My home life

Training guide for Safer Medication Management

Cohort 10

1. Why choose this area of Quality Improvement?

- It is a big part of Care Home life
- It is an area that is evolving and changing all the time
- It is important to get medication provision right

2. What difference does this QI piece make?

- Sets the standard for the content and frequency of training for safer medicines management in care homes and will help all care home staff to understand their role in improving medication safety.
- Provides a clear structure of training required/available
- Training will be consistent across care staff roles.
- Training standards will be similar across the sector.
- Improve quality of care and reduce risks to residents
- Ensures compliance and meet requirements of regulatory bodies
- Improve staff retention

Pat Bailey (My Home Life Charity trustee and part of Home Truths report, 2018) learned about this QI initiative through the MHL network. In support of the QI initiative she shared CHUMS (Care Home Use Medication Study) - recommended an integrated approach to medication safety in Care Homes, England.

Home Truths2, the Commissioner for Older People's investigation into Dunmurry Manor Care Home, June 2018 identified a number of failings with regard to medicines management in the care home and made a number of recommendations. These included greater involvement of the community pharmacist to help ensure medicines management is safe and effective.

4. The Community Pharmacy Care Home Support Service (CPCHSS) – audit tool (December 2021 – March 2022). Each care home manager undertook completing the audit tool in their care home to identify protocols & procedures to facilitate the safe ordering, supply, storage, administration and disposal of medicines and appliances and reduce avoidable waste.

5. Safer mobility pilot taking place with the ECCF –

- \circ $\;$ Discussions in terms of how this guide could sit alongside this pilot.
- Liaised with Stephanie Park (ECCF) and Hilary McKee NHSCT Consultant Pharmacist for older people.

5. The following areas of training and learning outcomes are considered:



- o Understand the legislative framework for the use of medication in care settings
- \circ $\;$ Know about common types of medication and their use
- o Understand roles and responsibilities in the use of medication in social care settings
- o Understand the techniques for administering medication
- o Be able to receive, store and dispose of medication supplies safely
- \circ $\;$ Know how to promote the rights of the individual when managing medication
- Be able to support use of medication
- Be able to record and report on use of medication
- Assist with identifying and monitoring residents whose health needs are deteriorating, to quickly rate the symptoms and provide practical guidance on the next steps.
- Care staff are able to identify residents who may be at higher risk of deteriorating health due to their multiple health conditions and multiple medicines they are taking.
- Guidance to staff on how to provide non-prescription medication used to treat minor ailments.
- 6. Next steps for training guide:
 - Training guide for safer medication management should clearly set out the different levels of training required for staff:
 - o Care home care assistants, senior care assistants, registered nurse
 - Residential settings support workers, senior support workers and deputy manager/manager.
 - Include schedules for how often training should occur.
 - Shared with all care homes and residential settings as well as local pharmacy teams, training providers, etc.
 - Develop a leadership and management programme that includes leading the improvement of medication practice.