Safety of medicines in the care home

Final project report – Phase two
March 2013

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

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1: Introduction

Safety of medicines in the care home is an ambitious cross-sector partnership project, funded by the Department of Health, aiming to improve the medicines pathway for residents in care homes.

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.

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 first phase of the project ran for nine months in 2011. 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. (A full list of members involved in the group is provided at the back of the report.)

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 and care home staff as well as doctors, pharmacists and to reduce the incidence of medication errors and near misses in care homes. Following feedback from care homes, prototype tools were developed.

The second phase of the project ran from March 2012 through to the final event held in February 2013. During this phase 163 homes were involved of which 82 fully participated in the testing – 50.3% response. The work aimed to provide evidence about how well the tools address the problems identified and how they will help to improve medication safety in care homes.

This document briefly summarises the work of the project so far, presents a summary of the feedback from the testing in phase two and pulls together the next steps suggested by the working group at the final event in February 2013 for work which should be taken forward. The aim is to roll out the resources and improvements on a larger scale across the sector, improving the quality and safety of care for all care home residents.

[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: Background and context

A collaborative approach to improvement

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 around medication safety in care homes and their potential solutions.

In 2011, this work developed into *Safety of medicines in the care home*, 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 by all professions working together for the benefit of people living in care homes.

Defining the problem

The partnership was specifically formed to try and address some of the issues raised by the CHUMS report (summarised briefly below). The group also took time to collect concerns and feedback from both care home staff and from carers and care home residents themselves. Key themes emerged about safety and standards relating to medication prescribing, administration and management in care homes.

The CHUMS report

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.

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."

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 formed a strong call to action to improve the use and safety of medication in care homes to protect vulnerable older residents.

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*[3] 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.

The report summarises their observations about medication in care homes and their suggestions for how and where improvements could be made. Feedback was 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.

[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).

[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 2013).

Views of care home staff

Comments and feedback about medication safety were collected from care home staff as part of the project.

Main themes where improvement was needed included:

- 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
- 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.

3: About the project: phase one

Areas of focus

During phase one of the project the working group met four times throughout 2011. Five task groups were created, all focusing on a different area of medication safety. 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.

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.

Developing prototype tools

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. Task groups were encouraged to focus on practice not policy, in order to develop practical solutions which would deliver improvement in small ways.

These prototypes were formally presented to the wider group at the fourth event in November 2011. An agreement was reached that the work should continue in 2012 with a formal period for the testing of the prototypes in care homes.

The tools are described in more detail in the next section.

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.

These included:

- ***Information technology and medication administration in care homes*:** an initial discussion paper outlining what IT systems are currently being used, delivered and developed to aid medication management in care homes.
- ***Preventing medication errors in care homes: review of publications:*** An evidence review summarising published evidence about interventions that make a difference. In total 243 publications were reviewed. Following exclusions, 64 documents relevant to care homes and community settings were included.
- ***Managing and administering medication in care homes for older people:*** A policy and practice review written by the Centre for Policy on Ageing (CPA). This focuses on administering medication in care homes, the prevalence of error, common causes and how these can be addressed.

- **Library of virtual resources**: During the project a vast amount of documents, tools and practice examples of varying quality were discovered. All have been listed, categorised and referenced. This collectively generated resource was made available to the group as a virtual library.

A toolkit of prototypes

Each task group worked together to produce 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.

In summary: the prototype tools:

- Residents' charter
- My record, my medicine, my choice
- Leadership guide
- Learners' workbook and training guide for employers
- A set of tools for identifying residents with deteriorating symptoms and for using homely remedies, including: *Symptom assessment tool, Homely remedies guide*, *Risk assessment tool*
- Top ten tips for prescribing
- Framework: making the best use of medicines across all settings.

Residents' charter

Description: 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 is it designed to 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 should it be used? Care providers and health and social care professionals involved in residential care are encouraged to embrace the principles contained in the charter. It should be displayed prominently in homes, doctor's surgeries and chemists, and made available to all residents and their families.

My record, my medicine, my choice

Description: 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 is it designed to 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 should it be used? The form will be used and held by the resident. Doctors, nurses, pharmacists and care home staff will help the resident to complete the form and ensure it remains up to date. It is a tool that can help residents engage in conversations about their medicines. It should be used in conjunction with the Residents' Charter.

Leadership guide

Description: *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 is it designed to 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 should 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.

Learners' workbook and Training guide for employers

Description: 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 Learners' workbook: safer medication in care settings contains information, case studies and exercises designed to build knowledge about medication safety in care home staff. The Learners' workbook has now been reviewed by Skills for Care to ensure it is consistent with other training materials and standards.

How is it designed to 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 should 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.

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

Description:

- **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 are they designed to 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 should they be used?

- **Symptom assessment tool:** is a simple to use form which helps to identify a deteriorating resident. A score is provided for different symptoms each of 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.
- **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.
- **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.

Top ten tips for prescribing

Description: A leaflet providing some simple guidance for doctors when prescribing for people in care homes.

How is it designed to 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 should it be used? The document is designed to be used by doctors to inform their prescribing practice when working with older people in care homes.

Framework: making the best use of medicines across all settings

Description: The framework document sets out the principles and underpinning recommendations for optimising medicines use across all settings with a focus on care homes.

How is it designed to 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 should it 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 provides an overview for the other tools and promotes the idea that placing the resident at the centre of care overcomes differences between professionals.

4: About the project: phase two

Phase two of the project began in March 2012, aiming to test and further develop the prototype tools developed during phase one.

Final test copies of the prototypes were developed which incorporated all the feedback and amendments suggested during phase one. These were provided as in hand copy and print friendly PDF versions.

A special workshop involving the project team and 16 care home managers was held in March 2012 in order to help define the measures the project would need to use when testing each of the prototypes. Following this event a detailed plan for the testing phase was developed by the project team and evaluation forms were designed and set up so that they could be completed online.

Testing then took place over a three month period from July 2012, following which the results were collated and reviewed by the project team. Phase two culminated with a final meeting of the project working group, held at the Royal Pharmaceutical Society on 19 February 2013. This was an opportunity to report back on the results of the prototype tools testing exercise and the lessons learned, present final amendments and make plans for the implementation of the toolkit resources.

The testing

Methodology and approach

The aims of the evaluation were to:

- obtain a range of opinions of the tools as a result of testing within a variety of care home settings
- establish which tools are considered to be of use by care homes and in which settings they are thought to be most useful
- gather sufficient information to be able to recommend next steps for each tool or a suite of tools.

The project team received a very positive response to their initial call for test sites. A total of 163 care homes undertook to test some or all of the tools and provide feedback, promising a good spread of different types and sizes of care homes across the country.

These homes were sent a printed version of the toolkit and provided with electronic versions in case they wanted to produce additional copies. Participating homes were asked to test a selection of the tools over a three month period towards the end of 2012, collecting feedback information to help measure the effectiveness of the prototypes. They also needed to ensure the involvement of associated doctors and pharmacists working with the home.

Homes could choose which tools they wanted to test. Most organisations chose to test multiple tools with a good take up of the topics covered by the toolkit. On-going telephone support was available from the project team throughout the testing phase.

A small group of pharmacists also expressed interest in the work and agreed to review the prototype tools.

About the care homes that took part

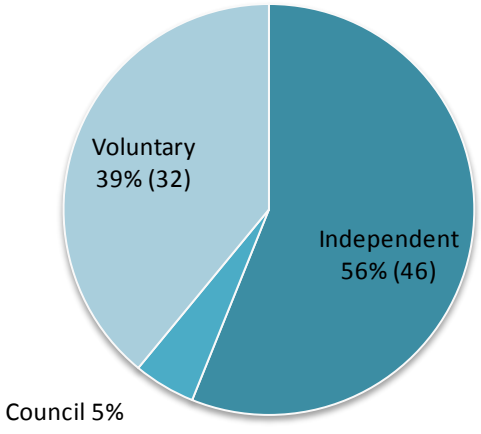
A total of 163 care homes initially signed up to test the tools. The smallest had four places and the largest had 112 residents. The median average size of home was 38 residents.

Of these homes, only 51% (82 homes) actually submitted their evaluation. Various reasons were given when homes decided to withdraw from the project, the most common being workload issues, staff changes or staff shortages.

Of the 82 homes who did submit feedback, 61% were care homes, while the remaining 39% were care homes with nursing.

Ownership of homes was varied. The majority (56%) were independently owned or run by the voluntary sector (39%) with the remaining 5% council-run.

Ownership of homes (within the 82 homes that submitted evaluations)



Participation

No. of homes agreed to participate:	163
No. of homes submitted evaluations:	82 (51%)
Number of homes withdrawn:	40 (24%)
Number of homes undertook to submit evaluations but did not:	26 (16%)
Number of homes did not engage:	15 (9%)

Reasons for non-participation

(Of the 40 homes that withdrew)

Workload:	18 (45%)
Staff changes:	10 (25%)
Staff shortage:	4 (10%)
Communications:	4 (10%)
Materials not received:	2 (5%)
Change of ownership:	1 (2.5%)
Residents not suitable:	1 (2.5%)

Geographical location of care homes

(of the 80 homes that took part)

Midlands:	31 (38%)
North:	25 (30%)
South East:	12 (15%)
South West:	12 (15%)
Northern Ireland:	1 (1%)
Wales:	1 (1%)

Evaluation findings

The evaluation showed that care homes found most of the tools to be helpful. Seven out of ten tools had 70% or more of homes wishing to continue to use them in the future.

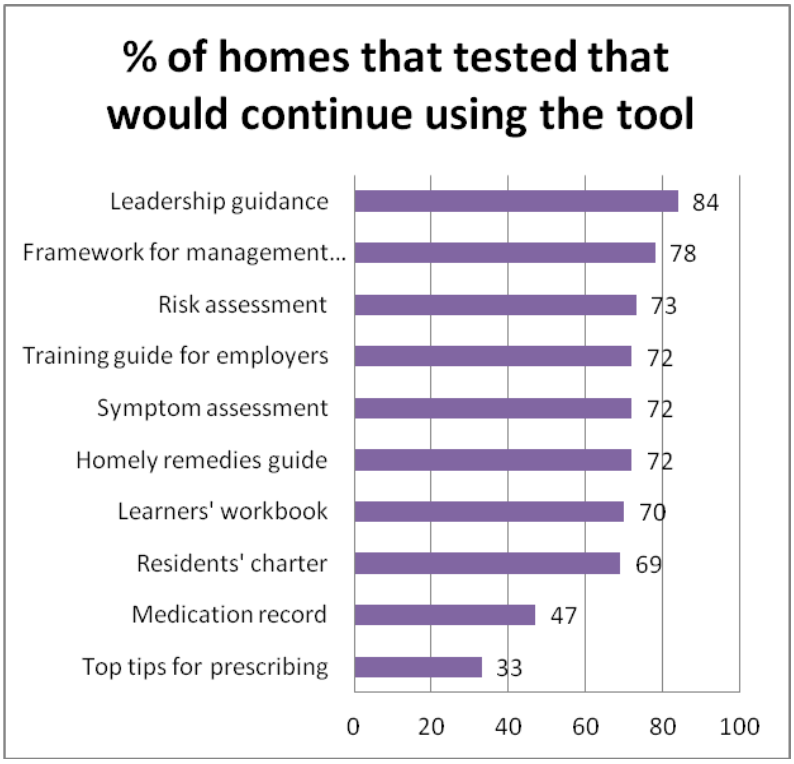
The leadership tool was the most popular tool (84%) especially amongst care homes without nursing where 100% that tested wished to go on to use it in future.

There were differences reported between care homes with nursing and those without when comparing which tools they wished to use, reflecting the different levels of skills and knowledge around medication management for different professional groups.

Key findings and feedback for each tool are summarised on the following pages.

In addition to the individual feedback received on each of the tools, 37 comments were also received about the tools as a collection. 86% of these comments were positive.

General comments about the tools as a collection included:



Would you wish to use this tool in your care home having tested it?
(n= no. of care homes)

Leadership guidance:	84%	(n=25)
Framework for management of medicines:	78%	(n=27)
Risk assessment:	73%	(n=49)
Homely remedies:	72%	(n=29)
Symptom assessment:	72%	(n=38)
Training guide for employers:	72%	(n=25)
Learners' workbook:	70%	(n=20)
Residents' charter:	69%	(n=52)
Medication record:	47%	(n=38)
Top tips for prescribing:	33%	(n=24)

"The feedback from staff is that tools gave them the understanding about why things were happening and felt more confident in the care they were delivering."

"We will continue to use the tools provided and also to encourage the residents to become self medicating."

"These tools are very well written and thought through for care homes where there is an absence of trained nurses."

"I think we already do most of the things that are to do with the tools."

"Overall most were useful tools and helped staff focus on safe management of medication."

Feedback from pharmacists who reviewed the tools included:

"We felt the project was very worthwhile, with some excellent tools for the homes and residents. We particularly liked the Medication Chart and we have now sourced an electronic version which we offer to all our homes. Overall, changing the concept of how medications are currently managed and testing new concepts against the current status quo is a really important step."

"It is a great piece of work which I see as being very practical to implement and facilitate some really positive changes."

"I've been working with care homes for five years. We need to remember that we are talking about someone's home. There's a balance between protection of the person and their freedom to feel at home in their own home. The prime thing to look at is the support that care homes get. We are there to support care homes and to make sure they get it right. We need to remember that the majority of staff in care homes care."

"I see these tools as fantastic support. We need consistent advice and messages – this is one step towards consistency. Care home staff are frightened about what happens if they get it wrong. We need to take the fear out of medicines by saying here is the support you need." Jackie Smith, Care Homes Lead Pharmacist, Bedford Clinical Commissioning Group

"The homely remedies tool was useful for homes that don't have a support network. Those care homes who tried the risk assessment tool said it would be a challenge to use it monthly. We found that we could combine the tools into our policies to point people in the right direction. The next steps are exciting." Jane Hinsley, Quality Consultant/Pharmacist, Bupa Care Services

Detailed feedback from care home managers included:

"We tested the residents' charter which we thought was a really useful tool. Using the tools made us look at our own internal systems for giving medication and helped inspire new systems. We use a key worker system where we work with a pharmacist to assess people's capacity when they are admitted to our home. We observe them for 72 hours to assess their capacity and ability to self-medicate. We want them to be as independent as possible and work with the pharmacist to identify people who can self-medicate." Melanie Haley, Care home manager, Doncaster

"We tested the learners' workbook in nine homes in the borough, alongside training. We also rolled out the use of medication cabinets and this helped to empower staff. We had confidence that staff had competencies but, at the end of the day, it's the manager who is responsible for medication. Having medicine cabinets in people's rooms is more person-centred and we have a central fridge for eye drops which is much safer. We do a weekly audit where we look at errors but we don't do a daily check of self-medication." Joanna Booker, Care home manager, Doncaster

Residents' charter

The Residents' charter (presented as an A3 poster, a pocket-size leaflet and an A4 easy read version) aims to increase awareness of residents' rights in relation to medication in care homes (with both residents themselves and with staff).

Homes tested the charter by displaying the poster prominently to staff and residents. In 74% of the homes, discussions also took place with staff about residents' rights and medication in the home, or staff and residents were informed about the charter.

In general the charter was well received in care homes with 69% of homes that tested the tool wishing to continue using it in future. Many homes felt that this was a 'vital document' which helped encourage conversation with residents, carers and with professionals visiting the home about residents' rights and medication.

Key findings: Residents' charter

- 52 homes tested the charter (19 care homes with nursing, 33 care homes)
- 69% of those that tested the charter wished to use it in future (79% of care homes with nursing and 64% of care homes)
- As a result of using the tool, 38% reported a change in awareness amongst staff/residents. 21% reported no change.

Positive comments included:

"Staff are more aware of residents' rights and it's given residents more confidence to express their opinions."

"Health professionals [visiting the home] are happy that residents are being made aware of their medication and also that these residents are wanting to know more and understand what they are taking."

"It made some of the residents ask questions about their medication."

"Staff have been made more aware of the service users' rights. It shows the staff that service users do have choices when decisions are made on what medications they are on, that the service user has a voice."

"Families have taken an interest in the charter. As a result, they have been asking questions... and are more aware of the conditions of their family members. They are now able to ask their GPs and pharmacists about medication."

The homes that found the tool less useful expressed concern about whether the tool was suitable for residents with dementia, many of whom were not able to engage in conversation about their medication.

My record, my medication, my choice

This tool is a template form for recording a summary medication record, designed to be used and held by the resident. It aims to empower the resident and also to improve information sharing around medication between all stakeholders.

This tool proved slightly less popular than other tools, with only 47% of homes that tested saying they wished to use the record in future. Feedback was mixed, often depending on the health and mental capacity of the average resident in a home.

Some homes were uncomfortable with residents taking more responsibility for managing their own medication and there was nervousness from some staff about who would be responsible for maintaining the record. Some fed back that there's "too much paper work already" and that keeping this updated wouldn't be helpful. Others commented that residents often had lots of medicines and didn't know what they were for. Again the issue of competency was raised as some homes deemed this tool inappropriate to use with residents who had dementia.

However, of the 140 residents who were involved in using the record, just over half said they found holding the medication record useful. Others either felt unable to hold the record, or didn't want to.

Key findings: Medication record

- 38 homes tested the summary medication record (13 care homes with nursing, 25 care homes)
- 47% of those that tested wished to use the record in future (44% of care homes with nursing, 54% of care homes)
- Of the 140 residents that tested the record, 72 said they found holding the medication record useful and 68 did not
- After testing, 29 (21%) more residents wished to hold their records than before.

Residents' opinions:

- In 22% of the homes responsibility for administration was an issue when self-medication was raised
- 40% raised capacity or lack of interest as issues around self-medication
- 35% suggested that they had better understanding / felt more informed / had more control with self-medication.

Staff responses:

- 16% of staff raised concerns about safety and service users' capacity
- 27% of staff suggested that independence or awareness was enhanced amongst residents as a result of using the medication record
- 27% of staff were happy with the medication record or considered it a good idea.

Comments included:

"All our staff thought it was a great idea and they are looking through it with residents which is making the care staff more aware of what each resident takes."

"They [residents] thought it was a good idea because they could independently show health professionals and relatives the medications they were on and why."

"Due to weekly medication changes, they [staff] were a little negative having to keep it up to date and change it regularly. [During] the pilot this ended up being the case because they quickly became wrong and out of date."

"It has been very hard to persuade residents to take part. They did not want to be responsible for their own medication."

Leadership guide

This booklet focuses on the leadership role of registered managers in care homes and demonstrates through a series of case study examples how managers can lead the improvement of medication practice in their care home. It is designed to be read by care home managers.

This tool had the highest acceptance rate in testing, with 84% of homes that reviewed the tool wishing to use it in future. People really liked the use of case studies and felt they could relate to the voices telling the stories as fellow care home managers who understood the sector.

Some said that it gave them confidence to make changes, and reminded them of the need to encourage person centred care and a multidisciplinary approach in the home.

Comments included:

"It has reminded me of the importance of looking at each resident as an individual and pursuing the person-centred approach. It highlights that when mistakes happen it can be turned into a learning [opportunity]."

Key findings: Leadership guide

- 25 homes reviewed the materials (15 care homes with nursing, 10 care homes)
- 84% of those that reviewed wished to use the tool in the future (73% of care homes with nursing and 100% of care homes).

Positive comments included:

- "Inspirational ideas"
- "Helps turn mistakes into learning opportunities"
- "Helped other staff understand their professional responsibilities"
- "Real life examples provided surprising amounts of insight."

"Gave inspirational ideas on how procedures could be improved upon, will keep referring to in the future. Made me aware of how we could improve things especially with new residents who may come into the home."

"It's informative and good for easy reference, and gives good advice on ways to improve communication around prescribing, dispensing and managing medications..."

"We have looked at flexibility of medication administration and continue to promote even greater communication within the multi-disciplinary team."

While not all homes who reviewed the document said that it prompted them to want to make changes in the home, others had already made changes as a result of reading the document and were sharing it with the staff team.

Changes included:

- Reviewing audit and training systems
- Introducing systems for self-medication
- Becoming more proactive with GPs re medication management
- Now assuming that new residents can manage medications
- Ensuring GP's carry out reviews
- Giving more choice to residents
- Change of audit responsibilities for manager and deputy.

Training guide for employers

This tool outlines the levels of training required for care home staff and what employers should look for in a training provider. It aims to set a standard for the frequency and content of training for medicines management in care homes.

A large majority of homes that reviewed the tool (88%) said they found it useful and informative, with nearly three quarters saying they wished to continue using the guide in the future.

Around 50% of homes said they would change their approach to commissioning training having read the guide. Others commented that the guide confirmed that their existing approach was sufficient.

Key findings: Training guide

- 25 homes reviewed the materials (12 care homes with nursing, 13 care homes)
- 72% of those that reviewed wished to use the guide in future (85% of care homes with nursing and 58% of care homes)
- 88% of homes found the guide useful or informative
- 12% of homes commented that the guide would be more useful for homes which did not provide nursing care.

Comments included:

"Extremely useful, we are proactive in sourcing training but this guide made it very clear what we should expect from trainers and what training would be the most appropriate and meet the expectations of the regulators."

"Very useful – we are using it on a day to day basis for information. It helps to explain symptoms and their appropriate over the counter remedies, which has been very useful to us, as well as outlining good practice. The commonly used medication guide is particularly useful in outlining brand names, usage, common doses and any side effects and cautions of the medication."

"It enabled us to reference our policy on medication and training and ensure that we were meeting good practice as well as national guidance."

Some homes found the guide too general in its guidance, or more geared towards residential care homes that don't have trained nurses available to administer medication.

Learners' workbook

The Learner's workbook contains information, case studies and exercises designed to build knowledge about medication safety in care home staff.

The workbook was tested in 20 homes, 70% of them said they would use the tool in future.

Homes that found the tool useful commented that it had helped to "heighten awareness" and "increase understanding" around medication. They found the workbook to be informative, comprehensive and to provide a "good refresher course".

Key findings: Learners' workbook

- 20 homes reviewed the materials (10 care homes with nursing, 10 care homes)
- 70% of those that reviewed wished to use in future (70% of care homes with nursing and 70% of care homes)
- 73 individuals received training and 19 provided individual feedback
- 3/20 homes commented that the materials duplicated in-house materials
- 3/20 homes commented that the materials were most suitable for non-nursing staff.

"[the workbook] has given a huge benefit to the home, and the medication practices are much smoother than they used to be."

A few areas were highlighted as missing from the workbook, including PRN medication and issues around recording.

There seems to have been a split between nursing care homes and care home staff in terms of how useful they perceived this tool to be. A few homes commented that the training was more suitable for non-nursing staff. Some suggested that "a variation for qualified nursing staff would be helpful", while other homes thought nurses didn't need additional training in medication.

Several homes either did not test the workbook because they already felt everything was covered in their existing training programme, or because their training programme was set centrally by the company and not locally.

In total 73 members of staff received training using the workbook, 19 of whom provided individual feedback on how they found the training:

15/19 staff positively reviewed the materials on an 8-point questionnaire.
Individual comments included:

- "very informative"
- "need more training"
- "need training to identify what medications are used for"
- "a test would be useful"
- "shorter refresher version would be good."

Framework: making the best use of medicines across all settings

The framework document sets out the principles and underpinning recommendations for optimising medicines use across all care home settings, with a focus on the four stages of the medication process: prescribing, dispensing and supply, administration, and monitoring and review.

This tool was tested by 27 homes, 77% of which would choose to use the framework in future. One home commented:

"This is an essential tool for care homes to use in the use of medicines".

Homes tested the tool in different ways:

- 86% of homes compared their practice against the checklists provided in the framework
- 57% asked staff groups to review their practice directly
- 61% reviewed the case studies provided.

Key findings: Framework

- 27 homes tested the materials (16 care homes with nursing, 11 care homes)
- 77% of those that tested wished to use in future (73% of care homes with nursing and 69% of care homes)
- 80% of homes found that the framework was successful in clarifying areas of responsibility within the home
- 60% of homes used the framework to review their practice including improving multidisciplinary working and resident reviews.

80% of homes found that the framework was successful in clarifying areas of responsibility within the home. Their comments included:

"We have found it helpful to revisit boundaries and make staff more aware of them."

"Now it is clear what is the responsibility of the pharmacist, GP and person dispensing/ administering/ supporting medication."

"When medication is prescribed by the different health professionals then this helps [us] to get in touch with the right person if there are any concerns. This framework helps to highlight the different processes and professionals involved..."

60% of homes used the framework to review their practice, including improving multidisciplinary working and resident reviews. Feedback showed that the framework helped homes to recognise gaps in their systems and to try to work more closely with doctors.

Changes made as a result of using the framework included:

"[We] intend for every new resident to be encouraged to take responsibility for medication with support wherever possible."

"We are trying to find ways of shortening drug rounds, particularly moving appointments and causing less disturbance to the nurse."

"We have tried to work with the GP to ensure prescriptions contain full directions and not just 'as directed', but we have found this very difficult."

"We have changed our drug rounds and are making sure that the length of time for each round is not taking as long. We have looked at the crushing of medication and we are now getting GP's to sign consent."

Other uses of the framework included:

- Used for supervision
- Used for writing care plans
- Used to enhance communications with GP's
- Used to support reflective practice.

Risk assessment

This risk assessment tool aims to help care staff identify residents who may be at higher risk of deteriorating health (due to their multiple health conditions and the multiple medicines they are taking) and to react accordingly.

It was tested with 610 residents across 49 homes. Some homes asked staff to complete a risk assessment for all their residents while others tested the tool as part of their periodic review processes.

Some clarification may be needed with homes about how and when the tool is designed to be used. Feedback showed that it had been used in

Key findings: Risk assessment tool

- Tested with 610 residents in 49 homes (including 21 care homes with nursing and 28 care homes)
- 73% of homes that tested wished to use the tool in the future (81% of care homes with nursing and 68% of care homes).

As a result of using the tool:

- Change in level of external support: 45% of homes reported no change and 6% saw a change
- Timeliness of interventions: 41% of homes saw no change and 18% saw a change
- Level of care: 45% of homes reported a positive impact on the level of care provided, 12% reported none.

different ways and many test sites were uncertain about how to use it. However in general feedback was very positive and the tool was liked, with 73% of homes finding the tool either helpful or very helpful.

One staff member reported that they had found it useful to use the tool when a resident developed a urine infection to help decide whether to get them medical attention sooner rather than waiting.

As a result of using the tool, only 6% reported that they made a change to the level of external support the resident was receiving from their GP or other health professionals. However 45% of homes reported a positive impact on the level of care provided as a result of using the tool.

"It gave us more of an awareness of the residents that were potentially high risk and therefore needed closer monitoring."

"I liked this tool very much and I am using it with all of my residents at the moment and will continue to do so. It highlights whether they are at low, medium and high risk and whether the resident needs to be reviewed more often by their GP."

"The tool hasn't really made any difference in the support of external professionals as a good support structure was already in place. It did give the carers a better understanding of why GP reviews and intervention are essential. The scoring gave them confidence."

Several homes commented that they thought the scoring system on the tool needed a bit more work as too many residents scored highly. Once this was addressed the tool would be more useful.

"We felt that the scoring needs to be reviewed as the majority were coming up as high when their GP did not agree and gave reasoned examples of where prescribed medications were required."

Symptom assessment tool

This form is designed to help care staff identify deterioration in a resident's health condition and react appropriately. 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.

This tool was tested with 264 residents in 36 homes. 72% of homes that tested said they would continue using the tool in future, although as with the risk assessment tool there were some issues with the accuracy of scoring.

Feedback was mixed from homes. Many managers reported that the tool had given their staff team more confidence to call the doctor or to make decisions without needing to check with the on call manager. Some staff also reported that the tool encouraged discussions with medical professionals which helped them to look more widely at other areas of residents' health, which was useful.

Key findings: Symptom assessment tool

- Tested with 264 residents in 36 homes (14 care homes with nursing and 22 care homes)
- 72% of homes that tested wished to use in future (including 57% of care homes with nursing and 82% of care homes)
- 64% of homes found the tool helpful or very helpful
- Change in level of external support: 36% of homes reported no change and 25% saw a change
- Staff reaction: 33% found the tool helpful in decision making. 11% thought most suitable for junior staff
- Care altered by tool: 28% found that the tool was effective in identifying symptoms, 11% did not.

"The symptom assessment tool enabled us to assess someone's changing needs in terms of identifying specific issues. Staff found this very helpful as a tool to specifically see where the problem area may be rather than just saying that someone had deteriorated."

"We were able to show professionals how we had reached our conclusions with the support of the tool."

"I felt that the tool helped back up my clinical decisions requiring support from external professionals."

"[It made staff] more effective and confident. They do not feel the need to call their manager for all situations as they have a better understanding of what is happening. They are better equipped to support service users."

Care homes with nursing tended to think that nurses didn't need the tool in order to assess residents and that this would be more useful for less qualified or experienced staff.

"We felt that in a nursing home setting our nurses were already assessing symptoms accurately and that the symptom assessment tool did not change much in how we arranged GP visits or medication reviews."

"I feel this tool may be more useful in a care home setting where there are no qualified staff to assess these symptoms. It is a useful guide. In my opinion a qualified nurse does not need this tool to make the right judgement."

"The nurse that we trialled the symptom assessment tool felt that it was highlighting parts of her job that she already knew how to do and had being doing for many years. The student nurse that was assisting the senior nurse however found the tool useful."

Homely remedies guide

This tool provides guidance to staff on how and when to provide non-prescription medication to residents in order 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.

This tool was tested with 425 residents across 29 homes. It was a popular tool, with 83% of homes finding it helpful and 72% saying they would like to continue using it in future. However the detailed feedback shows that homely remedies is an area of anxiety for care home staff and while many liked the tool, they remained nervous about using it due to the burden of responsibility around giving medication that has not been prescribed by a medical professional.

Key findings: Homely remedies guide

- Tested with 425 residents in 29 homes (14 care homes with nursing and 15 care homes)
- 72% of homes that tested wished to use in future (including 86% of care homes with nursing and 67% of care homes)
- 83% of homes found the tool helpful or very helpful
- For 31% of homes the guide did not cause a change in practice, for 27% it did
- 34% saw a fall in individual prescriptions, 28% did not.

Over a quarter of homes that tested changed their practice around homely remedies as a result. One home started using homely remedies for the first time, and another said they had increased the list of homely remedies they could administer themselves. Another home said that as an organisation it had prompted them to instigate a new homely remedies policy and procedure utilising much of the guidance provided.

34% of homes saw a fall in the number of individual prescriptions as a result of using the tool.

"The guidance on homely medications and when to use them was extremely useful and we used this to re-write our policy and procedures and then trained staff in the new policy. We have found that homely remedies are now being used effectively with patients."

"In discussion with the GP and community matron all medications have been reviewed and many occasional medicines are in the process of being removed and put on homely remedies."

"We found that we did not have to contact the GP as often for one off prescriptions as the homely remedies could be used."

The homes that found the tool less useful tended to be ones who already had strong procedures in place around homely remedies, or who did not have agreement from GPs to use homely remedies at all.

"We already have a homely remedies policy and each individual has an agreed list of medications that can be given so there has not been a great change in this area."

Additional comments emphasised the ease of use of the flow charts (with 83% of homes finding them helpful or very helpful) and the support provided for decision making.

Top ten tips for prescribing

This leaflet provides simple guidance for doctors, designed to inform their prescribing practice when working with older people in care homes. The guidance is also designed to be useful for all professionals working in care homes.

This tool was tested across 24 homes. Care homes shared it with the GPs they worked with and some homes also displayed the leaflet within the home and shared it with staff.

Key findings: Top tips for prescribing

- 24 homes tested the materials (13 care homes with nursing, 11 care homes)
- 33% of homes that tested wished to use in future (38% of care homes with nursing and 27% of care homes)
- The tool was displayed in 58% of homes that tested.

This tool got the lowest score of all the tools, with only 33% of people who tested it wanting to continue using it in future. Detailed feedback shows that while care home staff found the top tips useful themselves, the GPs they shared the leaflet with were less keen and found it patronising. The suggestion was that this was information GPs are already familiar with and taking into account in their prescribing decisions.

"The GP's viewed the top ten tips for prescribers but did not feel they were of any benefit to them."

"A senior staff member explained the poster to the GP and what it was for; he felt that it was slightly patronising and that it was trying to teach an old dog new tricks."

Instead, care homes suggested it was more useful as a tool for care home staff to add to their best practice framework. They thought the tool would give them information and confidence when discussing prescribing decisions with GPs.

"It could be used to make the staff more aware of things the GP should and does consider when prescribing or stopping medication."

"We do not have nurse prescribers in the home but using the top ten tips encouraged the staff to ask important questions and it sparked some healthy discussions between staff regarding medications prescribed and used."

"It is useful for care staff to take with them to GP and consultant appointments, to remember to ask relevant questions. It reduces the fear of questioning and feeling silly."

Learning

The majority of managers and care home staff recognised the issues that the project sought to address and were keen to be involved in the project and provide their input. Care home managers felt that the approach of the project empowered them and recognised their pivotal role within the care home and helped them to fulfil the role of a residents' advocate and to be able to work alongside and challenge other professionals.

The tools presentation and usability were generally praised and many homes expressed an interest in going on to use the tools in the future.

Take up and interest in the tools depended on individual care homes' attitudes and their management context. It cannot be assumed that all homes would wish to take up all the tools, there were differences in attitude to the tools both within and between the different categories of care homes. A case by case approach allowing the tools relevance to be assessed by each home would probably provide the best outcomes. All homes said that they would wish to adopt a 'pick and mix' approach to uptake of the tools.

Care homes are extremely busy places and this was reflected in the mismatch between the number of homes that wished to engage with the project and the number that actually did. In addition, the ability to submit detailed evaluations was compromised by lack of time for a significant number of the participating homes. Many staff felt the tools were succinct and would reduce some of the excessive documentation and repetition.

It was clear throughout the implementation of the project that multiple demands are placed on care homes especially in the area of standards and audit. If improvement tools are to be successfully introduced then the staff that are expected to introduce them need to have the time and resources at their disposal to do so effectively.

Communication issues within care homes were noted; for example when home managers changed it was usually the case that the project was not handed over to the new manager. At the organisational level there were a number of occasions when staff with a remit over a number of homes failed to communicate information about the project to the care home managers and this reduced buy-in.

The residents' charter had the effect of empowering residents and their carers to feel they had the right to information about their medicines purpose and how they were administered. This was generally agreed upon with the exception of a significant number of care homes where many residents have dementia conditions. Amongst care home staff there was a general perception that the materials that were resident centred were not relevant for people with dementia. An inclusive approach to these tools should illustrate their relevance to people with differing needs and enable residents and families to be involved in these important areas of care.

It is important that care home managers are included in initiatives about improving standards and practices in care homes. Many said they were not included in developing new initiatives within the sector. They said they felt they could add to new ideas using their experience as demonstrated in their involvement in this project. Managers need to be supported by the providers and any future involvement the resource allocation needs to be considered.

An issue that emerged early on in the project was how other professionals at times fail to take into account the views of managers and staff who work in care homes. Managers reported back that their involvement in the project help to raise their statues amongst their colleagues.

Throughout the testing phase comments were being made about the tools not being suitable because their resident group was people with dementia. These comments came from care homes with nursing more than care homes. Whilst some of the tools and advice contained within the tools may not be appropriate for everyone it is still believed that the tools are based on a personalised approach and therefore could be used for all residents and applied in practice at different levels.

Staff from the care homes often expressed anxiety during the testing phase about the role of the CQC, contract monitoring teams and other teams that assume a monitoring role within care homes. It was common to hear of the different and often inconsistent advice about the management of medicines. The overall view was that the tools were clear and concise and many staff would like these to be adopted within the sector and other visiting teams to the care homes also adopt them to enable a consistent approach.

5: Suggested next steps

The working group met for a final event at the Royal Pharmaceutical Society on 19 February 2013 in order to discuss the findings from the evaluation and agree suggested next steps for the project. The findings of the testing were presented and discussed with stakeholders.

The following bullet points summarise the next steps suggested by the working group:

- **Take forward all of the tools:** It was agreed that all of the tools had been generally well received during the testing and are worth taking forward to spread more widely across the care home sector. Some need some further amendments before this is done (as summarised below).
- **Develop guidance notes:** to sit alongside the tools and explain how they were designed to be used and how care homes have found it useful to use them so far. This guidance could also give advice on how homes should come to a shared agreement with GP's before using the tools. Guidance could also encourage homes to adapt the tools for local use, incorporating them into their local policies and building them back into the framework tool.
- **Consider stronger use of case studies:** It was agreed that case studies had worked well in the leadership guide and had been well received. They bring things to life, make people feel important and understood. Some members of the group suggested more case studies could be added to some of the other tools to help demonstrate how the tools can be put into practice. It was also suggested that the central website to host the whole toolkit could be constructed so that users identify the tool they want by working through case studies.
- **Make the tools available individually and as a collection:** so that care homes can use all or some of them, depending on their local needs.
- **House electronic versions of tools in one online location:** Options were discussed for where these tools could be housed (i.e. on partner organisation websites or via the Department of Health website). It seems most sensible that all the tools should be downloadable from a single location which can be linked to from all partner websites, making it easier to manage version control if further amends are made.
- **Maintain the project branding on final versions of the tools:** to ensure continuity and buy in, this includes making clear the endorsement by all partner organisations. They should retain their emphasis on *supporting* care homes.

- **Organise a national roll out:** including a high profile launch of the final toolkit. Suggestions included working closely with GPs to gain their support to take this work forward and continuing to work closely with the Department of Health. The tools should be signposted to and promoted via all of the partner websites. Use of the tools should also be encouraged through the CQC and adult social centre review teams.
- **Make sure the tools feed into developing NICE guidelines:** The tools should feed into and sit alongside the emerging NICE guidelines/quality standards on medication in care homes.
- **Organise an annual update event and ongoing review of tools:** Members of the working group were keen to be included in an annual meeting where they could discuss how the tools are being used, give continued momentum to the use and development of the tools and identify any further gaps there are in knowledge and skills.

Suggested specific amendments to the tools

- **Residents' charter:** It was agreed this was a very important part of the toolkit and doesn't need any changes.
- **My record, my medicine, my choice:** Make the medication record available electronically so it's easy and practical to update and we move towards an online system.
- **Leadership guide:** no amendments.
- **Training guide for employers and learners workbook:** Develop the learners' workbook to include case studies. But do not make this a professional qualification; it's more of a "skills on the job" tool. The group felt that a competency tool could be added to this guide.
- **Symptom assessment tool:** Redevelop this tool so that it is aimed more at care home staff than at nurses. Include a "scale" of options so that the recommendation is not always to call the doctor. This tool could be adapted for use in each care home based on local resources, for example local social services and GPs.
- **Homely remedies guide:** Include guidance or principles with the homely remedies tool so that advice can be incorporated into a service's local policy.
- **Risk assessment tool:** Rework the scoring system in the risk assessment tool so that it has a baseline value for "risk" and share the methodology for how the score was worked out. Reframe the tool around "patient safety". Organise a set of workshops with case studies to include these in the tool.
- **Top ten tips for prescribing:** Redevelop this tool so that it is clearly aimed at care home managers rather than GPs. Consider a new title such as 'Top tips for care homes' or 'Top tips for understanding medicines'. Include mention of polypharmacy and the need to reduce this in care homes. Plan for regular updates as issues change.
- **Framework: making the best use of medicines across all settings:** Consider adding another tool to the suite – a competency assessment tool. This would assess staff's ability to put theory into practice and could sit alongside the learners' workbook.

Concluding comments

It was agreed at the event on the 19 February 2013, that the finished tools would be held by all of the partners. Toolkits will be sent to them for inclusion in their websites for ease of access.

The work of the project to develop and further test the toolkits is now complete. The remit of NICE has been extended and one of the first commissions from the DH is to take forward the work by developing practice guidance and quality indicators.

Dr Keith Ridge, Chief Pharmaceutical Officer, Department of Health:

"I've never seen a sector come together so well to take control of an issue that, at the end of the day, is about delivering better services for residents. There's always more to do but I've seen an impressive level of 'getting things done'. I can sense the level of commitment to continue with this and it has taken the support of all the organisations in this room to develop [the work so far].

"As many of you know, in April NICE will expand to cover social care. It will be looking at medicine management in care homes and that work is going to start very soon with the output being available in January 2014. The work of this group is an important part of that work. There will be a care and support white paper and NICE will be a key driver. We want to know what care looks like for commissioners, for patients and hope that many of you here will respond to the consultation.

"We are beginning to develop a strategic approach to making the most of medicines. It takes energy, commitment and time. I guarantee to do my very best to make sure the work of this group is well known. It's the beginning of a new culture in the sector towards safe medicine use in the care home environment.

"I hope you are thinking about how best to take these messages back to your organisations. Don't let it drift. It requires a level of engagement across all sectors. This is not just a pharmacy issue, it's a multi-dimensional issue. At the end of the day it's about collaboration."

There has been a high degree of cooperation and collaboration by the working group with an impressive level of commitment to seeing improvement in the safety of medicines and medication management within care home settings. This has been made possible by a genuine willingness to see the difficulties identified by the CHUMS research as well as subsequent regulatory reports as a shared responsibility. However it has become clear during this project that this level of commitment and leadership to joint approaches will continue to be necessary. At the final workshop session all key partners indicated a willingness to review progress on an annual basis.

Appendix

Safety of medicines in the care homes workshop participants

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 Intelligence 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	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
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Helen Gordon	Chief Executive	Royal Pharmaceutical Society
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Martin Marshall	Director of Clinical Quality	The Health Foundation
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Professor Nigel Mathers	Vice Chair	Royal College of General Practitioners
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Janet McGavin	Quality Advisor	Active Care Partnerships
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Prof Julienne Meyer	Programme Director	My Home Life programme
Caitlin Milne	Communications Consultant	Kindlemix Communications
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Dr Keith Ridge	Chief Pharmaceutical Officer	Department of Health
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