APS 18
Ymchwiliad ar ddefnydd o feddyginiaeth wrthseicotig mewn cartrefi gofal
Inquiry on the use of anti-psychotic medication in care homes
Ymateb gan Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Response from Care and Social Services Inspectorate Wales

Care and Social Services Inspectorate Wales (CSSIW)

Evidence for Health, Social Care and Sport Committee: Use of anti-psychotic medication in care homes

CSSIW's response:

- **the availability of data on the prescribing of anti-psychotics in care homes, to understand prevalence and patterns of use;**

CSSIW does not currently collect information on the use of anti-psychotics in care homes.

We have recently introduced on-line annual self assessments which will be completed by care services and will consider whether it is feasible to capture annual census data on both prescription levels of antipsychotics and medication reviews in the future. This would enable us to capture prevalence and trends and importantly identify those homes where antipsychotic usage is particularly high. However the value of collecting this information would depend on staff completing the returns being aware that a particular medication is an antipsychotic.

In 2018/19 we will be undertaking a thematic study of the quality of dementia care provision in care homes in Wales. The use and impact of antipsychotics will be one of our lines of enquiry.

- **prescribing practices, including implementation of clinical guidance and medication reviews;**

This is not something CSSIW has information on. However we have noted concerns broader than the prescribing of antipsychotics, for instance the use of anticonvulsants like Epilim to manage behaviour of people with dementia. This is not recommended by NICE.

Clearly when people are prescribed antipsychotics it is important that care staff are alert to and carefully monitor potential side effects, keep the GP and any specialists involved informed of concerns and ensure that the prescription is regularly reviewed.

We believe that proper, person centred assessments are critical in reducing inappropriate prescriptions and that the following questions must be considered before contemplating the use of antipsychotics;

- What is causing a person to be distressed, behave or respond in the way they do? What is the pattern, when did it originate and what are the triggers? Importantly how is this understood from the person's perspective? What bearing does cognitive impairment, the person's biography, personality and physical health have on the way they are presenting and behaving? Are there clues here about solutions which should be considered?
- What is the quality of the social environment in which they live? What is the quality of the relationships around them; importantly what is the level of understanding, skill and empathy of the staff providing care? In what way does the physical environment support the person to feel at ease or perhaps cause them to feel distressed?
- Have there been concerted efforts to find ways of supporting the person and resolving the difficulties which are occurring; "psycho – social" solutions should always be explored before medication is prescribed.

- **provision of alternative (non-pharmacological) treatment options;**

Our inspections focus on people's well-being. We do this through careful observation and use a tool called Short Observational Framework for Inspection (SOFI) which is based on dementia care mapping. This assesses and tracks people's mood states, their level of engagement and the quality of and responsiveness of staff interactions. We are particularly concerned if we find people who are lethargic or withdrawn and will follow this up with staff and by looking at records and the medication profile.

We have noted during our inspections the importance of "social environment" and that the ambience, opportunities for engagement and activity as well as the physical environment all have a significant impact on people's experience. "Butterfly projects"* are often reported positively by our inspectors. People who are positively occupied are less likely to become bored or frustrated.

*see for example:
http://www.dementiacarematters.com/pdf/BUTMODELOAHNNS.pdf

Clearly it is not acceptable for antipsychotics to be used to compensate for poor training or insufficiency of staff, to make up for the lack of access to meaningful activities or because the physical environment is restrictive or unsafe.

- **training for health and care staff to support the provision of person-centred care for care home residents living with dementia;**

Training and awareness are fundamental to supporting people with dementia, as is the culture of care they work within and front-line leadership. Training alone is not enough; there has to be ongoing support for staff. It is paramount that care workers learn to see the world from the perspective of the person with dementia in order to know how best to respond.

Training in dementia care is variable and a confusing landscape. The new pathway published by Social Care Wales is helpful but in our experience awareness of it is low and it has yet to be applied by many care homes. It is hard to assess competency as there are no commonly adopted standards. There are many packages and routes available from on-line training to one year day release courses, internal courses run by providers and those supplied by external training agencies.

A significant proportion of care homes in Wales carry historical “EMI” “Dementia” or similar registration classifications. They also state in their Statement of Purpose / brochures that they care for people with dementia but in a number of instances we find that neither the staff or manager have had any specialised training in dementia.

We believe the staff in all care homes for older people should be trained and competent in the care of people with dementia.

We recognise the enormous challenge facing care workers when people requiring care and support are distressed, disorientated or experiencing hallucinations. Problems are accentuated when providing care to people with dementia; in their own mind they may perceive a situation from a previous time in their lives, not recognise they need to be helped, may feel that the care being provided is intrusive or a violation of their personal space or feel resentful due to a loss of personal choice or control.

People can be at significant risk unless care workers are able to take action either to prevent them from going missing, or enable them to have food and drink. We are aware for example that people who do not recognise they have been incontinent will need to be cleaned and changed and can be very assertive in resisting any attempt to remove their clothing and attempts to clean them.

Supporting people with dementia takes skill, compassion and patience. We know that these situations can become breaking points for the people and the care workers, putting people, workers and placements as risk. However the first approach must be to find individual solutions. Knowing the people you are caring for and having continuity of carers are critical to providing successful care and preventing difficult situations from being triggered or escalating.

- **identifying best practice, and the effectiveness of initiatives introduced so far to reduce inappropriate prescribing of anti-psychotics;**

We are particularly aware of initiatives undertaken by

Alzheimer's Society, FITS programme.

https://www.alzheimers.org.uk/download/downloads/id/2262/fits_into_practice_summary_report.pdf

Swansea University:

https://cronfa.swan.ac.uk/Record/cronfa1810

Order of St John's care homes in England and their use of Admiral Nurses

https://www.osjct.co.uk/assets/downloads/Burdett_Trust-Admiral_Nurse_Evaluation-Final.pdf

Common to these programmes are:

1) The importance of ongoing medication review of people prescribed antipsychotics;
2) Monitoring Behavioural Psychological Symptoms of Dementia or similar pre and post changes in medication and
3) Support and training to care homes.

- **use of anti-psychotic medication for people with dementia in other types of care settings.**

This is not something CSSIW has information on.