



The Hubble Project Rashwood, Elizabeth Finn Homes

Information Pack

March 2021



Table of Contents

Introduction	3
The Hubble Project	4
Elizabeth Finn’s tech journey	5
About Elizabeth Finn and Rashwood	5
Key messages from Elizabeth Finn	5
Vision and rationale	6
Implementation and project management	6
Training	9
Integrating systems	10
Daily usage	11
Usage during COVID-19 pandemic	12
Prerequisites	12
Time	12
Information governance and data protection	13
Benefits	13
Technology at Rashwood Care Home.	16
Access Care and Clinical	16
Further information	16
Access Medication Management	17
Further information	17
Boots	17
Resources and links	18
Contact the NCF Hubble team	18

Introduction

Thank you for your interest in the Hubble Project, and Elizabeth Finn Homes.

This pack is based on the information we provided to people who took part in the ‘virtual visits’ to Rashwood in 2020.

This information pack summarises the key issues discussed during the visits, and provides you with further details to support the choices you make about introducing digital technology into your care service.

You can use the information here to build your business case for investment in technology, and to support planning, implementation and evaluation of impact.

You can access all of The Hubble Project resources, which were developed by The National Care Forum, on the Digital Social Care website at www.digitalsocialcare.co.uk/hubble.

This includes:

- This visitors’ pack
- Videos shown during your virtual visit
- Resources from the suppliers
- Templates, checklists and guides on commissioning and managing digital tech projects.

We see the Hubble Project as a brilliant opportunity to enable social care providers to see a range of digital tech in action, learning from their peers. We hope that we have inspired you to take the next step on your digital journey - wherever you are starting it!

Vic Rayner
Chief Executive
National Care Forum

James Palmer
Programme Lead, Social Care
NHS Digital

Richard Hawes
Chief Executive
Elizabeth Finn

www.digitalsocialcare.co.uk/hubble

Contact us: hubble@nationalcareforum.org.uk

The Hubble Project

The use of digital technology has rapidly expanded during the coronavirus (COVID-19) outbreak. Yet many social care providers are still struggling to make the most of technology to improve care.

The Hubble Project developed by the National Care Forum with funding **from NHS Digital's Digital Pathfinders Programme**, aimed to help care providers to understand the benefits of technology, how to build a business case for investment, and how to successfully introduce, use and evaluate technology.

The Hubble Project offered senior decision makers the chance to virtually visit 'innovation hubs' (via webinar) to learn how other care providers have introduced, used and evaluated digital technology to improve care. The sessions – which were held in 2020 - covered a wide range of technology so that they would be of value to all care providers, regardless of where they are on the digital journey.

The films and resources from these virtual visits are now being shared with everyone in the care sector. They are available on the specialist website Digital Social Care which is a dedicated space to provide advice and support to the care provider sector on technology and data protection.

Find all The Hubble Project resources at www.digitalsocialcare.co.uk/hubble

Speaking at the start of the project in 2020, Vic Rayner, chief executive of NCF said:

“Many care providers want to progress along their digital journey – but they feel they don't have the knowledge or confidence to make what can be big decisions about investment and implementation in technology. Being able to learn from colleagues who have been there and done that can overcome some of those concerns.

“These are warts-and-all sessions, where care providers will share the lessons they have learned. Our virtual visitors will also have access to a wide range of resources after the visits, including a toolkit to support building a business case, getting buy in, and implementation. And the tech suppliers featured during the sessions are also offering participants a time-limited reduction on the cost of their technology.”

James Palmer, Social Care Programme Head at NHS Digital, said:

“Involving care providers was a core founding principle of the NHS Digital Social Care Programme when it was established in 2015. All projects funded through the Pathfinders programme were required to support products and services that have the potential to make a big difference to the digitisation of the sector.

“We are delighted that NCF is using this innovative approach. It is so valuable to share direct experiences of introducing and using tech and these virtual visits will be accessible to a greater number of organisations than a physical visit would be.”

The hubs were based in three care settings in England and showcased a range of technologies including, electronic care planning, eMAR, acoustic monitoring, circadian lighting, sensor technology and telecare.

During the virtual visits, managers and staff demonstrated the technology that they use, and share their digital journey, including how they came to adopt it, the challenges and the benefits of implementing and using it, and the use of data to improve the quality of care.

Elizabeth Finn's tech journey

About Elizabeth Finn and Rashwood

[Rashwood](#), near Droitwich, is a 53-roomed nursing and care home for adults in Worcestershire. It has 40 nursing beds, and 13 residential beds. Rashwood provides full nursing care including to residents with MS and motor neuron disease, and they offer palliative care. Residents can transfer from the residential wing to the nursing wing if required, enabling them to remain at Rashwood.

It is one of ten homes operated by Elizabeth Finn Homes across England and is a wholly-owned subsidiary of the charity [Turn2us](#).

Key messages from Elizabeth Finn

- Focus on improvements to quality, safety and use of staff time, rather financial return on investment.
- Talk to other care services about systems they use before you talk to potential suppliers.
- Involve a cross-section of staff in developing requirements, testing and training, including those very confident about new tech and those less so.
- Communicate the vision and benefits clearly and constantly to staff, residents and family members.
- Have at least one champion in a leadership role – ideally the chief executive.
- Identify likely early adopters, and those who may be more anxious about new tech – bring them together to support each other as a group of super users.
- Limit the number of suppliers in order to develop a relationship and minimise confusion and supplier management. Ideally keep to one supplier.
- Ensure you have good internet infrastructure in place before you introduce new technology. Reliable wifi is essential to connecting systems.
- Choose your supplier carefully. As well as technical ability, they need good people skills in order to develop a clear understanding of the homes' day to day activities, and what you are trying to achieve.
- Give yourself time to test, learn and adapt – don't introduce everything at once.
- Take the opportunity to base any new system on what outstanding would look like – and work towards that.
- Take implementation in bite sized chunks – learn as you go.
- Have a project plan that is achievable and not overly ambitious.

- Learn how to analyse the data that the systems provide in order to do something different. It will not teach you how to do that.

Vision and rationale

Elizabeth Finn Homes offer a quality-driven service - quality and the experience of their residents and staff is at the heart of all that they do. Therefore, the main driver in introducing technology was not about saving money, but about improving the safety and quality of their care through enabling staff to spend more time directly with residents.

When Richard Hawes joined Elizabeth Finn in 2017 the company already had a basic electronic care planning system in place however it was difficult to analyse. He had also worked with electronic medication management systems before and recognised the benefits.

“Very early on, I wanted to bring the system up to date. For example, the medication management was paper based, so there was a real opportunity to increase safety through electronic systems. We brought people together to understand what we wanted to achieve and got input from them about the tech we might want to use.

“I see technology - in this day and age - as an integral part of delivering care. We use air mattresses to prevent pressure sores. The amount of medication errors in care homes is huge – for me using eMAR is no difference to using an air mattress. It helps protect our residents, and support our care staff as well from making mistakes.

“I think it has an opportunity cost. I think our staff turnover is lower as a result of it. There are people without a doubt that we have attracted into the business because we use tech. When looking at the business case for it, we have managed to do it within the same costs envelope as the previous system. So for us it has not been an extra cost but we have got extra value from doing it.”

Richard Hawes, Chief Executive, Elizabeth Finn

Making systems more efficient and freeing up staff to support residents directly was a key factor in deciding to go digital. Benefits become more apparent as the use of the system matures and becomes standardised.

“When you first use technology it does take longer to do something that you historically did on paper. It is more complex to begin with but, over time, it becomes much faster – for example distributing meds, and then staff then have more free time to support our residents.”

Richard Hawes, Chief Executive, Elizabeth Finn

Implementation and project management

The chief executive and wider executive team took the decision to use technology as part of their overall plan to improve quality and safety across all ten Elizabeth Finn homes.

They brought together a focus group with representatives from every level of the business including care staff, senior carers, home managers, and executives. The group developed a series of initial views and key areas of functionality and usage that were important for any new system to deliver from their perspective. They also visited other care homes to review systems in situ. They then refined their thinking to create a wish list which became an outline of requirements for potential suppliers.

One of the homes became an early implementer for Elizabeth Finn where they tested the product and developed the training. This included looking at what needed to be documented, what forms and charts would be required, where the tech would be situated how to make it more accessible, what training would be needed, and what guides and booklets would be needed for induction.

As well as seeking a supplier who could deliver most of the requirements, and adapt and find work arounds, the reputation of the supplier was also key. Due diligence procedures need to be carried out to ensure the supplier is financially sustainable and likely to be in existence over the longer term.

Developing a long term relationship with suppliers, and their key staff is also important. Elizabeth Finn Homes were seeking a supplier who would not only deliver on the technology, but who could also understand the needs of their care staff and residents, and deliver effective training.

The technology was rolled out home by home – generally related to the medication cycle in each care home - learning from each home as they implemented it and with additional staffing resource to support each home during roll out.

Implementation took approximately 9 months from start to finish.

Rashwood has been using iCareHealth (now Access Care and Clinical) for electronic planning and iCareMeds (now Access Medication Management) for electronic medicines administration records since July 2018 and September 2018 respectively. The systems are linked, providing staff and management with more accurate, up-to-date information about their residents and their care, including their medicines.

[Boots Care Services](#) supplies a direct pharmacy interface with Access' eMAR system which allows data to flow from the GP, through the NHS, into the Boots pharmacy system and then into a care home's eMAR system.

Staff, residents and managers were consulted on the introduction of the systems. The care home manager held meetings with the residents to explain that the system was being upgraded, and that staff would not just be spending time looking at their phones, but that these handheld devices were essential elements of the technology. The response was very positive, and many residents value the fact that they can see what the carer has entered on the care plan in real time and they can plan an active part in the recording of their care.

Care plans had to be rewritten as they could not transfer data from the previous system. While this was a challenge at the start, it was resolved and provided an opportunity to make the care plans of even higher quality in the new system

Some carers who were not accustomed to writing directly into a care plan were initially concerned that they would make errors. They were reassured that they just needed to record basic information at the beginning and over time records have expanded and improved. Retaining the system in training mode for some weeks enabled staff to build up skills and confidence, and it helped to identify staff who required more support to become familiar with the system. Also entries can be voided if required.

Crucially the introduction of the technology was not about eroding hours of staffing. The technology is used to free up staff to provide more one to one time with residents, not to replace or reduce staffing.

The integrated systems also give managers across the group an overview of activity. Data from the systems can be analysed and interrogated remotely, enabling managers to review performance, identify any areas of concern, and drill down into the detail.

Before using Access Medication Management Elizabeth Finn Homes were burdened by the inaccuracy of paper based MAR charts and the potential gaps in detail and illegible writing that can be associated with them.

The software is lifting a lot of pressure off the teams and allows them to really make the most of the skills they have developed.

Richard Hawes, Chief Executive of Elizabeth Finn says:

“We hadn’t logged times before, but we’re sure that once staff are up to speed with using the system administration times come down as do booking in times. In addition, it supports more junior staff undertaking meds rounds, so allowing for the nurses to use their technical skills in a more appropriate way.”

Integration was also key, Elizabeth Finn had been using Access Care & Clinical care planning software and when looking for an eMAR system the ability to link to this was very important. Access provided a direct eMAR system to partner this.

Richard said:

“The one massive requirement that emerged from our working groups was that any electronic records system and medicine management system needed to dovetail together. They needed that seamless integration.”

Elizabeth Finn Homes always looked at the implementation of an electronic eMAR system and electronic care planning system as a benefit for the residents, allowing them to have more time with their carer.

“When introducing the system, it was never the intention to save money, our ROI was all about being able to maximize the time our staff can spend with residents.”

Richard Hawes

Rashwood's existing hardware and wifi system was sufficient to support the new technology.

Introducing the systems to the staff was the key issue. As staff were already familiar with a type of electronic care planning, introduction of the new care planning system was relatively straightforward.

The medication management required more explanation and support. As well as viewing the system in action in other services, open communication was key. Staff, and residents, were kept informed about the direction of travel and given the opportunity to raise concerns throughout. A focus group was established to consider any issues raised by staff, and if they had not already been managed, Rashwood then raised the issue with Access as the suppliers.

As the systems were being introduced in all Elizabeth Finn homes, after each implementation, review meetings were held to identify lessons learned for the next home.

"The key to implementation is good communications. Listen to staff. They will have concerns and support them with that - otherwise it won't work. I have staff who now say me 'You told me this would improve my life, and I was really frightened about it, but you were absolutely right and I really can't imagine working without it now.'"

Richard Hawes, Chief Executive

Some carers were concerned about how accountable it makes them due to the audit trail within it. Managers clarified that this would be used to identify errors and near misses, and crucially to support staff as required. For example, it highlighted that the medication round was too big for one staff member to manage on time accurately, therefore two staff now manage the round.

Once carers realised how easy it was to use with the handheld devices, and they saw how valuable their input was, they accepted it.

In terms of the technology, Rashwood had already invested in its wifi infrastructure in residents' rooms. They were able to introduce a parallel system for the electronic care and medication system. Good quality wifi infrastructure is key otherwise systems cannot connect. Elizabeth Finn also had the benefit of a good in-house IT team, and leaders who were keen to champion the use of technology.

Training

One of the concerns many providers have when looking at adopting electronic care planning and eMAR is around staff training and culture change. The adoption of these types of tech will change the way staff work – particularly if they have never been responsible for updating a care plan as they go through their working days. Elizabeth Finn identified which staff were struggling early on and trained 'super users' throughout the organisation to help.

Elizabeth Finn identified key staff who were already comfortable with using digital forms, as well as those who were more likely to struggle with the new system, including staff who may not have used mobile phones or a PC. These groups were brought together as 'super-users' to support each other and build confidence and skills. In some cases, it was about writing reports, rather than the use of the technology per se. Recognising this enabled managers to reassure them that it was the person centred care information that was vital – not their writing skills.

Training was provided for all staff. This included a week of intensive training for 'super-users' including nurses, senior carers, managers. Then half day training, over two days, for all carers.

Rashwood kept the system in 'training mode' for a number of weeks so that staff could get accustomed to the system before switching over to live data. This was invaluable as it gave everyone time to adjust, test and amend the system.

Follow-up support was provided to those who were struggling.

Staff in one home developed an introductory guide for staff to use.

Staff attended elearning training on the medication management system prior to face to face training to ensure they were familiar with the concept before using it directly.

Go-live sessions were supported with extra staff coming in to support with the medication round.

The system itself also helps. The electronic care planning and eMAR systems are visually focused which helps some staff who struggle with lots of text on a screen. Drop-down boxes in the system also help. Prompts mean that a care worker can't accidentally miss something or not give enough detail. The analysis of data from the system prevents a 'near miss culture' from developing as Elizabeth Finn can identify issues and fix them when they occur – this might involve extra training for staff.

Integrating systems

Elizabeth Finn's advice is to make a very clear specification about what you want and where you want to go in the future as part of a wider IT strategy. As part of this, you will need to have buy-in from other parts of the business about what their needs are – from the more technically minded down to the frontline staff. It is important to have a dedicated IT officer alongside the IT strategy as well as a robust project management approach. You need the IT strategy to scope out vision over the next few years before embarking on any procurement exercise. This will prevent silo'd purchased which may not link well together. You need to assess risks of future compatibility, supplier viability etc.

It is also essential that providers ask to speak to the technical expert at any technology company and not just the sales person. They will be able to answer questions about integrations and futureproofing. Even after any new technology has been purchased and implemented, don't be afraid to challenge the techies and ask for things to be changed to improve how the system fits with the practice of your care setting or to make data analysis

easier. Elizabeth Finn got aspects of the fluid and wound charts in the electronic care planning system changed and a COVID-19 care plan added.

When looking at adopting an eMAR system care needs to be taken about integrations with pharmacy interfaces. Different eMAR technology suppliers may only offer support for specific pharmacy systems. Elizabeth Finn found it easier because their supplier, Access Group, already had an arrangement with Boots Pharmacy and were able to use the pre-packed solution. It becomes trickier if you have a number of homes linked to different pharmacies that don't have a consistent interface system - they might not all be able to link with your chosen eMAR solution. It is important to talk to local pharmacies to understand compatibility and any other issues that may occur.

Elizabeth Finn also cautions against assuming that buying from a single vendor means that all pieces of software or technology will work seamlessly. Often software organisations buy other companies and integrate their software. This doesn't necessarily produce seamless integration. You need to test the system first - perhaps by finding another provider who has adopted the modules you are considering.

Daily usage

Elizabeth Finn Homes make use of the full Access Care & Clinical and Medication Management features along with Mobile Point of Care on handheld devices, allowing carers to take notes and review care plans at the bedside.

They have found they can complete administrations more effectively by having access to detailed, up to date information at the point of care. With Access Care and Clinical and Medication Management they can record notes at the point of care, often with the participation of the residents, and make those notes far more accurate and person centred. Having greater efficiency and detailed information on the person's individual needs means they can deliver more person focused, individualised care that truly reflect the best interests of their residents.

This all frees up time to devote to the residents.

The software has also simplified their handover processes, having accurate medication records for the next worker assures that the next person on shift has all the information they need to continue each resident's care, and further decrease the chance of medication errors.

Carers are now inputting information directly to care plans, but nurses continue to oversee them. Information is immediately updated and available for all staff across the organisation to review and analyse as required, across all of the homes. Central management staff are able to audit data remotely and discuss it with individual care home managers. For example, alerts on fluid intake or medication can be reviewed and acted upon quickly.

Usage during COVID-19 pandemic

Since they have implemented the systems, they have also taken on some of the newest features on the systems particularly around COVID-19, **being one of the earliest adopters of the updates, across their homes.**

During COVID-19 both Access systems had product updates, to further support users during the challenging times. Flexible and comprehensive digitised assessment forms were added, allowing them to not only identify residents suspected of COVID-19 but then to also manage their progress.

The Vital Signs, NEWS2 charts and high temperature alert were all new and key assessments in the systems and allowed people using Access Care & Clinical and Medication Management to identify risks across residents and the wider business.

A Coronavirus Tag was also added to both systems, this allowed a quick recording of whether a resident is suspected of having COVID-19 by tagging them on the system to notify other users. The Self-Isolation exception reason functionality also allows the user to record when they are not able to provide care to a resident due to that resident self-isolating.

The ability to keep family in contact is a key feature of the system too during COVID-19. Maintaining a connection with families and care professionals during a closed-door policy is key and Access Care & Clinical works with carers to make sure families are kept updated on their loved one's care through the system.

During COVID-19, all Elizabeth Finn homes had to go remote. Senior managers were able to review records to track for possible symptoms. For example, a care worker recorded that a resident commented that the food 'didn't taste normal'. Isolation procedures were able to be put in place quickly – prior to testing being available - and as a result they were able to manage the spread of infection.

Prerequisites

The systems are dependent on an effective and reliable internet infrastructure. Invest in wifi system before considering introducing these systems.

Time

During implementation, Elizabeth Finn Homes increased staff resources including an extra clinical support worker. The Chief Operating Officer also dedicated 50 percent of her time to the project over nine months, helping to ensure the changes were accepted, and driving the training programme.

The Chief Executive took a very proactive role and drove the project – attending all focus group and implementation meetings. He had a strong level of ownership of the project, driven by his background as a nurse, but also due to his interest in technology and the benefits it can bring.

Information governance and data protection

Elizabeth Finn made sure that in its agreement with its software suppliers that they own the data which is stored on the software vendor's server. This data remains Elizabeth Finn's even if the software company is sold or goes out of business. These arrangements are something that you need to ensure in any contract you sign with a software vendor.

Elizabeth Finn also runs its own servers for backups of data from a range of software it uses as a further safeguard.

The electronic systems used by Elizabeth Finn are accessed through computer terminals or Android Phones. Every member of staff has access to an Android phone with the necessary software but they are not tied to a specific device. These phones should have management software to lockdown the devices to prevent them being misused or taken offsite. This allows Rashwood to blacklist any phones that go missing or prevent applications other than core business apps being installed. Data is not stored on the phone but it is immediately uploaded to the cloud. If the internet fails, a temporary copy of the data is stored on the phone until the phone next reconnects.

The phones that Rashwood care home uses are a basic Samsung model costing about £170. They are waterproof with a decent battery. They last 2-3 years after sustained use.

Elizabeth Finn's data handling policy states:

Information is a vital asset, both in terms of the clinical management of individual residents and the efficient management of services and resources. It plays a key part in clinical governance, service planning and performance management.

It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures are in place and management accountability and structures provide a robust governance framework for information management.

It is equally important that all information is collected, handled and stored in accordance with Data Protection principles.

This policy provides such a framework.

At Elizabeth Finn all of the care and medication documentation is now held and stored in a secure electronic digital format.

Benefits

The use of handsets to access and input data to the electronic care planning system and laptops (by Registered Nurses) to access and input data to the eMAR system has been transformational. The systems are easy to use and are quickly taken up by new staff. The home has identified real benefits to introducing the systems including:

- More responsive care as comprehensive, up-to-date care plans enable staff to identify and respond to changes in care needs more rapidly

- More efficient and accurate information sharing as all appropriate staff have access to the same version of the most up-to-date records
- More time efficient for all staff. In particular it reduces the time nurses spend on documentation as other staff are also involved in recording information.
- Reduced medication errors and near misses
- More efficient management of medication stocks
- Less paperwork, duplication of recording and printing
- Efficient analysis of data to identify trends at individual resident, care home or group level. This data supports individuals' care as well as management, commissioner and Care Quality Commission requirements.
- The integrated systems give Elizabeth Finn Homes oversight across all care homes, enabling management to respond to emerging issues. For example, if a care home is behind with their care plan review, they can check to see if this might be related to sickness or a high number of admissions, and enable the group to provide support more quickly.
- Level of documentation and accurate note taking within homes has improved. Care plans were good before, and are now outstanding. The system prompts everyone to consider what information needs to be considered and included, building the skills and confidence of all staff.
- CQC inspectors can be given a guest log in to review care plans. They can for example, see that carers, residents and family members are contributing to care plans – not just nurses. Managers also have more detailed information to support inspection.
- Nursing staff can review wounds, nutrition, weight management etc, and interrogate information to for example see what might be a falls risk.
- Complaints can be more quickly investigated and resolved using the quality of data available on the digital system.
- Going digital means efficiency in the storage of paper records and the associated cost of this.

Access Medication Management has only been positive for Elizabeth Finn Homes. From initial implementation to use on a day-to-day basis, the system's advantages are resonating with staff and residents alike becoming a crucial factor for the success of the organisation.

Having the system in place has allowed them to easily document and demonstrate the high-level of care delivered by their teams to the CQC.

Richard adds:

“Before we implemented eMAR and the medication management recording system we had one outstanding home. We’ve had three inspections since implementing the system and all three have mentioned technology. Now two of these three are outstanding with a third outstanding in responsive. I have no doubt the technology played a part in those results.”

“Where Medication Management has really helped us is around the extended role of the care worker. It gives us more flexibility and allows a senior carer more time and support to assist with medication rounds. The eMAR system gives them that extra sense of confidence, which really makes the difference.”

Technology at Rashwood Care Home.

The following technology-enabled care (TEC) was showcased during the virtual visit.

- [Access Care and Clinical](#) (formerly iCareHealth) is a point-of-care electronic care planning system which care staff and nurses can access and update on work-issued handsets in real time.
- [Access Medication Management](#) (formerly iCareMeds) is an electronic medicines administration record system (eMAR).
- [Boots eMAR Pharmacy Interface](#) connects GP prescriptions, with Boots pharmacy supplies and the Access Medication Management system used at Rashwood.

These systems are fully compliant with the General Data Protection Regulation (GDPR).

The Access and Boots systems are linked so that information about residents' medication is shared across both their care plan and their prescriptions and medication.

Access Care and Clinical

[Access Care & Clinical](#) is a complete residential care planning system. It helps evidence the quality of care that is delivered in Elizabeth Finn Homes, and helps them manage risk and compliance and store all resident interactions in one place. With detailed care plans and assessment forms, the system allows a quicker, more secure and intuitive way to complete daily care tasks across all their homes.

With the **Mobile Point of Care app**, recording and notes can be made quickly and efficiently at the resident's bedside, allowing carers to spend more time delivering care. All signs of well-being, signs of ill-being and any other details you deem as important are captured accurately and quickly.

Key features of Access Care & Clinical include:

- Daily Notes
- Management Reporting
- Scheduled Tasks
- Care Planning
- Mobile App
- Handover Reports
- Monitoring Charts
- Assessment Forms
- Integration with Access Medication Management

Further information

Visit www.digitalsocialcare.co.uk/hubble

Website: <https://www.theaccessgroup.com/health-social-care/care-management-software/clinical-management-software/>

Access Medication Management

[Access Medication Management](#) (formerly iCareMeds) is an electronic medicines administration record system. It enables relevant care home staff to view and record all of the medications that a resident receives – including prescription and non-prescription medication and medical devices. The system enables staff to ensure that residents always get the correct medication at the right time, while reducing administration and medication errors. For example, by recording the time of administration of all medications, the system alerts staff to any potential risks of medicines being administered too close together. The system also enables the home to track medication stocks.

It is a safer, more accurate and efficient way to manage, record and monitor medication administration. It has allowed Elizabeth Finn Homes to improve their medication practices by removing the need for error prone paper-based MAR charts, and integrates easily with their current care planning system Access Care & Clinical.

Access Medication Management ensures that residents prescribed medicines are given to the right resident, at the right time ensuring administrations are not overlooked and reduce the risk of medication errors.

Further information

Visit www.digitalsocialcare.co.uk/hubble

Website: <https://www.theaccessgroup.com/health-social-care/care-management-software/medication-management/>

Boots

Boots Pharmacy provides a direct interface between the eMAR system at Rashwood, and the local Boots pharmacy. This direct interface ensures that resident data can flow seamlessly from the GP, through the NHS spine (in England), into the pharmacy system and then following an accuracy and clinical review from a Boots Pharmacist, into the care home's eMAR system.

Data is sent from the local servicing Boots pharmacy in real time, enabling Rashwood to react and respond to medication changes immediately. Staff at the care home receive all new medication and input the amount received from Boots. This is added to stock already held at Rashwood.

Reporting functionality in the eMAR system can be used to work with both the GP and Boots pharmacy to reduce medication wastage and ensure residents always have the medication they need.

Resources and links

[The Hubble Project](#)

Access information from all three services involved in The Hubble Project.

[The Hubble Toolkit](#)

Guides and templates to help care providers to introduce tech-enabled care including:

- Business case template
- Project management guide
- Project plan template
- Writing a tech specification
- Tech supplier checklist

Care providers can download and adapt these resources to meet their own needs.

[Digital Social Care](#)

Digital Social Care is a dedicated space to provide advice and support to the sector on technology and data protection.

[Suppliers of tech-enabled care](#)

The Care Software Providers Association (CASPA) has a list of many tech and data software suppliers.

[The TEC Services Association \(TSA\)](#)

The TEC Services Association (TSA) is the representative body for technology enabled care (TEC) services.

[National Care Forum](#)

NCF is the membership organisation for not-for-profit organisations in the care and support sector. NCF delivered The Hubble Project as part of NHS Digital's [Digital Social Care Pathfinders Programme](#).

Contact the NCF Hubble team

Email us at hubble@nationalcareforum.org.uk