

Piloting a Standardised Medicines Management and Administration Approach in Shetland Care Homes

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Introduction

Throughout care homes in Shetland there are various approaches to medicines management systems. Care home workers (CHW) administering medicines often have little formal medicines training other than that around the use of Monitored Dosage Systems (MDS)

Aims and Objectives

The aim of this project is to fulfil national guidance [1] by piloting a move away from the MDS approach and standardising medicines management and administration training in care homes.

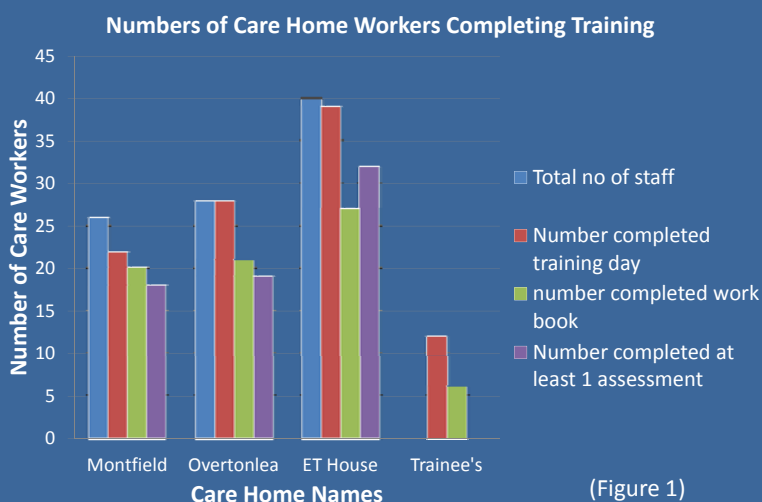
Methods

Three pilot site care homes were chosen. An assessment of the CHW's knowledge and attitudes towards medicines was made prior to the pilot starting. The following interventions were then put in place,

- Development and delivery of a suitable medicines training day offered to all CHW in the pilot sites.
- Completion and sign off of a social care medication induction workbook, designed to introduce a new CHW to medicines administration prior to starting Level 2 SVQ qualification in Social Care.
- Assess the competency of the CHW at the end of the training programme. Method: observed competency based assessment.

Results

Over 100 CHW attended the training days over a 3 month period, to date 73% have completed the workbooks, and 68% have completed at least one observational assessment (figure 1). Feedback from CHW regarding the training days and assessments has been positive. Less positive was feedback regarding the workbooks.



Discussion & Conclusion

Generally there has been enthusiasm from the CHW and senior managers in the social care sector for the medicines training but a lack of engagement with the assessment process. This may be due to a change in culture and a lack of 'work time' to carry out the assessments fully.

Early impressions are that the standard of completed workbooks show there is room for improvement in the understanding of medicines management in care homes but also a need to review the workbook.

Relationships between pharmacy and the three pilot site care homes have greatly improved during the pilot project and benefits of improved communication between sectors are already apparent.

The use of this training should be appraised before a roll out over the remaining care homes in Shetland and future use of formal qualifications should be investigated.



References

- [1] Royal Pharmaceutical Society Scotland, March 2012, Improving Pharmaceutical Care in Care Homes