

CSCI special study report

Handled with care?

Managing medication for residents of care homes
and children's homes – a follow up study

February 2006



Vision and Values

The Commission for Social Care Inspection aims to:

- put the people who use social care first;
- improve services and stamp out bad practice;
- be an expert voice on social care; and
- practise what we preach in our own organisation.

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Handled with care?

Managing medication for residents of care homes and children's homes – a follow up study

Commission for Social Care Inspection

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Executive summary

The value of medication is the benefit it provides children and adults in improving the quality of their everyday lives. Appropriate medication, taken as intended, has the capacity of sustaining and maximising people's independence and personal dignity.

The management of medication in care homes and children's homes is therefore one of the most important aspects of care for some of the most vulnerable people in this country.

Residents of care homes and children's homes register with an NHS doctor to access medical care. They obtain their medicines from a community pharmacist or dispensing GP. The prescribed medicines are usually supplied at no cost because these residents qualify for free prescriptions.

Medicines are a valuable commodity that the care home or children's home is entrusted to keep safe on behalf of the resident or young person.

Where adults and children need medicines, they differ in the degree to which they are able to manage the administration of medicines themselves. Some may be fully self-sufficient, while others may be wholly reliant on the support of care workers in the home. In many cases they may be vulnerable to the risk of mistakes being made – and at worst, some may be in danger of abuse through the wilful mal-administration of medication.

Homes have an obligation to ensure that the benefits to residents of receiving medication are not compromised by their failure to handle it with care.

The evidence from this report is that homes are still not placing enough importance on this critical area of care.

In March 2004, the National Care Standards Commission (NCSC), a predecessor organisation to CSCI, reported on homes' performance on managing medication. The report identified significant deficiencies in homes' performance and practice and was instrumental in focusing attention on the need for homes to take urgent remedial action.

The key areas of poor performance identified in the NCSC report were;

- wrong medication being given to residents;

- poor recording of medicines received and administered;
- medicines being inappropriately handled by unqualified staff;
- medicines being stored inappropriately.

Professional bodies have responded with a number of initiatives designed to help homes manage medication. Councils have also received and passed on government grants to support training of the social care workforce in the private and voluntary sectors.

This follow-up study revisited the management of medication to find out if homes had improved their performance. It used statistical information that the Commission gathers from rating homes against national standards and enhanced this with qualitative data from inspectors to highlight best and poor practice. Complaints about the way homes manage medication were also examined.

The report shows that there has been some slight improvement in performance overall, with the exception of nursing homes for older people.

But the rate of improvement in such a crucial area of care has been disappointingly slow, with nearly half the care homes for older people and younger adults, providing 210,000 places for residents, still not meeting the minimum standard relating to medication.

The primary responsibility for this failure rests with the homes themselves.

Care homes appear to find it particularly difficult to sustain reasonable performance in this area. Their lack of responsiveness to inspectors' follow up visits suggests that they do not have sufficient incentive to make changes, despite the risk of prosecution.

Geographical analysis shows a wide variation of homes' performance in meeting the medication standard from one area to another, mirroring the findings set out in our recent report on the State of Social Care.

The report also highlights the need for the Commission to be more alert to how homes respond to the individual cultural needs and preferences of residents. Homes in turn need to be proactive in this area to ensure they properly safeguard all people in their care.

The broad range of evidence used for this report has strengthened the finding that homes need to address core management issues – such as training of staff and the development and monitoring of practices and procedures – to safeguard residents from abuse through medication mismanagement and to maximise their wellbeing.

The reasons that homes fail to manage medication properly have changed little. Indeed, the failures are no different from those set out in the earlier NCSC

report. Homes do not appear to have learnt from past failings and expenditure on training does not seem to have had an impact on this area of quality.

Of particular concern is the very high percentage of homes, which having achieved the minimum standard, then slip back and fail.

Homes already have access to help in managing medication and need urgently to focus on becoming competent in this critical area, using the guidance and training that is available to them.

The measures care home owners need to take can be secured within their resources. Other agencies can also help:

- In line with government expectations, councils expect, over the last three years, to have directed **training grants** worth £48 million to improving the qualifications of care workers in the private and voluntary sectors. The training grant for this purpose has been extended for another two years;
- Primary Care Trusts need to take more active steps to ensure that **monitoring** the prescribing of medicines in homes is given a higher priority and that **support** is given to homes in developing safe working practices; and
- The National Patient Safety Agency (NPSA) has developed **tools** to assist NHS organisations to learn from errors, including drug errors. These are not yet available to homes in the private and voluntary sector looking after NHS patients. We believe they should be.

There is no escaping, however, that homes themselves need to put their house in order and place medication management at the top of their agendas.

We recommend:

- **that all care homes and children's homes urgently review their policies and practices in managing medication and demonstrate progress by supporting and closely monitoring the practices of their care workers;**
- **that councils continue to support improvement in homes' practice through staff training programmes, joint initiatives with NHS primary care organisations and through service commissioning plans;**
- **that councils hold discussions with homes and training providers in their area to ensure that available training grants are being directed to rectifying performance deficiencies relating to the management of medication;**
- **that NHS primary care organisations acknowledge and act on their responsibility to support health care provision within private and voluntary care homes and children's homes;**
- **that the Healthcare Commission monitors primary care organisations' performance against this expectation, for example by looking at**

- mechanisms such as the PCT Annual Health Check;**
- that homes address how medication is administered to people from different cultures;**
 - that CSCI's commitment to ensuring that inspectors incorporate in their judgement about medicine administration in homes issues around appropriate sensitivity to residents' cultural needs , is endorsed;**
 - that the learning resources developed by National Patient Safety Agency are actively promoted to the private and voluntary care sector where NHS patients are cared for; and**
 - that new inspectorates taking on the function of regulating and inspecting care services carefully consider how they will access pharmaceutical advice at both senior and local level from 2007 onwards.**

Introduction and context

The Commission for Social Care Inspection (CSCI) was established in April 2004 to regulate and inspect social care services in England and to promote improvement in their quality.

In March 2004, the National Care Standards Commission (NCSC), a predecessor body to CSCI, published a report on the management of medication in care services¹ and recommended that CSCI monitor care providers' progress against the medication standard.

This report fulfils that commitment.

1.1 Health Select Committee Report on Elder Abuse

Misuse of medication is a form of abuse and in April 2004 the Health Select Committee published a report on elder abuse² which recommended that CSCI ensures that medication systems within care homes and domiciliary care reflect good practice and that good practice procedures that exceed the minimum standards are published.

This report responds to the Select Committee's recommendations in relation to care homes.

The Commission has published detailed guidance on how the medication standard for domiciliary care agencies should be implemented.³

The process of registering and inspecting domiciliary care agencies commenced in 2004-05 and is still ongoing and the Commission will report on medication systems within domiciliary care agencies later this year.

This allows domiciliary care agencies time to establish and implement safe working practices for medication in accordance with the guidance.

1 The management of medication in care services 2002-03, National Care Standards Commission 2004 see www.csci.org.uk.

2 House of Commons Health Committee "Elder Abuse" Second Report of Session 2003-04, HC111.

3 Administration of medicines in domiciliary care, Commission for Social Care Inspection 2006 see www.csci.org.uk.

In line with the Commission's responses to the Select Committee in July 2004 and July 2005, joint working between CSCI and the Healthcare Commission has increased and a Joint Board of senior managers has been set up to steer joint working.

Senior pharmacists in both commissions continue to maintain regular contact. Their key objective is to influence government and professional organisations to support an improvement agenda in medication handling by both health and social care providers.

1.2 Legal and other requirements on care homes

Care homes in England must register with CSCI and are legally required to conduct their business in accordance with the Care Homes Regulations 2001.⁴ Children's homes are similarly required to register with CSCI and conduct their business in accordance with the Children's Homes Regulations 2001.⁵

Although the wording differs between the two sets of regulations, both care homes and children's homes have a legal obligation to look after the medication of the people for whom they care.

Alongside the regulations, national minimum standards (NMS) are published by the Department of Health for care homes and children's homes.⁶ Although these standards are not legally enforceable, they do set out achievable outcomes for people using these services and therefore identify what care providers need to do in order to meet their legal obligations.

The standards address issues of:

- privacy and dignity;
- residents' choice and control over their own lives;
- how cultural and social, spiritual and educational needs are met;
- health and well-being;
- the quality of the physical environment; and
- protection from harm and abuse – physical, emotional, financial or sexual.

Medication is included in the group of standards concerned with the health and personal care of adult residents, and those concerned with the quality of care of children in care homes.

4 Care Homes Regulations 2001 see www.csci.org.uk.

5 Children's Homes Regulations 2001 see www.csci.org.uk.

6 The Department's standards for three types of homes – older people, younger adults and children can be accessed on www.csci.org.uk and are reproduced at Appendix A.

On 11 January 2006, a Ten Minute Rule Bill, extending the force of the Human Rights Act 1998 to cover bodies regulated under the Care Standards Act, was laid before Parliament.⁷ If the Bill progresses it may be effective in tackling abuse in care homes, such as the misuse of medication.

1.3 The importance of standards on the management of medication in homes

The standards on medication provide a baseline for assessing the management of medicines in care homes for older people and younger adults, and in children's homes. Homes bear day-to-day responsibility for the care of their residents, many of whom have complex physical and mental health needs.

Where adults and children need medicines, they differ in the degree to which they are able to manage the administration of medicines themselves.

Some residents may be fully self-sufficient while others may be wholly reliant on the support of care workers in the home. In many cases they may be vulnerable to the risk of mistakes being made – and at worst, some may be in danger of abuse through the willful mal-administration of medication.

All homes are therefore expected to manage the administration, storage and disposal of medication appropriately with the precise requirements varying in detail according to the type of home and the capacity of the individual concerned.

1.4 Other reports and initiatives around the management of medication

It is important to consider this report in the context of other initiatives by the Department of Health and professional bodies.

The National Service Frameworks for Older People⁸ and Children⁹ both include guidance about medication management, particularly for older people in care homes and for looked after children. The Royal Pharmaceutical Society of Great Britain has also published a guide to the administration and control of medicines in care homes and children's services,¹⁰ which is widely used by care providers and the Commission as a template of good practice.

The role of the Commission does not extend to assessing the appropriate prescribing

⁷ Care of Older and Incapacitated People (Human Rights) Bill.

⁸ National Service Framework for Older People see www.dh.gov.uk/publications.

⁹ National Service framework for Children see www.dh.gov.uk/publications.

¹⁰ The administration and control of medicines in care homes and children's services see www.rpsgb.org.uk.

of medication, as there is an expectation that NHS primary care trusts will encourage good clinical governance by prescribers and suppliers of medicines within the NHS.

Since the publication of the NCSC report on medication in 2004, other agencies have provided training materials and support for care providers through written guidance. CSCI has been pleased to work collaboratively with the National Children's Bureau (NCB),¹¹ Action for Real Change (ARC)¹² and Skills for Care.¹³

We believe that these initiatives have provided a range of useful tools to assist homes that want to improve the outcomes for, and experience of, their residents.

11 National Children's Bureau (NCB) see www.ncb.org.uk.

12 Handling Medication in Learning Disability Social Care Settings – a guide and training framework for social care organisations see www.arcuk.org.uk.

13 Knowledge and Skills Set – Medication see www.skillsforcare.org.uk.

The investigations carried out for this report

This report investigates the management of medication in care homes and children's homes drawing from four sources of information:

- the performance of homes in relation to the medication standards, since the NCSC report;¹⁴
- the use by councils of elements of the National Training Strategy Grant to support the training of care workers in the private and voluntary sectors;
- the results of surveys of CSCI regulatory and pharmacist inspectors; and
- complaints to CSCI about the administration of medicine in homes.

2.1 Performance against medication standards

The Commission's inspectors rate a home's performance against each standard, and score it on a scale of 1 to 4. Scores of 1 and 2 mean that the standard has been judged not to have been met, the score of 2 denoting that the failure is down to a more minor issue.

Scores of 3 and 4 mean that the standard has been met. In the case of a home scored 4 the standard is judged to have been exceeded. These data are stored on the Commission's database.

The scores for the medication standards are analysed:

- by the council area of the home;
- by provider type; and
- by nursing homes as against other types of home.

The results presented in **Chapter 3** are based on an analysis of scores as at the end of 2004-05 and are compared with the results from the earlier report, which captured the position as at the end of 2002-03.

¹⁴ The conclusions and recommendations from the earlier NCSC report are reproduced at Appendix B for reference.

Of particular interest is whether homes have improved in areas relating to;

- the way they give medicines and securely look after them for residents;
- the records they keep; and
- the training they provide for care workers.

These are all areas where the earlier report showed they were performing less well.

2.2 Councils use of National Training Strategy Grant

From 2003-04 onwards, councils have received grants from the Department of Health to raise the qualifications of the social care workforce.

Chapter 3 includes an analysis of how councils have used the National Training Strategy Grant to support qualifications training for care workers in the private and voluntary sectors, a clear expectation of the Department in giving this financial support.

2.3 Surveys of inspectors about homes with the best and poorest performance

Having identified homes with the best (score of 4) and poorest (score of 1) performance in relation to medication standards, we sent questionnaires to those regulatory inspectors who had undertaken the inspections. The objective was to explore aspects of best practice on the one hand, and how to prevent poor practice on the other.

The two questionnaires used are reproduced in Appendices C and D.

The Commission employs a number of pharmacist inspectors who are a resource both to regulatory inspectors and to care providers. A third questionnaire was designed to capture their particular experience and views of the main medication issues in care homes and children's homes (see Appendix E).

Pharmacist involvement can be triggered by regulatory inspectors who might want a second expert opinion on the practice of a care home that they have inspected. Their advice can also be sought by care providers, including homes, seeking help on a medication matter.

Pharmacist inspectors usually go back to a home, where an inspector has had a concern, to review the assessment of the medication standard and to assist in improving practice.

2.4 Complaints about medication

The Commission collects information on complaints about services, which may originate from either residents of homes or their visitors. A category of complaints relates to medication and these have been analysed in order to gain additional insights into the administration of medication in homes.

Chapter 4 of this report brings together the findings from the surveys of inspectors and the analysis of complaints.

2.5 Conclusions and recommendations

These are set out in **Chapter 5**.

Are homes getting better at meeting standards for the management of medication?

3.1 Care homes for older people and younger adults

CSCI inspects care homes on the basis of whether an individual home provides care predominantly for adults aged over 65 years (care homes for older people) or aged under 65 years (care homes for younger adults).

Most residents in care homes for older people are over 75 years old. Older people are the highest users of medication on a regular basis. The safe management of medication within a care home for older people is therefore of prime importance.

Younger adults who are in residential care may have a variety of disabilities (for example, sensory impairment, learning or physical disability) or problems with mental health or substance misuse.

For this group of people, support for self-administration of their medicines is of great importance. It is highly likely that many residents will have been prescribed medication on an ongoing basis but this does not usually involve so many different medications as for older people.

3.2 Performance against the standard

Between March 2003 and March 2005, the proportion of homes meeting the medication National Minimum Standard ('the standard') has increased from 44.7% to 55.5% for homes for older people, and from 45.9% to 61.5% for homes for younger adults. Homes for younger adults outperform those for older people.

Whilst any improvement is encouraging, it should be placed in context. The standard for medication is amongst the most infrequently met in care homes, and the improvement in performance is slow compared to the marked improvement seen in many other standards over the past three years.

By 31 March 2005, there were still 5,140 of the 11,543 homes for older people and 3,058 of the 7,939 homes for younger adults failing to meet the standard. This represented 210,000 places, just short of half the total residential care market, that were in homes failing to meet the minimum required of providers for the safe management of medication.

3.3 Performance of nursing and personal care homes

Care homes are registered according to whether or not they provide nursing care in addition to personal care. Homes offering only personal care have shown improved performance against the standard over this period, although from a very low base.

Whilst the percentage of nursing homes meeting the standard was higher than those providing personal care in March 2003, improvement in performance of nursing homes has been stagnant since then. As a result, the percentage of both types of home meeting the standard is now almost identical.

Figure 1: Homes for Older People – Performance on the Medication Standard by Type of Home: Percentage Standard Met

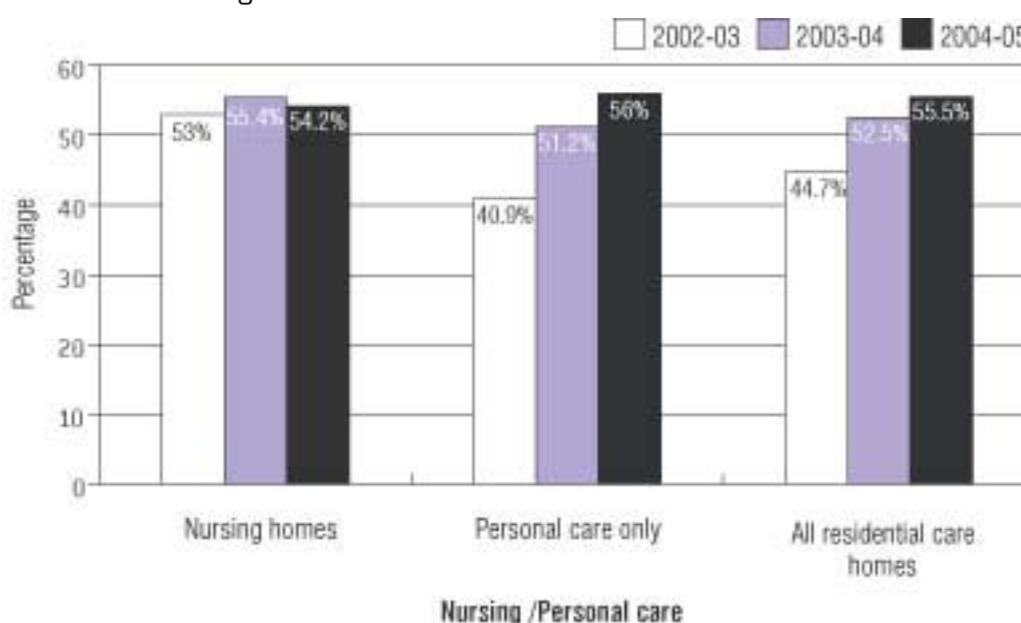
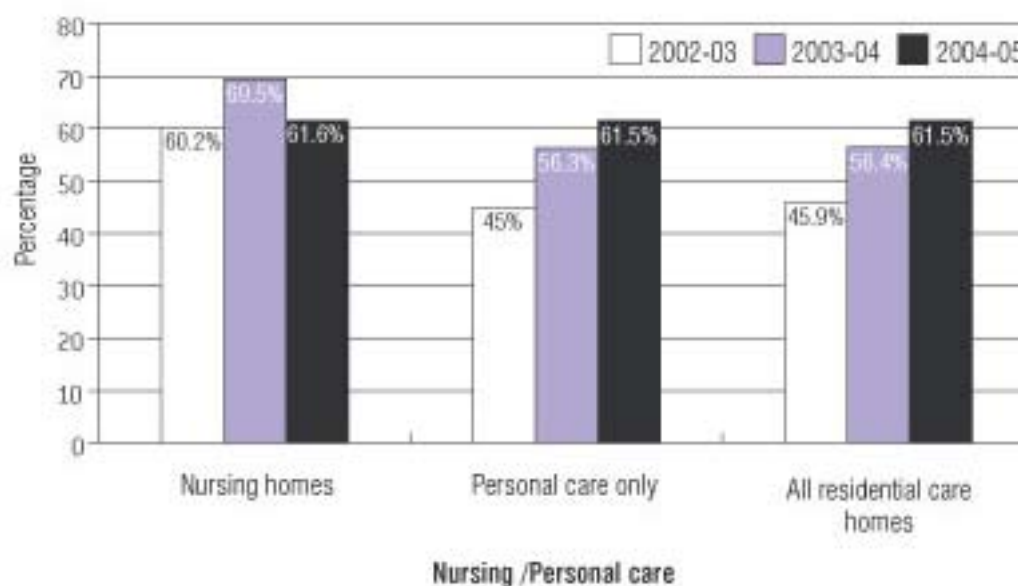


Figure 2: Homes for Younger Adults – Performance on the Medication Standard: Percentage Standard Met



3.4 Performance between sectors of ownership

Unlike some other standards, particularly those around the fabric of a home, there is little difference in performance against the medication standard according to which type of provider owns the home.

In homes for older people, after trailing behind other sectors two years ago, council-owned homes have seen significant improvement and now slightly outperform private and voluntary homes. The picture for homes for younger adults is different, with council-owned homes underperforming those owned by other sectors.

This difference suggests improvement in performance against the medication standard may be influenced by the operating practices associated with differing sectors of ownership.

Figure 3: Homes for Older People – Performance on the Medication Standard by Ownership of Home: Percentage Standard Met

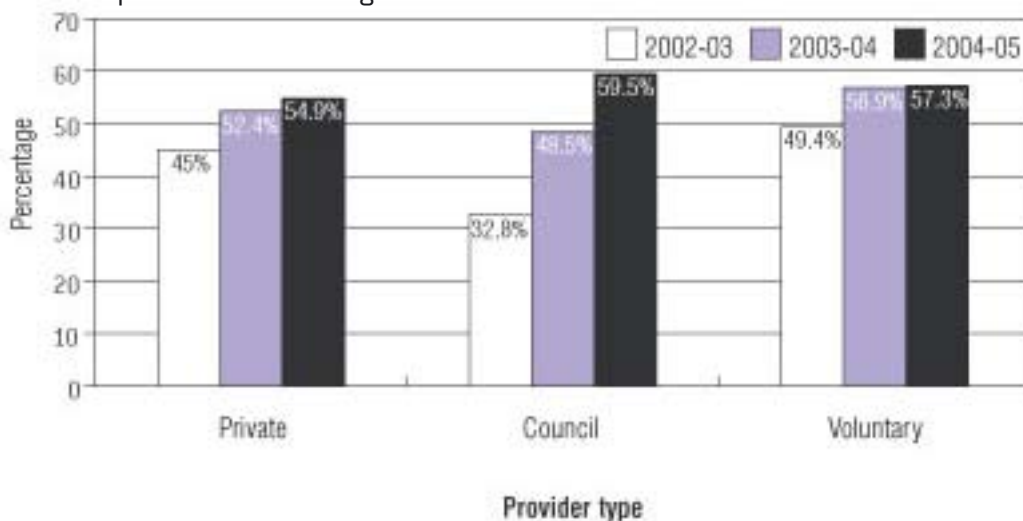
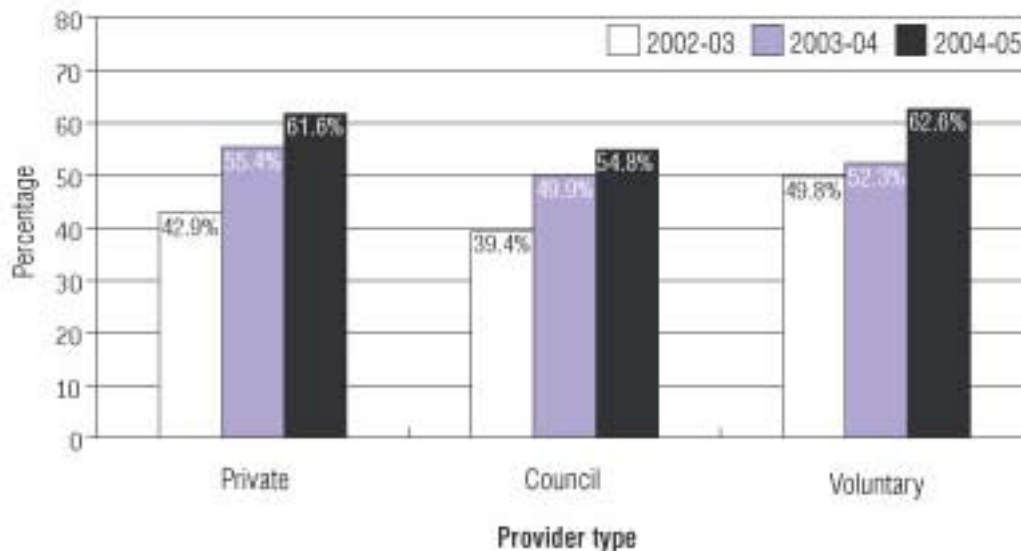


Figure 4: Homes for Younger Adults – Performance on the Medication Standard by Ownership of Home: Percentage Standard Met



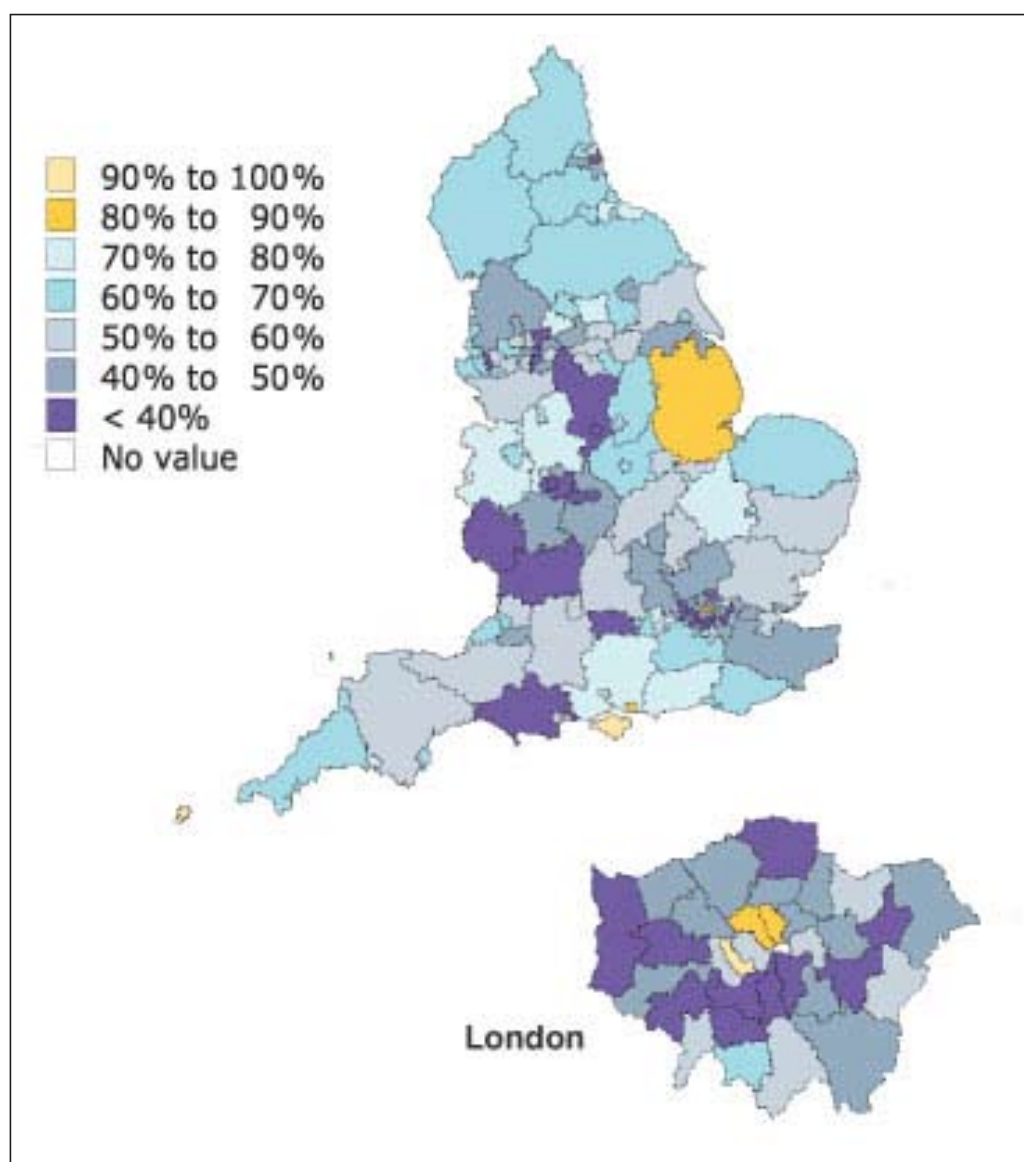
3.5 Performance across England

Variation in performance on meeting the medication standard is noticeable across homes located in different council areas across England.

For homes for older people, there are ten council areas where 75% or more homes meet the standard, whereas there are an equal number where this figure is 30% or fewer.

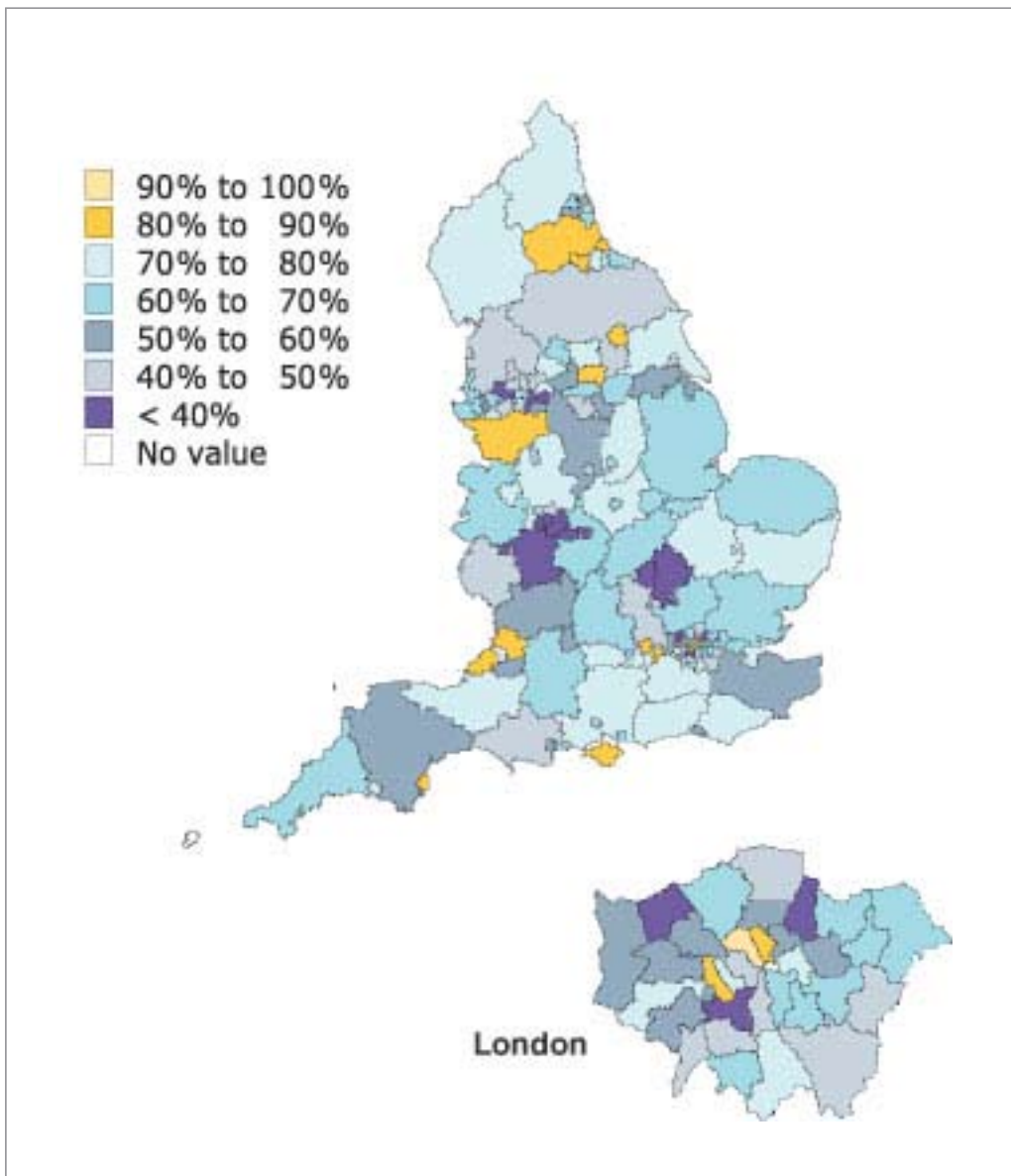
Similarly, for homes for younger adults, there are ten council areas with around 85% or more of homes meeting the standard and 10 council areas where this figure is less than 35%. This strongly suggests that there are characteristics of an area that influence the likelihood a home meets the medication standard.

Map 1: Percentage of older people's homes meeting the Medication Standard



As procurers of care in their area, the behaviour of local councils is likely to be one of the factors explaining this difference in performance. The influence a council may be able to exert on the ability of the homes within its boundaries to meet this standard is discussed later in the report, in relation to the provision of training grants.

Map 2: Percentage of younger adults' homes meeting the Medication Standard



3.6 Fluctuations in performance

Of the approximately 8,800 care homes that were continuously operating and inspected as homes for older people between April 2002 and March 2005, almost 80% have at some time met the medication standard, with over 80% having failed it over the same period. A similar pattern is seen in homes for younger adults

under 65. These fluctuations highlight the difficulties services have in maintaining acceptable performance in this area.

The performance of homes that were only inspected from 2003-04 or 2004-05 onwards is almost identical to homes inspected for the full three years, indicating that new services struggle to meet this standard as much as older ones.

Table 1: Changing performance of homes for older people against the medication standard

		2002-03	
		Not Met	Met
2004-05	Not Met	27.2%	16.8%
	Met	27.7%	28.2%

Table 2: Changing performance of homes for younger adults against the medication standard

		2002-03	
		Not Met	Met
2004-05	Not Met	23.7%	14.2%
	Met	29.7%	32.4%

3.7 Children's homes

Children's homes are establishments which provide care and accommodation wholly or mainly for children up to the age of 18.

They include schools (both 'mainstream' and 'special' schools) which accommodate children for more than 295 days a year.

Excluding special schools, a feature of children's homes is that they generally care for children who are fit and well and rarely have prescribed medication on a continuing basis. As with any young family, there is a need for care workers to provide treatment for minor ailments, most of which are purchased and not prescribed.

3.8 Performance against the standard

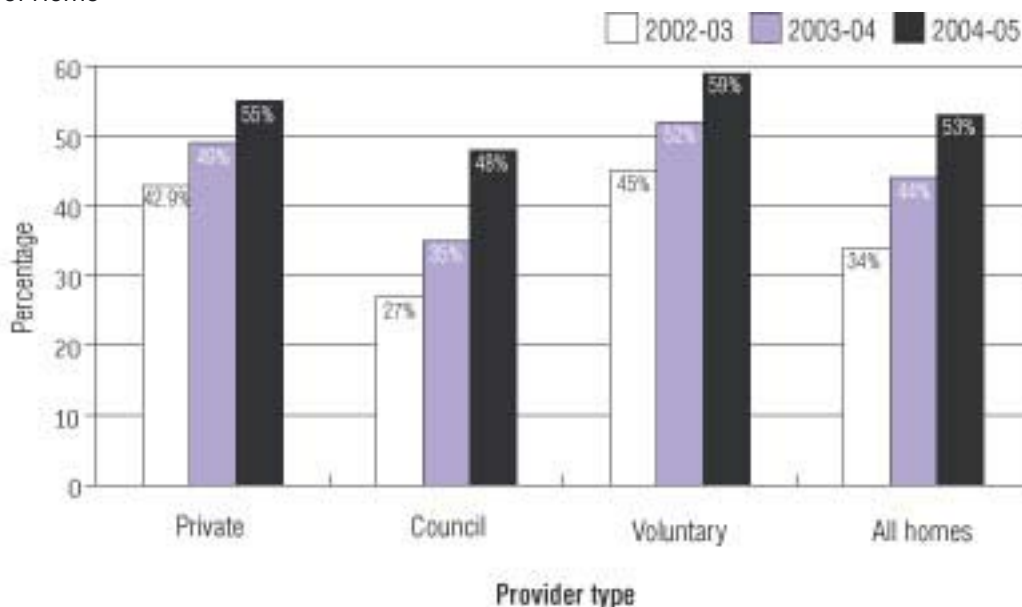
The improvement in medication management has been most marked in children's homes. In March 2003, only 34.1% of homes met or exceeded the medication standard (NMS standard 13). This has risen to 52.9% by March 2005.

In common with homes for adults, this improvement needs to be placed in the context of medication being the least met of all standards. Of the 1,914 homes inspected against the standard, 900 failed to meet it, representing 5,700 places.

3.9 Performance between sectors of ownership

As with homes for older people, improvement against the medication standard has been most significant for council run homes. However, council run children's homes are still performing significantly worse than voluntary and private homes, and the difference is more marked than in homes for adults.

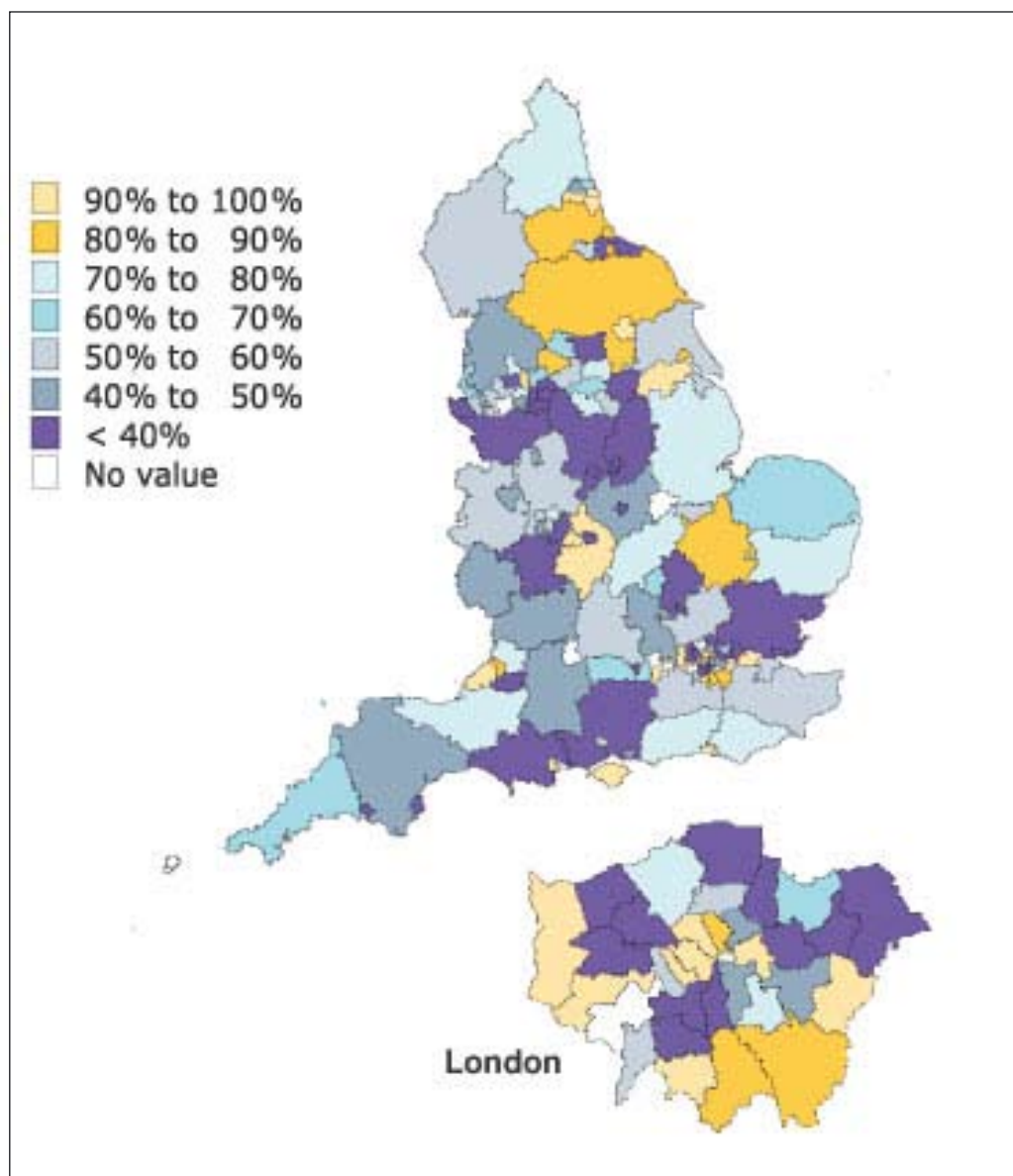
Figure 5: Children's Homes – Performance on the Medication Standard by Ownership of Home



3.10 Performance across England

There is significant geographic variation in the performance of children's homes within the boundaries of English councils. However, due to the small number of homes in different areas (indeed, several councils have no children's homes in their boundaries), local performance can be very skewed by a small number of very good or very bad performing services. It is therefore difficult to draw strong conclusions about whether the relative performance of children's homes in different areas is due to systematic rather than purely random factors.

Map 3: Percentage of children's homes meeting the Medication Standard



3.11 Fluctuations in performance

Similar fluctuations in performance against the medication standard observed in adults homes are also seen in those for children. Around 75% of homes that have been continually inspected against this standard over the past 3 years have at some point met the standard and over 85% have at some point failed to meet it. Clearly, maintaining acceptable performance in this area is as difficult for homes as achieving it.

Table 3: Changing performance of children's homes against the medication standard

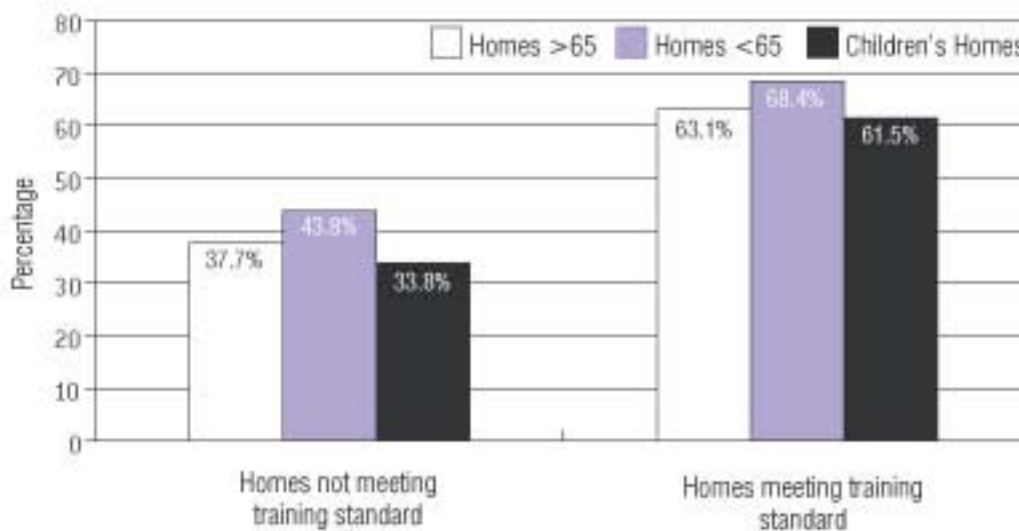
		2002-03	
		Not Met	Met
2004-05	Not Met	34.5%	13.8%
	Met	31.8%	19.9%

3.12 Association between medication and other standards

For all homes, the scoring against the medication standard is strongly related to all other standards individually. This leads to the unsurprising conclusion that good homes tend to do well on managing medication and vice versa.

One area that stands out, in terms of being intuitively relevant to the administration of medicine, were the standards linked to 'staff training'. For those homes meeting the training standards, approximately 65% also met the medication standard; whereas for those homes not meeting the training standards, only about 40% met the medication standard.

Figure 6: Performance of Homes against the Medication Standard by performance against the standard related to training



3.13 Grants to support the training of the workforce in care homes and children's homes

In December 2002, the Government advised councils of new grants that they would receive for three years from April 2003 aimed at increasing the proportion of the social care workforce with appropriate qualifications.¹⁵

¹⁵ Local Authority Social Services Letter LASSL[2002]11. Department of Health December 2002.

An element of the new National Training Strategy Grant was designed to enable an additional 300,000 care workers to gain at least National Vocational Qualifications (NVQs) at Level 2, over the three years.

The grant conditions, when issued in June 2003,¹⁶ made it clear that £17.884 million of the total National Training Strategy Grant for 2003-04 was ring fenced to support social care employers in meeting the training and qualification requirements within the national minimum standards that the National Care Standards Commission (NCSC – a predecessor body to CSCI) applied to regulate care services.

In the first year of the grant, a condition was made that councils had to spend 50% of the grant on training care workers employed in the private and voluntary sector.

In later years, the grant has been given without conditions. It has also been extended beyond the original three years and is available to councils until 2007-08.¹⁷

CSCI has monitored council spending in this area through the annual Delivery and Improvement Statement (DIS), completed by all councils every year.

In 2003-04, English councils spent just over £8.5 million of the relevant part of the National Training Strategy Grant on training for care workers in the private and voluntary sectors, just below the 50% target. In 2004-05, council spend in this area increased to nearly £12million, just above 50% of the grant available. For 2005-06, councils plan to increase this further to £28.5 million, which represents nearly £200,000 on average for each council.¹⁸

The England total of the National Training Strategy Grant for each of 2006-07 and 2007-08 rises to £108 million.

Collectively, councils have met the Government's expectations on spending to support care providers in the private and voluntary sector to raise the training standards of their workers.

The information available does not identify exactly the kind of training that has been purchased and there needs to be local dialogue between councils, training providers, care homes and children's homes to determine how best the grant should be utilised.

Of particular relevance for this report is which modules of NVQ qualifications are being included in training programmes and whether they include the management of medication.

16 Local Authority Circular LAC (2003)15 Social Services National Training Grant and Human Resources Development Grant for 2003-04 Department of Health June 2003.

17 Local Authority Social Services Letter LASSL (2005) 6 Department of Health December 2005.

18 For 2005-06 onwards the total grant allocated to councils for national training strategies has increased significantly, offset by the ending of the Training Support Grant.

What are the indicators of good and poor practice?

A random selection of inspectors of care homes and children's homes was approached to discover why they had scored homes either '4' (standard exceeded) or '1' (standard not met) for the medication standard. Conclusions have been drawn about the main issues that influenced the inspector's judgement and these have been compared with the earlier NCSC findings.

4.1 Identifying good practice

The reasons for awarding the 'standard exceeded' score (4) varied but every response identified good procedures for medicine administration and record keeping. Also highly rated were:

- written medication policies;
- medication storage; and
- review of medication by residents' GPs.

In high scoring care homes for older people, the major theme was that the overall management of medication was well organised.

"The home has sound policies and procedures in place and has demonstrated through practice that any incidents which occur which show failures in practice are thoroughly investigated..."

In high scoring care homes for younger adults, all of the respondents placed staff training as a major feature of good performance.

"Managers have very high expectations of staff... new medication is discussed in team meetings and training provided for this."

For children's homes, there was some evidence that a strong corporate lead produced good practice. One inspector described the appointment and positive influence of a registered nurse as Health Promotion Advisor within a company. Another inspector gave a high commendation to a respite service.

"As a model of safe administration and very good practice, the arrangements put in place by this home could be used as a template for excellent practice by other residential children's services."

CSCI pharmacists also described good practice in care homes.

“The care home for older people had written protocols for administration of medicine ‘as required’. These identified the reasons for giving the medication, how much to give, the maximum time between repeating the dose if the required outcome did not occur; and the eventual outcome.”

“A care home for adults had arranged to be copied in to correspondence between Consultants and the GP when there were changes to the medication for any resident.”

4.2 Following up poor practice

The results show a wide range of failing procedures within care homes providing personal care and nursing care and in children’s homes. Almost half of the inspections analysed triggered an additional visit by a pharmacist inspector.

Although the emphasis of concern varied, inspectors of the differing types of service stated that failures in the following key issues were a major influence in determining the score:

- medicine administration – how medicines are given to residents;
- training provided to care workers before they are expected to give medicines to residents; and
- records of medicines prescribed for residents and which of these have been given at a specified time.

With the exception of training, these line up with the reasons why an inspector scores a service as ‘4’ and can be taken as a degree of consistency across the inspector workforce.

“The home has a ‘potpourri’ of documents in their policies/procedures file – resulting in mixed messages regarding medication processes.”

“Only two staff out of a team of 13 had first aid training and one of these was off sick.”

4.3 Other specific concerns

Inspectors did express other concerns including:

- poor systems for obtaining medicines resulting in residents not getting medication when they need it;
- poor management of controlled drugs that need special arrangements, for

- example morphine prescribed for pain relief and methylphenidate (Ritalin) prescribed for young persons with Attention Deficit Hyperactive Disorder; and
- poor management of medicines that a resident can be given ‘when required’, for example giving pain relief tablets to a resident who cannot communicate that he/she is experiencing pain.

“Some medicines were noted to be out of stock – in one instance for a period of three weeks.”

“A resident’s records clearly stated to start insulin in May 2004 – which by September had never happened.”

Only a quarter of the homes surveyed during this analysis were associated with complaints about handling of medication prior to the CSCI inspection. Even less reported drug errors to CSCI. No complaints or serious incidents were reported in children’s homes surveyed. This may be an indication of the difficulty that residents have in feeling confident in making complaints against the homes they are living in, or even knowing that they can complain on these matters.

4.4 Responding to requirements

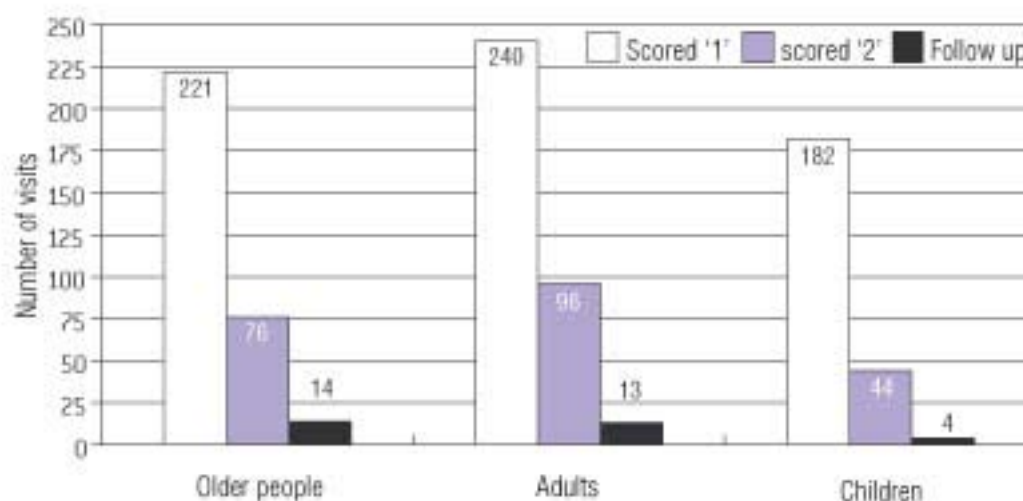
After a CSCI inspection, the inspector writes a report and this includes any requirements that the care service is obliged to act upon, alongside recommendations for improved practice. Of the homes that were followed up, 50% care homes for older people, 43% care homes for adults and 40% children’s homes failed to meet the requirements made by the CSCI inspector. This suggests some intransigence on the part of service providers to the need for change when potential risk to residents has been identified through inspection visits.

4.5 CSCI pharmacist involvement

CSCI pharmacists provided information about 661 visits to care homes and children’s homes when the original inspection had identified a score of either ‘1’ or ‘2’ for the medication standard. Of these, 35% resulted in further follow up visits.

The numbers of visits, shown below, are proportionate to the number of registered services in each category of care.

Figure 7: CSCI Pharmacist visits to care homes and children's homes triggered by failure to meet the medication standard between October 2004 and March 2005



Nearly all pharmacists felt that poor procedures for administration of medicines and record-keeping were common failings in all types of care service. Of particular concern was the practice of 'secondary dispensing'. This can be described as the advance preparation of medicine by a care worker for a different care worker to give to the service user, either later that day or perhaps at some time during the coming week.

Half of the pharmacists identified risk to service users because of the poor standard or complete absence of training programmes for care workers. Concerns about theft of medication, poor handling of controlled drugs and drug errors were, however, not widely held.

"A resident suffering from severe cellulitis was prescribed an antibiotic (flucloxacillin 250mg) on Thursday evening but due to poor procedures in the care home combined with poor support from the dispensary at the local GP practice, this was not obtained until the following Tuesday afternoon. By that time, the elderly resident had been admitted to hospital."

"Poor recording in a care home resulted in one resident being given a dose of insulin twice one morning. This resulted in a hypoglycaemic episode."

"A resident in a care home for older people was prescribed warfarin and the correct dose was stated in the additional book that included the blood test results. But the care home staff had not requested a supply of warfarin from the GP and had not given the medication to the resident."

"A care home for adults kept no records about prescribed medication. When the inspector asked them to keep a record of medication administered to residents, the response was that they did not know how to."

“Medication was pre-prepared into pots to be given to the residents at a later time in a care home for adults. On one occasion, a pot of medication was left in the kitchen on a tray with the intention that it would be taken to the resident once he had finished getting dressed. But, a different care worker picked up the tray and gave it to another resident.”

4.6 Complaints about the management of medication in homes

Complaints about care are normally made directly to the care service. It is only when people complaining are dissatisfied with that level of investigation that they may choose to complain to the Commission. These complaints are listed on a database and are a valuable source of information about a care provider’s performance.

We investigated some of the medication problems that resulted in complaints to CSCI.

4.7 Categorisation of complaints

The number of complaints received by CSCI for the 12 months ending October 2005 was approximately 8,000. Of these, 87% were complaints about care homes, and a further 11% related to domiciliary care agencies and children’s homes. The remaining 2% covered a number of categories, including boarding schools and further education colleges.

Approximately 10% of complaints were related to medication, and those relating to care homes and children’s homes have been included in this analysis.

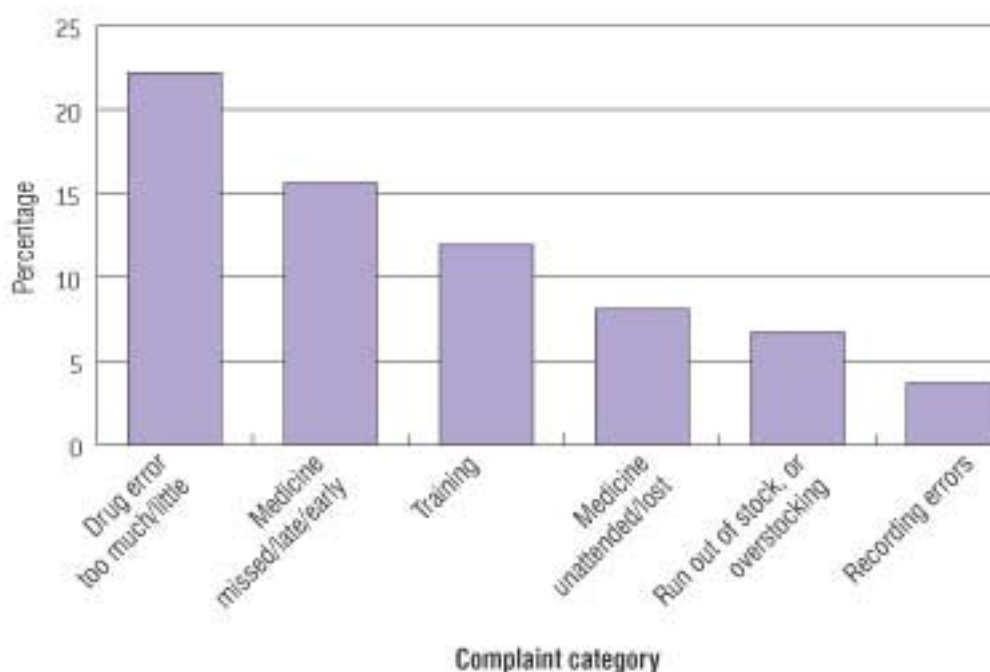
4.8 Reasons why people complain about medication

The most frequent reasons why people complained about medication were:

- the wrong drug was administered, or too much or too little medication was given;
- medication was missed, or was given too late or too early;
- staff administering medication were not adequately trained;
- medication was left unattended in a communal place, or was lost;
- running out of stock of a particular type of medication, or being overstocked; and
- mistakes in records of medicine administration.

Other categories of medication complaint, including ‘Unspecified or other’, totalled 32% and are not included above.

Figure 8: Frequency chart of medication complaints for care homes and children's homes



Most people complaining were concerned about some aspect of the administration of medication; either the wrong medication was given; or the wrong quantity was given; or the medication was missed altogether; or was given at the wrong time.

For 38% of complaints about medication, care workers made a mistake when they gave the medicines to residents. This rises to 50% when complaints about staff training are included.

4.9 Complaints case studies

The following case studies, taken from actual complaints, illustrate the kind of problems that residents of homes encounter.¹⁹

Case study 1

Susan wanted to look after the tablets and patches that the doctor had given her for pain. But the care home staff insisted that they must keep them in the clinical room and give them to Susan as the doctor ordered. Unfortunately, there were times when they forgot to give Susan her medicines and at other times ignored her when she asked for them.

¹⁹ All names have been changed from the original cases.

Case Study 2

Joan has dementia. Care staff contacted the doctor when her mouth and face became swollen. But after that, the staff did not treat the matter as urgent. And it was more than 24 hours before they eventually obtained the prescription for antibiotics. This probably caused Joan additional pain and discomfort that was unnecessary, which she could not tell the care workers about.

Case Study 3

Morag is unable to communicate and needs one-to-one care. A care worker, Hazel, transferred from another home in the company to work with Morag. The company did not provide further training in safe handling of medication and Hazel gave ten times the prescribed dose of a liquid medicine to Morag every time she was on duty. This continued for several weeks. Even then, the drug errors continued even though the company knew that Hazel needed more training. The manager moved Hazel to look after Peter, another resident who had a lot of different medicines. Hazel gave Peter two days' medication in one go but forgot to give him his antibiotics.

4.10 Dealing with complaints and outcomes

CSCI inspectors follow up and investigate all complaints made about registered care services. Care providers have an obligation to report serious incidents to CSCI and serious drug errors fall within this category. When complaints are investigated, inspectors also take account of whether the care service has already alerted CSCI to the situation.

The outcomes of complaints are categorised on the CSCI database by outcome, as follows:

- Upheld
- Not upheld
- Unresolved
- Withdrawn

The frequency distribution of outcomes from medication complaints is very similar to that for all complaints:

Category	Upheld	Not upheld	Unresolved	Withdrawn	Total
Medication (%)	43.5	41.4	13.3	1.7	100.0
All complaints (%)	39.5	42.3	16.1	2.1	100.0

4.11 Does the NHS support care homes to manage medication?

It is encouraging to have feedback from CSCI pharmacists about the support that some Primary Care Trusts provide to care homes. In particular, the Medicine Management Services Collaborative led by the National Prescribing Centre (NPC) has promoted medication reviews for older people. There has been an increase over the last 12 months in the number of medication reviews for people aged over 65 who were on four or more medicines regularly.

“In West Gloucestershire PCT there is a care home support pharmacist who is regularly providing input into care homes...”

“One PCT in our area has set up an Older People’s team, ... providing some support for private care homes, including organising some training days...”

However, within local areas there is variation in the support and it appears to be limited to care homes for older people.

“Of seven Primary Care Trusts in the patch that I cover, only two of them have resourced additional support for residents of care homes...”

“There is nothing for children or people with long term conditions...”

There has been joint work between CSCI and the Healthcare Commission to evaluate whether publication of the National Service Framework for Older People has influenced practice. This work did not focus on care homes but included the views of care home residents. One of the findings is that medication prescribed for people aged over 75 years should be reviewed annually.

4.12 Ethnicity and diversity

There are no explicit requirements in medication standards to reflect the needs of minority ethnic groups. And yet it is known that problems can occur with medication in the following circumstances:

- communication problems – the resident or the care worker has poor understanding of the English language; and
- compliance with religious practices – the resident may prefer to have medication at specific times and may choose to have medication administered by a care worker of the same sex.

These issues have not been raised as concerns by the inspectors who gave a score of ‘1’. But equally they have not been identified as indicators of good practice for homes scored ‘4’.

4.13 Controlled drugs

Since the publication of Fourth Report of the Shipman Inquiry, the Commission has been actively working with government and other professional groups to promote the safer management of controlled drugs. It is of interest that the management of controlled drugs has featured minimally in this report as an indicator of poor practice but has not been an indicator of good practice. This may reflect that these medicines are not prescribed to a great extent when compared with other prescribed medicines

4.14 Summary

The important issues that will determine whether or not a care service meets the medication standard are based upon safe practice. Although there has been some improvement in the way care services manage medication, the same basic problems persist as were identified in the 2002-03 report.

Conclusions and recommendations

5.1 Handling medication with care

Residents of care homes and children's homes register with an NHS doctor to access medical care. They obtain their medicines from a community pharmacist or dispensing GP. The prescribed medicines are usually supplied at no cost because these service users qualify for free prescriptions. Medicines are a valuable commodity that the care home or children's home is entrusted to keep safe on behalf of the resident or young person.

But the real value of medicines is whether they improve the quality of life for people who use the service. And this cannot occur unless, with consent, those medicines are taken by the resident or young person or given correctly by the care worker.

There has been some improvement in the way that care homes and children's homes look after medicines for their residents. In 2002-03, only 45% of care homes for older people met the minimum standard for medication and this has risen to 55% in 2004-05. Over the same period, there has been a greater improvement in care homes for younger adults rising from 46% to 62%. There is a marked improvement also in children's homes, 53% of which now meet or exceed the medication standard compared with only 34% two years ago.

This progress must be balanced both against continuing poor practice and the slowness of improvement, particularly by care homes for older people.

45% of care homes for older people, 38% of care homes for younger adults and 47% of children's homes are failing to meet the medication standard because they have not made sure that prescribed medicines are given to residents and young people as the doctor requested.

It is particularly disappointing that there has been little improvement in care homes providing nursing care. The report has also identified that when a care home is failing to meet the medication standard, there is a high probability that the service will also be failing in other areas such as staff training. We work to support social care providers to improve. But ultimately the responsibility for providing care that is safe and appropriate to residents' needs rests wholly with the care provider.

A comparison of the inspectors' findings with the issues that the pharmacists have identified shows marked similarity of themes. And these themes are also

concurrent with the causes of complaints about medication in social care services. The process of correct administration of medicines is dependent upon the training that care workers are given. And even more so whether the care worker is subsequently competent enough to be responsible for other people's medicines. Correct administration also relies upon the accurate maintenance of records to state which medicines are to be given at a specified time and whether any other care worker has already given them. Both of these elements, training and record keeping, have been shown to be causative factors in poor standards of practice.

This report has also identified that nearly half of care providers who are required to make changes in the way they manage medicines fail to do so within the given timeframe. This suggests some intransigence on the part of service providers to the need for change when potential risk to residents has been identified through inspection visits.

We recommend that all care homes and children's homes urgently review their policies and practice in managing medication and demonstrate progress by supporting and closely monitoring the practices of their care workers.

5.2 Support from councils

In this report we have shown how care homes perform based on council boundaries. This is not an indicator of council performance but does identify the 'hot spots' where local authority influence may improve practice.

We recommend that councils continue to support improvement in homes' practice through staff training programmes, joint initiatives with NHS primary care organisations and through service commissioning plans. We also recommend that councils hold discussions with homes and training providers in their area to ensure that available training grants are being directed to rectify performance deficiencies relating to the management of medication.

5.3 Primary care organisations

In recent years, the Department of Health has developed National Service Frameworks that impact on the health care provided to Older People, People with Long Term Conditions and Children. Supported by initiatives from the National Prescribing Centre, almost half of the Primary Care Trusts in England have set up projects in medicine management and some of these provide support direct to care homes. The provision is variable and the most frequent intervention consists of medication reviews in care homes for older people. The new contract for community pharmacy was introduced in April 2005 and providing pharmaceutical advice to

care homes has been designated as an 'enhanced' rather than a 'basic' service. This report has identified that there is risk to service users because care providers are failing to provide the basic elements of safe medication practice. This suggests that care providers need more support from healthcare professionals to develop safe working practices.

We recommend that NHS primary care organisations acknowledge and act on their responsibility to support health care provision within private and voluntary care homes and children's homes. We also recommend that the Healthcare Commission monitors primary care organisations against this expectation, for example by looking at mechanisms such as the PCT Annual Health Check.

5.4 Cultural issues

Recent developments of care worker training resources are welcomed. It will be important for us together with the social care sector to monitor carefully the impact of these in coming years. Although the Skills for Care training tools are widely available through their website, this will not, of itself, guarantee that every care service will be able to access good training organisations locally. We acknowledge and welcome the Skills for Care initiative to maintain a list of specialist training organisations regionally.

CSCI has made a strong commitment since April 2004 to promote ethnicity and diversity through the work we do. The information obtained for this report clearly shows that this was not a feature of our judgement about medication during 2004-2005. This will now be rectified.

We recommend that CSCI's commitment to ensuring that inspectors incorporate issues around appropriate sensitivity to residents' cultural needs in their judgement about medicine administration in homes, is endorsed. We also recommend that care homes address how medication is administered to people from different cultures.

5.5 The National Patient Safety Agency

The NHS, under the direction of the Chief Medical Officer, has placed strong emphasis on patient safety. This is coordinated through the National Patient Safety Agency (NPSA). The agency not only collates details of NHS medical errors, including drug errors, but also develops and promotes solutions to get things right. A major research project commenced in 2005 to identify the nature and extent of drug errors in care homes and will report in due course.

We recommend that the learning resources developed by the National Patient Safety Agency are actively promoted to the private and voluntary care sector where NHS patients are cared for.

5.6 Future regulation

In 2007, the social and welfare monitoring of children's services will transfer to the new Ofsted and it is expected that CSCI's functions of regulating and inspecting social care services for adults will be transferred into a new Social Care and Health Inspectorate in 2008. We are committed to working with both Ofsted and the Healthcare Commission to achieve smooth transfers. This report raises important issues about medication management in care homes and children's homes, of which the new inspectorates will need to take note.

We recommend that the new inspectorates taking on the function of regulating care services should carefully consider how they will access pharmaceutical advice at both senior and local level from 2007 onwards.

National Minimum Standards on medication

Care Homes for Older People: Medication within the Home

OUTCOME

Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.

- 1 The registered person ensures that there is a policy and staff adhere to procedures, for the receipt, recording, storage, handling, administration and disposal of medicines, and service users are able to take responsibility for their own medication if they wish, within a risk management framework.
- 2 The service user, following assessment as able to self-administer medication, has a lockable space in which to store medication, to which suitably trained, designated care staff may have access with the service user's permission.
- 3 Records are kept of all medicines received, administered and leaving the home or disposed of to ensure that there is no mishandling. A record is maintained of current medication for each service user (including those self-administering).
- 4 Medicines in the custody of the home are handled according to the requirements of the Medicines Act 1968, guidelines from the Royal Pharmaceutical Society, the requirements of the Misuse of Drugs Act 1971 and nursing staff abide by the UKCC Standards for the administration of medicines.
- 5 Controlled Drugs administered by staff are stored in a metal cupboard, which complies with the Misuse of Drugs (Safe Custody) Regulations 1973.
- 6 Medicines, including Controlled Drugs, for service users receiving nursing care, are administered by a medical practitioner or registered nurse.
- 7 In residential care homes, all medicines, including Controlled Drugs, (except those for self-administration) are administered by designated and appropriately trained staff. The administration of Controlled Drugs is witnessed by another designated, appropriately trained member of staff. The training for care staff must be accredited and must include:
 - basic knowledge of how medicines are used and how to recognise and deal with problems in use;
 - the principles behind all aspects of the home's policy on medicines handling and records.

- 8 Receipt, administration and disposal of Controlled Drugs are recorded in a Controlled Drugs register.
- 10 The registered manager seeks information and advice from a pharmacist regarding medicines policies within the home and medicines dispensed for individuals in the home.
- 11 Staff monitor the condition of the service user on medication and call in the GP if staff are concerned about any change in condition that may be a result of medication, and prompt the review of medication on a regular basis.
- 12 When a service user dies, medicines should be retained for a period of seven days in case there is a coroner's inquest.

Care Homes for Younger Adults: Medication within the Home

OUTCOME

Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.

- 1 The registered manager and staff encourage and support service users to retain, administer and control their own medication, within a risk management framework, and comply with the home's policy and procedure for the receipt, recording, storage, handling, administration and disposal of medicines.
- 2 Service users' consent to medication is obtained and recorded in the individual Plan.
- 3 The service user, following assessment as able to self administer medication, has a lockable space in which to store medication, to which suitably trained, designated care staff may have access with the service user's permission.
- 4 Records are kept of all medicines received, administered and leaving the home or disposed of to ensure that there is no mishandling.
- 5 A record is maintained of current medication for each service user (including those self-administering).
- 6 Medicines in the custody of the home are handled according to the requirements of the Medicines Act 1968, guidelines from the Royal Pharmaceutical Society of Great Britain, the requirements of the Misuse of Drugs Act 1971 and nursing staff abide by the UKCC Standards for the administration of medicines.
- 7 Controlled drugs administered by staff are stored in a metal cupboard, which complies with current regulations and guidance issued by the Royal Pharmaceutical Society of Great Britain.
- 8 Medicines, including controlled drugs, for service users in care homes providing nursing care, are administered by a medical practitioner or registered nurse.
- 9 In residential care homes all medicines, including controlled drugs (except those for self-administration), are administered by designated and appropriately

- trained staff. The administration of controlled drugs is witnessed by another designated appropriately trained member of staff.
- 10 The training for care staff must be accredited and must include:
 - i. basic knowledge of how medicines are used and how to recognise and deal with problems in use; and
 - ii. the principles behind all aspects of the home's policy on medicines handling and records.
 - 11 Receipt, administration and disposal of controlled drugs are recorded in a controlled drugs register.
 - 12 The registered manager seeks information and advice from a pharmacist regarding medicines policies within the home and medicines dispensed for individuals in the home.
 - 13 Staff monitor the condition of the service user on medication and call in the GP if staff are concerned about any change in condition that may be a result of medication, and prompt the review of medication on a regular basis.
 - 14 In the event of the death of a service user, medicines should be retained for a period of seven days in case there is a coroner's inquest.

Children's Homes: Treatment and Administration of Medicines Within the Home

OUTCOME

Children's health needs are met and their welfare is safeguarded by the home's policies and procedures for administering medicines and providing treatment.

- 1 First aid, minor illness treatment and administration of medication given at the home (other than by a registered nurse, doctor or dentist) are given only by competent designated staff (e.g. by or under the supervision of a qualified first aider or, where the home has one, a nurse).
- 2 A written record is kept by the home of all medication, treatment and first aid given to children, giving name, date, time, medication/treatment (including dosage), reason for administration (if not prescribed), which is signed by the responsible member of staff and is regularly monitored by an appropriate designated senior member of staff. A record is also kept of when and why prescribed medicines are not administered or are refused (and any frequent refusal is reported to the prescribing practitioner), when medication ceases and how and when medicines are disposed of.
- 3 When staff carry out skilled health tasks for children (e.g. catheter care, administration of oxygen, administration of rectal diazepam, supporting physiotherapy programmes, management of prostheses), these are carried out only on the written authorisation of the prescribing doctor or responsible

- nurse in relation to the individual child concerned, and by staff authorised by the prescribing doctor or a nurse responsible for the tasks concerned. Records are kept of all such tasks carried out.
- 4 The registered person has obtained, and retains on file, prior written permission from a person with parental responsibility for each child, for the administration of first aid and appropriate non-prescription medication.
 - 5 Staff are trained in the use of first aid and first aid boxes are provided within the home.
 - 6 If a person is employed to work as a nurse at the home, that staff member holds a current registration as a nurse, and the registered person has confirmed on appointment that they are registered with the United Kingdom Central Council [or when in operation the Nursing and Midwifery Council]. The title of 'nurse' is not used for staff not so registered. If a person is employed as a nurse, that nurse should have access to a named senior nurse or doctor for professional guidance and consultation.
 - 7 Children are given medication as prescribed for them; any refusal to take medication is recorded and, if frequent, reported to the prescribing practitioner.
 - 8 Prescribed medication is only given to the child for whom it was prescribed, in accordance with the prescription or instructions from the pharmacy, and is not kept for general use for other people (children or staff) or added to 'stock' for such use.
 - 9 Children keeping and administering their own medication are assessed by staff as sufficiently responsible to do so, and are able to lock their medication somewhere not readily accessible to other children.
 - 10 Prescribed and 'household' medication, other than that kept by individual children keeping their own medication, is kept securely (e.g. in a locked cabinet whose key is not accessible to children), and there is a policy with written guidance, implemented in practice, for storing, disposing and administering medication.
 - 11 The registered person has secured, and follows, qualified medical or nursing advice in a written protocol on the provision of non-prescription 'household' medicines to children.

Executive summary (The management of medication in care services 2002-03, National Care Standards Commission 2004)

- 1 The National Care Standards Commission (NCSC) regulates and inspects social care and private and voluntary health care services in England. Inspections assess whether or not services meet the requirements of regulations and evaluate their performance against National Minimum Standards (NMS) covering the quality of life, health, and social well-being of service users. Care services are allocated a score between 1 and 4 for each standard, based on whether they do not meet, almost meet, meet or exceed the standards.
- 2 This report, issued under section 7 of the Care Standards Act 2000, is one of a series looking at specific topics. It examines the performance of care homes for older people and younger adults and children's homes in relation to the National Minimum Standards on medication. The report is based on information gathered during 2002/03, the Commission's first year of operation. Data from 16,529 care homes and children's homes were available for examination. This report provides the first ever national view of care services in England and how they handle medication.
- 3 This topic was chosen for special study by the NCSC because of its significance for the health and well-being of older people, younger adults and children in residential settings. Medication errors can have serious, even life-threatening consequences. Failure to meet the NMS - which relate to the reliable recording and safe storage and administration of medication - may place residents at risk of significant harm.
- 4 Many homes care for children or adults with complex mental or physical health problems requiring several types of medication. In particular, 82% of older people in care homes have a long-standing illness and 48% have two or more chronic conditions. Thirty eight per cent of people aged 75 and over take at least four prescribed medicines. The relevant NMS set out expectations for the safe handling and storage of medicines, staff training and recording of medication in care homes for older people and younger adults and children's homes (see Appendix 1 for details).
- 5 This report finds that compliance with the medication standards varies widely. There are examples of good and bad practice in all three types of home inspected. Overall:

Twelve per cent* of care homes for older people, equating to around 1,500 care homes across the country, did not meet the medication standard. A further 43% were assessed as almost meeting the standard; 44% met the standard and just 1% exceeded it. Homes in London and the West Midlands were doing significantly worse than other regions, while the South East was performing significantly better than the rest. Homes owned by Local Authorities were found to have significantly different scores from other homes, with relatively few (9%) failing to meet the standard outright but only 34% meeting it.

The picture for care homes for younger adults is similar, with 11% not meeting the standard, equating to 900 care homes in all, 44% almost meeting it, and a further 46% of homes meeting or exceeding the standard. As with the care homes for older people, homes in the South East performed significantly better than the rest. Homes for younger adults in the West Midlands and the North West performed significantly less well than those in the rest of the country. In terms of provider type, homes owned by voluntary organisations performed better than others, while private providers performed significantly worse.

Children's homes scored less well than care homes. Fifteen per cent did not meet the standard. This equates to 200 children's homes across the country. Thirty seven per cent met the standard, with the rest (48%) having 'almost met' scores. There was no difference in the scores achieved by different provider types, but in terms of regions, the South West performed better than the others.

- 6 The NCSC aims to drive up standards of care by helping to improve performance in the services it inspects. This report describes some of the poor practice encountered and sets out the factors associated with good practice. The characteristics of poor performance are:
- Medicines stored insecurely or at the wrong temperature.
 - Wrong medication given to service users.
 - Poor recording of medicines received and administered inappropriate handling of medicines by untrained staff.
 - Poor quality overall management of a home.
 - When standards are not met, the NCSC tells the provider, explains what is wrong and asks for an action plan. Most providers produce a plan and put it into action. Where this does not happen, the NCSC uses its wide range of powers to ensure that improvements are made.

* Throughout this report, percentages have been rounded up or down to the nearest decimal point.

- 7 The features of better performance include:
- Good staff training and supervision.
 - Regular audits of medication.
 - Good working relationships with local health professionals.
 - Active involvement of service users in planning their care.
 - The NCSC actively encourages providers to improve their services and to share good practice with each other wherever possible.
 - Early analysis of interim data drawn from Year 2 indicates some welcome improvement on performance in Year 1.
- 8 By identifying how some homes are succeeding in meeting this important health-related standard, we hope to encourage those less successful to improve both their performance and the service to older people, younger adults and children for whom they care. But we are only one part of a complex system for delivering appropriate health and social care to those who need it; the Government and all the other agencies involved all have their part to play.
- 9 We recommend that:
- Professionals and agencies involved in the delivery of social and health care take note of the findings presented in this report and play their part in helping those who provide services to improve their performance in managing medication.
 - Commissioners of services take into account the performance of care services when making commissioning decisions and reviewing placements.
 - Care providers take account of the NCSC's pharmacy triggers in developing good practice in the management of medicines in their homes.
 - Care providers and other agencies consider the future role and involvement of pharmacists in medicine management issues.
 - The Department of Health take the initiative in developing accredited training in handling medicines for care staff throughout England.
 - PCTs consider commissioning reviews of prescribing practice in the care services for which they are responsible and, in particular, in settings which NCSC regulates.
 - The Commission for Social Care Inspection review care providers' progress against the medicines standards.

Questionnaire for regulatory inspectors – homes with good practice

Homes scoring 4.

2.1.	Was medication a feature of complaints about the service?	Yes	No
2.2.	Did errors in the administration of medication result in serious incident reports from the service?	Yes	No
2.3.	Did the service have written policy/procedures for medication that staff adhered to?	Yes	No
2.4.	Which of the following aspects of medication handling did you feel were managed very well:		
	(i) Obtaining supplies of prescribed medication for service users		
	(ii) The arrangements for medication storage		
	(iii) Record keeping		
	(iv) Procedure for administration of medication		
	(v) Procedure for disposal of unwanted medication		
	(vi) Support for self-administration by service users		
	(vii) Training for care workers in the safe handling of medication		
	(viii) Management of controlled drugs.		
	(ix) Review of medication by GPs		
2.5.	Did any other aspects of medication handling influence your judgement?		
2.6.	Did you refer this provider for subsequent inspection by a CSCI pharmacist inspector?	Yes	No
2.7.	Please give reasons for some of the answers given section 2.4 which you regard as more important		

Questionnaire for regulatory inspectors – homes with poor practice

Homes scoring 1.

1.1	Was medication a feature of complaints about the service?	Yes	No
1.2	Did errors in the administration of medication result in serious incident reports from the service?	Yes	No
1.3	Did the service have written policy/procedures for medication that staff adhered to?	Yes	No
1.4	Which of the following aspects of medication handling did you feel gave cause for concern (tick all applicable):		
	(i) Obtaining supplies of prescribed medication for service users		
	(ii) The arrangements for medication storage		
	(iii) Record keeping		
	(iv) Procedure for administration of medication		
	(v) Procedure for disposal of unwanted medication		
	(vi) Support for self-administration by service users		
	(vii) Training for care workers in the safe handling of medication		
	(viii) Management of controlled drugs.		
	(ix) Review of medication by GPs		
1.5	What requirements did you make?		
1.6	Were these requirements subsequently met in full?	Yes	No
1.7	Did a low score in this inspection or the previous one trigger a request for an inspection by a CSCI pharmacist inspector?	Yes	No
1.8	Please give reasons for some of the answers given in section 1.4 which you regard as more important		

Questionnaire for pharmacist inspectors

1	State number of pharmaceutical inspections in the following categories that have been triggered by an RI scoring '1' or '2' for the medication standard during 6 months from 01/10/04 to 31/03/05.	'1'	'2'
1.1	Care homes for older people		
1.2	Care homes for adults		
1.3	Children's homes		
2.	What are the main issues to emerge from these inspections?		
3	Of these inspections, how many homes in each category required a further pharmacist visit for follow up?		
3.1	Care homes for older people		
3.2	Care homes for adults		
3.3	Children's homes		
4	Select an example of bad practice that is common within each of the categories.		
4.1	Care homes for older people:		
4.2	Care homes for adults:		
4.3	Children's homes:		

How to contact CSCI

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