department of Health
Des Kelly Kelly OBE	Executive Director	National Care Forum
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Anna Kisielewska	PA to Clinical Vice President & Director of Clinical Standards	Royal College of Physicians
Bobbie Lakhera	Public Affairs Officer	The Health Foundation
Charlotte Ladyman	Research secondment - health services	Age UK
Paul Lelliot	Director, CCQI	Royal College of Psychiatrists
Nat Lievesley	Senior Analyst	Centre for Policy on Ageing
Jan Lockyer	Project Manager Quality Improvement	Essex County Council
Paul Lynch	Quality & Compliance Manager	CLS Care Services Group
Ann Mackay MBE	Director of Policy	English Community Care Association
Karen Mandle	Practice Development Lead/ Medication Management Lead	The Orders of St John Care Trust
Martin Marshall	Director of Clinical Quality	The Health Foundation
Alyson Martin	Chief Executive	Somerset Care Ltd
Dr Finbarr Martin	President	British Geriatrics Society
Jonathan Mason	National Clinical Director for Primary Care and Community Pharmacy	Department of Health
Professor Nigel Mathers	Vice Chair	Royal College of General Practitioners
Michelle McDaid	Social Care, LG and Care Partnerships	Department of Health
Janet McGavin	Quality Advisor	Active Care Partnerships
Cecilia McKillop	Care Quality and Systems Manager	The Partnership in Care Ltd
Professor Julienne Meyer	Programme Director	My Home Life programme
Caitlin Milne	Communications Consultant	Kindlemix Communications
Graham Mulley	Past President of BGS	British Geriatrics Society
Janet Nock	Care Specialist (Medication Lead)	Anchor
Lelly Oboh	Consultant Pharmacist, Care of Older People	Lambeth PCT
Ruth O'Dea	Home Manager	The Orders of St John Care Trust
David Oliver	National Clinical Director for Older People	Department of Health
Ruth Palmer	Director of Professional Development and Standards	Royal College of General Practitioners
Neal Patel	Head of Corporate Communications	Royal Pharmaceutical Society
Jan Paterson	Registered Manager (Crowmoor House)	Shropshire Council
Carol Paton	Joint Clinical Lead	Prescribing Observatory for Mental Health
Dr Linda Patterson	Clinical Vice President	Royal College of Physicians
Tracie Peate	Registered Manager	Rylands Care
Fiona Penniston-Bird	Independent Non Medical Prescribing Development Consultant	
Neil Prime	Head of Analytics	Care Quality Commission
Imran Rafi	Medical Director, CIRC	Royal College of General Practitioners
David Richardson	National Programme Delivery Manager	Age UK
Dr Keith Ridge	Chief Pharmaceutical Officer	Department of Health
Simon Rippon	Care Home Manager	

Gill Robertson	Student Adviser	Royal College of Nursing
Professor Louise Robinson	Clinical Champion for Ageing and Older People's Health and Wellbeing	Royal College of General Practitioner
Annette Russell	Home Manager	CLS Care Services Ltd
Sunita Sahu	Old Age Faculty	Royal College of Psychiatrists
Tracy Savage	Head of Medicines Management Shropshire County Council and Keele University	NHS WM
Sheila Scott	Chief Executive	National Care Association
Richard Seal	Programme Consultant in Medicines Management	NHS West Midlands
Adrian Sief	Assistant Director - Engaging Clinical Communities	The Health Foundation
Dr Rhian Simpson	Consultant Community Geriatrician	Cambridgeshire Community Services NHS Trust
Jackie Smith	Care Homes Lead Pharmacist	NHS Bedfordshire
Nigel Sparrow	Chair of Professional Development Board	Royal College of General Practitioners
Dr Victor Standing	Pharmaceutical Adviser NHS Northwest SHA	Liverpool PCT
Emma Stone	Director, Policy & Research	Joseph Rowntree Foundation
Michelle Taylor	Reviews and Studies Programme Officer	Care Quality Commission
Prof Richard Thompson	President	Royal College of Physicians
Maddy Thomson	Programme Head Standards & Qualifications	Skills for Care
Andy Tilden	Head of Standards and Qualifications	Skills for Care
Ian Turner	Chairman	Registered Nursing Home Association (RNHA)
Frank Ursell	Chief Executive	Registered Nursing Home Association (RNHA)
Ruth Wakeman	Head of Professional Support	Royal Pharmaceutical Society
Imelda Walley	Registered Manager, Elderly Residential Services	Birmingham City Council
Claire Warren	Registered Manager	Doncaster Metropolitan Council
Susan Went	Senior Expert In Healthcare Quality Improvement	RCP/RCPysch/RCGP
Valerie Weston	Home Manager	The Orders of St John Care Trust
Jane Whitehouse	Pharmacist Advisor	NHS Direct
David Whitmore	Senior Clinical Adviser to Medical Director	London Ambulance Service NHS Trust
Debbie Wilkinson	Senior Care Assistant (Crowmoor House)	Shropshire Council
Ceri Wright	Care Homes Medicines Management Officer	Shropshire County PCT