

## NEWS RELEASE FROM THE REGISTERED NURSING HOME ASSOCIATION

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### RNHA REPEATS CALL FOR MORE COLLABORATION FROM NHS ON MEDICINES MANAGEMENT IN CARE HOMES

The Registered Nursing Home Association (RNHA) rejects the inference in the claims made in a report published today (7<sup>th</sup> February) by the Commission for Social Care Inspection that nearly half of all nursing and care homes fail to meet *all* of the national minimum standards on medication.

There are eleven individual standards within the medication standard and, in the RNHA's view, the CSCI inspection process is not sophisticated enough to give an accurate picture of which of those eleven standards are not being met. Some relate, for example, to storing drugs in metal cupboards or retaining drugs for seven days after the death of a patient.

It is possible, says the RNHA, for a care home to meet ten of the eleven individual standards, but to still be judged as having failed the overall standard.

Significantly, the latest CSCI report, at section 4.13, addresses controlled drugs – those drugs which are life threatening – and says “the management of controlled drugs has featured minimally as an indicator of poor practice”. Yet, as the RNHA points out, these are the drugs care homes need to ensure are not mismanaged, misused or maladministered.

Commented RNHA chief executive officer, Frank Ursell: “It would appear that we are getting this right and yet we are not being given credit for doing so.”

The RNHA has reiterated its recent call for greater collaboration between NHS-based pharmaceutical advisers and nursing homes on the safest and most effective ways of managing medicines.

A practical, evidence-based approach to ensuring that patients are prescribed and receive the most appropriate medicines for their health needs is essential, says the RNHA. The best way of ensuring that this happens is for all the available expertise and information in the NHS and care home sectors to be shared and acted upon.

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Said Mr Ursell: “Of course we, in the nursing home sector, want to maintain the highest possible standards in medicines management. We believe we are doing a much better job than the Commission’s most recent report would suggest at face value. But nursing home operators are open to constructive, helpful advice, especially where patient safety is concerned”

He added: “If the government wishes to fund more training for nursing home staff in medicines management, and if all primary care trusts wish to provide more intensive pharmaceutical support to nursing homes, we would very much welcome that help and advice. But if that is what they really want to do, they have a long way to travel from what they are doing now.”

The RNHA also challenges some of the assumptions made in the CSCI report, pointing out that it would be possible for a nursing home to be adjudged to have failed to meet the medicines standard by CSCI inspectors for reasons that were largely related to administrative and paperwork issues rather than practical safety considerations.

Said Mr Ursell: “What the CSCI report does not even begin to tell us in any objective and systematic sense is why some care homes may have failed to meet the national minimum standards for medicines management. This valuable information is simply not discernible from the document they have just published.

“We think the problems are more related to different interpretations of administrative tasks by inspectors and practitioners on the front line rather than because serious mistakes are being made. It is an argument for some serious, jointly commissioned research to be undertaken by the Commission and the nurses in charge of care in nursing homes. Otherwise, it is virtually impossible to know what action needs to be taken in order to meet the standards that have been set.”

The RNHA wants the Commission to stop waving fingers in the air and to start engaging in meaningful dialogue with the nurses who provide care on a day to day basis and the patients who receive it.

The association says it will be responding formally to the Commission with specific proposals for a strategy that will focus on practical steps that could be taken at a national and local level.

“The issue of medicines management should not be allowed to become a political football,” said Mr Ursell. “Those of us who provide care want to get it right and to be seen to get it right. Assuming that the inspectors and regulators want the same, we should all be working closely together to make sure it happens. As things stand, the care providers don’t get the feeling that they are receiving the common sense advice and help they need. Let us sort that out once and for all.”

He added: “Much is said in the Commission’s report about the amount of money being given by the government to local councils for the training of care staff in their localities. But we have no clear information about how that money is being spent and what, if anything, is allocated to training on medicines management. If this is a priority, we need to make sure the money is directed in the right way.”

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Notes to editors:

1. The Commission for Social Care Inspection has today published a report entitled *Handled with care – managing medication for residents of care homes and children’s homes*.
2. The Registered Nursing Home Association represents over 1,200 nursing homes throughout the UK.
3. The national minimum care standard for care homes set out eleven different targets to be achieved in medicines management.

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