

# Diabetes in care homes

**Awareness, screening, training**



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## Foreword

Diabetes UK and its supporters campaign to improve the care of all people with diabetes. There have been a great many advances in diabetes management and care in the last decade. These, in part, have been driven by the introduction of several important initiatives such as the National Service Framework for Diabetes, various evidence-based diabetes guidelines from the National Institute for Health and Clinical Excellence and the inclusion of diabetes in the Quality and Outcomes Framework in primary care.

Despite this, progress in caring for older people with diabetes in a residential care setting has been slow. All people with diabetes should have access to the same level of high quality care, whether they live at home or in residential care. Earlier this year, through the publication of new clinical guidelines, a Task and Finish group commissioned by Diabetes UK sought to improve the care of people with diabetes in residential care. The group's *Good Clinical Practice Guidelines for Care Home Residents with Diabetes* made a series of practical recommendations for good clinical practice which should be implemented by all care home providers responsible for the care of people with diabetes.

To support this work, and to gain a better understanding of the existing care people with the condition receive in residential care homes across England, Diabetes UK commissioned this report. Using surveys and Freedom of Information requests across a range of providers and local authority commissioners, the report highlights variations in approach and practice to delivering diabetes care.

Our evidence has revealed that, while some good practice exists, many care home providers do not follow good practice guidelines or provide adequate training for staff, with consequences for the quality of care people with diabetes receive. Results from our work reveal a lack of screening for diabetes; less than a quarter of homes screen residents for diabetes on admission and only a third screen for the condition on an annual basis. From these findings we can conclude that at least 13,500 older people in care homes have undiagnosed diabetes. When added to the estimated number of residents in care homes with diagnosed diabetes, this is a large number of people whose care needs are not being met through staff awareness, screening and training.

For people with diabetes, good quality care helps prevent complications and reduce unnecessary hospital admissions. Diabetes UK estimates that someone with diabetes is admitted to hospital from residential care every 25 minutes. Unless action is urgently taken to improve diabetes management in care homes, by 2051 one person will be admitted to hospital from residential care with a diagnosis of diabetes every

10 minutes. With health and social care services looking to make efficiency savings, improving the care of older people with diabetes in residential care will help to prevent unnecessary admissions, reduce hospital costs, and improve residents' quality of life and experience of care.

We hope this report, together with the *Good Clinical Practice Guidelines*, will stimulate renewed efforts to improve the care older people receive in residential care homes.



**Professor Sir George Alberti**  
Chairman of the Board of Trustees  
Diabetes UK



**Professor Alan Sinclair**  
Task and Finish Group Lead  
Diabetes UK

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## Key recommendations

We have undertaken a series of evidence gathering exercises to uncover the state of diabetes care in residential settings. This covered both private and NHS-run care homes. Diabetes UK has produced this report to highlight findings and make a number of recommendations for improvement in the commissioning and delivery of high quality diabetes care for residents of care homes:

- To improve patient care and reduce hospital admissions, every care home should implement the recommendations in the *Good Clinical Practice Guidelines for Care Home Residents with Diabetes* guidance.
- All people with diabetes living in care homes should have an individualised care plan tailored to their needs.
- Care homes should screen all new residents for diabetes on admission as well as to screen all residents for diabetes at two yearly intervals.
- All care home managers should put in place appropriate diabetes-specific training for all staff involved in the care of residents with the condition.
- Every local commissioner should make an assessment of their local population's needs with regard to effective diabetes management in care provision. This should encompass the needs of older people resident in care homes.
- As part of the planned Information Strategy, attention should be given to make timely and relevant data and information about diabetes care publicly and easily accessible, ensuring that patients' and residents' needs come first.
- Urgent clarity is needed as to whether local authorities or the NHS is responsible for providing information and guidance to care homes on the management of specific conditions such as diabetes.
- The Care Quality Commission (CQC) should ensure that diabetes-specific training is part of its registration requirements, and should audit this as part of the inspection process.
- Every responsible local authority should clearly list on their website in an accessible place the care homes in their area with which they hold contracts, and identify whether they are private, voluntary, or local authority/NHS-run.
- Hospital admissions data should capture the place from which someone is admitted to hospital, ie own home or residential care home.

# The challenge of diabetes in residential care homes

Diabetes is a serious long-term health condition. Most health experts agree that the UK is facing a huge increase in the number of people with diabetes. Since 1996 the number of people diagnosed with diabetes has increased from 1.4 million to 2.8 million<sup>1</sup>. By 2025 it is estimated that over four million people will have diabetes. Because of our ageing population and rising levels of obesity, most of these cases will be Type 2 diabetes.

## What is diabetes?

Type 1 diabetes develops if the body cannot produce any insulin. Insulin is a hormone which helps the glucose to enter the cells where it is used as fuel by the body. Type 1 diabetes usually appears before the age of 40. It is the least common of the two main types and accounts for around 10 per cent of all people with diabetes.

Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is produced does not work properly (known as insulin resistance). In most cases this is linked with being overweight. This type of diabetes usually appears in people aged over 40, though in South Asian and Black people, it can appear from the age of 25. It is becoming more common in children and young people of all ethnicities. Type 2 diabetes accounts for around 90 per cent of people with diabetes.

As the UK's population lives longer, more people are living in care homes<sup>2</sup>. Estimates for the UK are that the current residential and nursing care home population of 450,000 will increase to 1,130,000 in the next 50 years<sup>3</sup>. The figures are alarming and confirm that diabetes is one of the biggest health challenges facing the UK today and the associated social and health cost of providing care will escalate from £13 billion to an estimated £55 billion by 2051<sup>4</sup>.

In care homes, diabetes presents an increasing health and economic challenge. As many as one in four residents of care homes in England are estimated to have diabetes<sup>5</sup>. Residents with diabetes have a high prevalence of vascular complications, are more susceptible to infections, and are more likely to be hospitalised compared to people with diabetes who are still able to live independently<sup>6</sup>.

## Improving clinical practice

In 1999 Diabetes UK, formally known as the British Diabetic Association (BDA), produced *Guidelines of Practice for Residents with Diabetes in Care Homes* as part of a set of national standards to improve care for people with diabetes living in care homes. In the following decade, several important initiatives in diabetes care were

introduced including: the National Service Framework for Diabetes<sup>7</sup>; evidence-based diabetes guidelines from the National Institute of Health and Clinical Excellence<sup>8</sup>; and the inclusion of diabetes care items in the Quality Outcomes Framework in primary care<sup>9</sup>.

While there is evidence these approaches have resulted in a greater emphasis on integrated diabetes care, with a focus on community-based and primary care working, Diabetes UK was concerned that the *Good Clinical Practice Guidelines* had not been fully implemented and that there had been relatively little progress in enhancing high quality diabetes care within residential settings<sup>10</sup>. In light of this, and with the current and increasing pressures on health and social care services to deliver clinically and cost-effective care, a greater commitment is needed to achieve good outcomes for people with diabetes in care homes.

Diabetes UK's Task and Finish Group – a multidisciplinary team of diabetes experts – were tasked with establishing new guidelines of good clinical practice for diabetes care within care homes. The resulting, *Good Clinical Practice Guidelines for Care Home Residents with Diabetes*, aims to encourage changes in policy and practice to:

“ensure that the wellbeing of residents with diabetes is paramount, that high quality policies of diabetes care are implemented and monitored, and effective diabetes education is a mandatory and integral part of care home staff training<sup>11</sup>”.

The guidelines included a number of practical, evidence-based recommendations for improving the delivery of diabetes care in residential care, including:

- the use of an individualised diabetes care plan for each resident
- the development of a policy of diabetes care within each care home
- the establishment of a policy of screening for diabetes within care homes at admission and at two yearly intervals
- the development of an audit tool to assess the quality and extent of diabetes care within care homes
- providing an insulin delegation policy template which can be adapted in each district to oversee the initiation of insulin in community settings including care homes
- the appointment of at least one diabetes specialist nurse (DSN) for older adults in each district whose remit and responsibilities encompass the requirements of residents within care homes
- the establishment of opportunities for care home staff to attend a diabetes educational and training programme within each district<sup>12</sup>.

## Barriers to improving diabetes care in care homes

There are currently more than 18,500 care homes in England. Of these around 1,000 are operated by local authorities, 200 by the NHS, 3,000 by the voluntary sector and around 14,300 by private owners<sup>13</sup>. Care homes in England are regulated and inspected by the Care Quality Commission (CQC), which ensures they meet minimum standards of care provision and provides a quality rating on each home inspected. However obtaining more detailed information on the quality of care for particular conditions such as diabetes does not currently fall within its remit. This, in itself, can make choosing a suitable care home for people with diabetes difficult for older people in need and their carers.

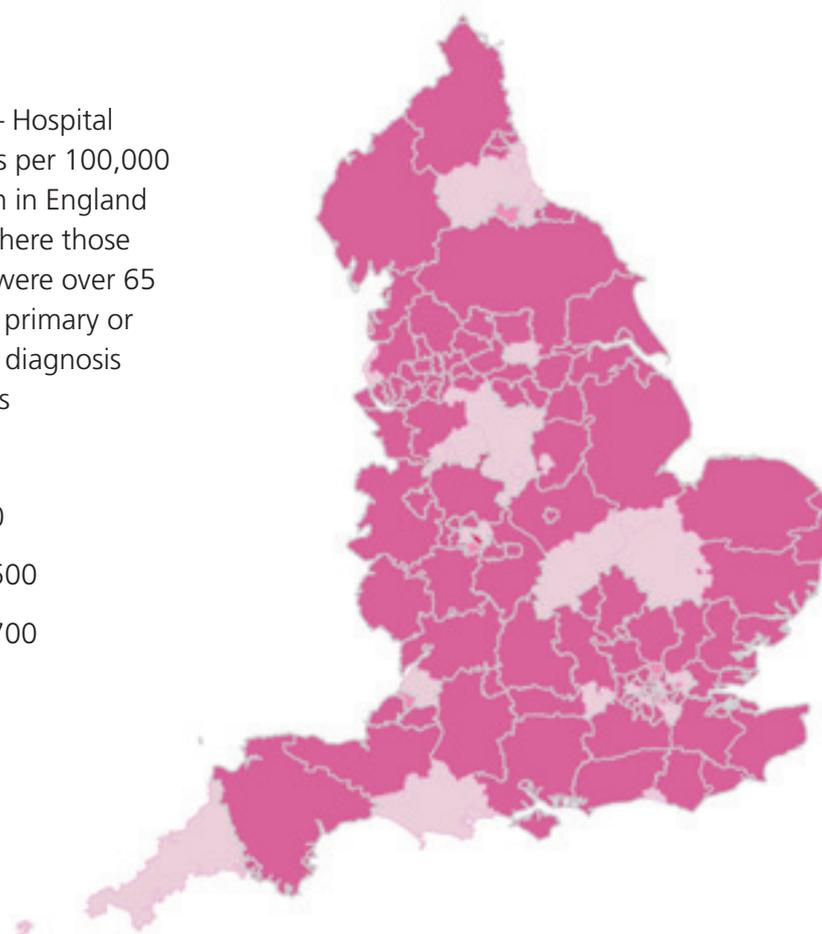
A three-stage approach to scrutinising care was adopted:

- estimating the scale of the problem – and the opportunity for improvement – as evidenced through hospital admissions data
- surveying care homes to ask about: the prevalence of diabetes in people living in their home; their approach to diagnosis and management of diabetes; and the sources of information, training and support they are able to access to ensure high quality care
- surveying, via a Freedom of Information request, local authorities themselves to determine what assessment they have made of diabetes in residential care homes in their area, and what support they are lending to the care homes with which they have contracts.

This report sets out findings and makes a number of recommendations for improvement in the commissioning and delivery of high quality diabetes care. We hope that this will be useful in assisting the Government as it implements the proposed changes to commissioning outlined in the NHS White Paper Equity and Excellence: Liberating the NHS and synergises with the white papers forthcoming in public health and social care.

# The scale of the problem

**Figure 1** – Hospital admissions per 100,000 population in England 2008–9 where those admitted were over 65 and had a primary or secondary diagnosis of diabetes



## Rising hospital admissions

Diabetes is a major and growing source of hospital admissions in the NHS. Latest government estimates state that there were over one million admissions to hospital in the last year for which statistics were available (2008/2009) where the patient's primary or secondary diagnosis was diabetes<sup>14</sup>. 70,310 people were admitted to hospital with a primary diagnosis of diabetes in 2008/2009 and these figures are the highest on record<sup>15</sup>. Over a quarter (26.9 per cent) of all people admitted to hospital with a primary diagnosis of diabetes were aged over 65, and of those admitted with a secondary diagnosis of diabetes, 61.5 per cent were aged over 65<sup>16</sup>.

Across the country there are significant variations in the number of people admitted to hospital as a result of diabetes (see figure 1 above). Some PCTs are admitting 13 times the number of patients primarily diagnosed with diabetes to hospital in comparison with others<sup>17</sup>. This variation highlights the different degrees of strain placed on hospital trusts and the resources and staff they need to allocate to assist patients. It also highlights the importance of effective management of diabetes care in community and residential care settings, to prevent unnecessary and unplanned admissions.

## Diabetes-related hospital admissions from care homes

Unfortunately, the Government does not currently make any estimate of the number of people admitted to hospital from residential care homes<sup>18</sup>. Current Hospital Episode Statistics (HES) data does not capture the setting from where the patient is admitted and the National Diabetes Audit (NDA) similarly makes no such assessment<sup>19</sup>. This inhibits commissioners' ability to determine whether unplanned admissions for people with diabetes are as a result of poor management in residential settings.

In the absence of this data, an estimate of the numbers of older people who may be admitted to hospital from residential care as a result of their diabetes has been made. Using latest government estimates this is calculated to be 22,425 people or approximately one person every 25 minutes<sup>20</sup>.

Looking ahead, by 2051, the number of people in care homes will rise to 1,130,000 – an increase of 151 per cent on current levels<sup>21</sup>. On this basis, we could expect the number of diabetes-related hospital admissions from residential care to increase to 56,287 – or more than one person every 10 minutes<sup>22</sup>. Since 1996 the number of people diagnosed with diabetes has increased from 1.4 million to 2.8 million people in 2010<sup>23</sup>. By 2025 it is estimated that over four million people will have diabetes. Most of these cases will be Type 2 diabetes, because of our ageing population and rapidly rising obesity<sup>24</sup>.

### Recommendation

To improve patient care and reduce hospital admissions, every care home should implement the recommendations in *Good Clinical Practice Guidelines for Care Home Residents with Diabetes*.

### Recommendation

Hospital admissions data should capture the place from which someone is admitted to hospital, ie own home or residential care home.

# Diabetes management and care in residential care homes: survey findings

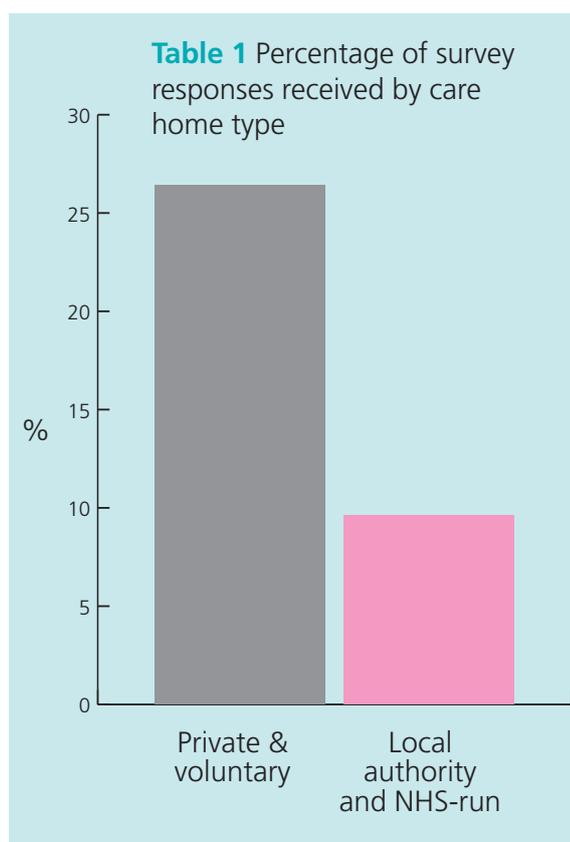
In order to better understand the care provided in practice by residential homes to older people with diabetes and where they were turning to for information and support, Freedom of Information (FOI) requests were sent to care homes across England. To ensure a representative sample, 500 local authority and NHS-run homes were selected with an even geographical distribution. Since there are relatively few NHS-run homes, we weighted the sample proportionally towards local authority-run homes. In addition, a representative sample of 500 private and voluntary run care homes were surveyed. These homes are not currently subject to the Freedom of Information Act 2000 and therefore this was a voluntary survey. Both surveys had the same core questions (with the only differential being an additional question to private and voluntary-run homes to determine their ownership). The survey questions are included in the Appendices. Table 1 sets out the numbers of responses received to the two different surveys.

## Responses received

We were encouraged by the response rate from private and voluntary providers, since there was no FOI imperative for these requests. Given the detail of the responses (set out below) we take this as an indication of these providers' interest and openness to improving diabetes care for their residents, but also a need for more information and support.

A poor response (only 48 from 500) was received from local authority and NHS-run care homes.

Having publicly accessible, meaningful and comparable information about the quality of care provided in all care settings is fundamental to increasing people with diabetes' ability to choose their provider, as well as hold them to account for the quality of service received. This applies as much to care homes as it does to hospitals or GP practices. The recently launched series of documents for consultation



have been published following the White Paper, *Equity and Excellence: Liberating the NHS*. The Government has expressed their intention to strengthen the role information can have for people to exercise choice in health and social care services. We welcome clarification on how the information and choice agenda can promote joined up links between health and social care services so patients and carers have the freedom and information to choose the service to best meet their needs.

Data and information on service provision and performance is also fundamental to commissioning decisions for which, in the proposed new system of commissioning arrangements, local authorities will have increasing responsibility<sup>25</sup>. It is imperative that local authorities and the NHS provide support to care homes in responding to requests.

Diabetes UK believes that people should not have to undertake an FOI in order to find helpful information on how care homes support and manage the care of older people with diabetes, when making decisions about which provider to choose. The CQC's rating system does not give adequate information to people who may wish to compare performance against issues that matter to them, such as:

- Have all staff members been given training to enable them to understand the importance of good diabetes care in ensuring the continuing good health of the resident and be able to provide that level of care? This should include all support staff as well as medical staff.
- Are there varied and balanced food options? Are domestic staff aware of healthy eating plans? The domestic staff are often well placed to identify changes in a resident's condition as they spend time in conversation while carrying out their tasks.
- Is there a policy in place for administering medication, such as insulin delegation policy? Untrained staff can be trained to give insulin injections and test blood so that the food and medication can be matched together.
- Is there a named staff member responsible for residents with diabetes?

### Recommendation

As part of the planned Information Strategy, attention should be given to make timely and relevant data and information about diabetes care in care homes publicly and easily accessible.

## The prevalence of diabetes in care homes

Current estimates place the number of older people with diabetes resident in care homes at one in four<sup>26</sup>. In addition to capturing those people with a known

diagnosis, researchers therefore actively screened residents to identify those whose diabetes had not been detected, and found that prevalence was much higher than initially thought<sup>27</sup>. Diabetes UK's *Good Clinical Practice Guidelines* therefore recommends that screening for diabetes takes place at admission and at two-yearly intervals thereafter.

In our survey, we asked care homes to provide the number of residents, the number diagnosed with diabetes, and whether they screened residents on admission and on a regular (annual) basis.

The prevalence of known diabetes reported across the survey population was 13 per cent, comparable to the initially diagnosed population seen in the above study. However, only 23 per cent of homes screened all residents on admission for diabetes, and only 28 per cent on an annual basis. These low figures indicate that there may be a hidden population of older people with diabetes and whose needs for care are not being met.

Those homes that did screen on admission had a higher known prevalence of diabetes of 15 per cent, where those that did not had a known prevalence of only 12 per cent. This figure indicates that there may be as many as 13,500 older people living in care homes whose diabetes has not been identified.

The earlier study by Professor Alan Sinclair, referenced above, found that the number of older people with diabetes in care homes increased to 26.7 per cent after screening. If this figure were applied to these findings the number of older people living in care homes whose diabetes has not been identified could be as high as 66,150<sup>28</sup>.

### Recommendation

Care homes should screen all new residents for diabetes on admission as well as to screen all residents for diabetes at two yearly intervals.

### Meeting individual needs – the importance of care planning

In order to ensure that care for older people is tailored to need, all care homes are expected to put in place a care plan for each resident, agreed with them (and/or their family or carer) as well as their GP and home care staff. Care plans are vital for people with diabetes and this was a core recommendation in the Task and Finish group report which stated that: "Each resident with diabetes should have an individual care plan agreed between the resident (and relative/carer), general practitioner and care home staff<sup>29</sup>." This means that, wherever the person goes, whether to a clinic or for a hospital admission, all the necessary information about their diabetes can go with them and there is no danger of poor communication causing problems. These care plans should take into account the many different

conditions that an older person may have, including in the case of those with diabetes their nutritional, podiatry, retinopathy and medication needs.

Our research found that 89 per cent of care homes said they had individual care plans in place for all residents. We are concerned that while 100 per cent of local authorities believed their care homes used individual care plans for all residents, 11 per cent of homes did not have care plans of any kind in place, leaving 49,500 residents potentially not receiving the support they need.

### Recommendation

All people with diabetes living in care homes should have an individualised care plan tailored to their needs.

Additionally, given the potential number of people with diabetes in care homes who have not been diagnosed, there is a concern that many people's existing care plans are not fit for purpose. Screening residents for diabetes on admission and at regular intervals will ensure that more people's care plans reflect their care needs.

### The quality of diabetes training in care homes

The provision of high quality diabetes care is reliant upon care homes having access to the latest clinical evidence on how to manage the condition, and when and where to seek specialist support. To this end we asked care homes what training (formal, external and internal) they put in place for their staff in relation to diabetes care.

83 per cent indicated that they had some form of diabetes management training. This varied in format and included:

- internal training sessions
- completion of internal workbooks
- attendance at external courses
- information from third parties such as pharmaceutical companies
- use of online and television sources.

Of concern was the fact that 17 per cent of homes had no training structures in place for diabetes care. 60 per cent of care homes with no training provision had residents living with diabetes; indeed, one home with 19 residents with diabetes stated they had "minimal information" on the condition. In response to the question on what training is provided, other answers included:

"None, free training hasn't been made available, and it's not a mandatory course although I would like my staff to do some."

Care home manager with three residents with diabetes

“Very difficult to provide any as local PCT refuses to provide training to nursing homes.”

Care home manager with eight residents with diabetes

“Have requested training but unable to access.”

Care home manager with two residents with diabetes

### Recommendation

All care homes should put in place appropriate diabetes-specific training for all staff involved in the care of residents with the condition.

It is vitally important that care home staff have received sufficient training to appropriately manage residents with diabetes.

### Provision of support from the NHS and local authorities

Our survey responses indicated that care homes were actively looking for, but not always finding, information and support to manage diabetes effectively. Many care homes rely on NHS healthcare professionals, including GPs (40 per cent), district nurses (38 per cent) and diabetes specialist nurses (DSNs) (37 per cent). This is not comprehensive and concern has been expressed that the Quality and Outcomes Framework, designed to incentivise GPs to provide better primary care, is failing older people<sup>30</sup>.

District nurses and DSNs in particular were recognised by care homes for providing internal training sessions and for their provision of ad hoc advice when residents had particular needs. There are currently 1,278 DSNs in the UK, improving care to people with diabetes in the UK including patient management and prescribing. Their role however is under threat from a lack of job security, accurate job descriptions and unprotected access to time and funding for continuing professional development<sup>31</sup>.

More than half of care homes (54 per cent) felt that the local authority could do more to provide encouragement, information and guidance to offer effective diabetes care. Interestingly, this number was much higher among private and voluntary care homes (63 per cent) than local authority and NHS-run homes (27 per cent).

“Never in four years of being a home manager has anyone from the local authority come in to/or contacted the home about diabetes. Only one of my residents attends a diabetic clinic and this is only because we insisted due to BMs [a measure of blood glucose levels].”

Care home manager

“There have been occasions when I have needed support and advice for a patient and have been unable to access it. There is no specialist diabetic nurse for this area. I have noticed that patients who come to us from the community with dementia and diabetes seem to be poorly managed. Sometimes [they are] labelled as 'non compliant' because they can't remember their insulin dosage or that the nurse is coming.”

Care home manager

### Initial findings from a care home diabetes audit (pilot)

Working in collaboration with the Institute of Diabetes for Older People (IDOP), NHS Diabetes, and other key stakeholders, Diabetes UK is involved in a pilot audit of diabetes care in care homes in Bedfordshire and Hertfordshire. This is designed to identify a set of 'quality' measures in diabetes care for care homes. Based on the *Good Clinical Practice Guidelines for Care Home Residents with Diabetes* four questionnaires were developed: Policies and Procedures (completed by care home manager); Diabetes Care Received (completed by resident); GP Records Check (completed by GP), and Staff Diabetes Knowledge (completed by care home staff). To date, we have collaborated with nearly 40 care homes, and 100 residents have completed questionnaires.

Several areas are emerging that appear to reflect the level and quality of diabetes care in residential settings:

- whether or not a care home has a diabetes policy in place, and if yes, does it incorporate a plan for annual review of residents with diabetes
- the presence or not of an individualised diabetes care plan
- whether or not staff receive training and education in diabetes
- are residents with diabetes included on the general practice register for diabetes
- and information about some basic demographics and current treatment plans.

This project will be completed at the end of the year and a report available by February 2011.

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# Local authority support for diabetes management in residential care homes: Freedom of Information findings

A key part of this research is to ascertain the level of support local authorities provide to care homes with which they hold contracts for the management of diabetes – be they private, voluntary or local authority/NHS-run care homes.

Due to the complexity of the local authority structure in England, and the lack of clarity over which authorities had responsibility for and held contracts with care homes, Freedom of Information (FOI) requests were sent to all local authorities in England across county, borough, city and unitary levels. The responses received confirmed a variation in which level of council constitutes the first tier of local government, and therefore held the responsibility for care homes. Responses were received from 111 local authorities, of which 25 were county councils, 18 London boroughs, and 68 unitary councils.

## **Where does responsibility for commissioning and supporting services sit?**

We believe that clarity is required for the public regarding where commissioning for care home services sits in their local area. This should be easily accessible in order for them to be able to raise concerns or enquiries with the responsible body.

In the new proposed commissioning structures outlined in the NHS White Paper, *Equity and Excellence: Liberating the NHS*, there is a new and expanded role for local authorities. We anticipate that this will be mirrored in the forthcoming White Paper on social care. Clarity is necessary regarding which local authorities in different areas are responsible for commissioning health and social care. This information should be made available to the local population.

Currently, the NHS's leading public-facing website, NHS Choices ([www.nhs.uk](http://www.nhs.uk)) contains over 30 directories of local services to help the public make informed choices in their healthcare. However, there is currently no directory of care homes. Since this is a natural place for people looking for residential care services to go to, this would be an appropriate place for a national list, searchable by postcode, to be available.

### **Recommendation**

Every responsible local authority should clearly list on their website in an accessible place the care homes in their area with which they hold contracts, and identify whether they are private, voluntary, or local authority/NHS-run.

## Variations in approaches to supporting care homes

There was wide variation in how proactive councils were in supporting care homes with which they have contracts. Some 75 per cent, such as Northamptonshire County Council, stated that they do not supply any information to care homes regarding diabetes care. Conversely 25 per cent of councils, such as Hampshire County Council, have taken a proactive approach. In addition to providing ongoing training for residential and care home staff, Hampshire County Council has also developed practice guidance specifically for the management of diabetes care in residential and nursing homes<sup>32</sup>.

Many of the local authorities took the opportunity provided by the FOI to highlight the Task and Finish Group's new guidance and disseminate this to all the care homes in their area. Warwickshire County Council noted that: "Diabetes UK's FOI request has obviously helped to highlight the importance of diabetes management in care homes and we will therefore be circulating the guidance to care homes over the next few days (in particular the web site link, etc)."

However, a number of local authorities believed it was purely the responsibility of local NHS services to support care homes with information about healthcare. Bath & North East Somerset Council presented this shared view by stating: "We do not supply information to care homes in relation to diabetes care or other medical conditions. People in care homes have the same access to a GP, to specialist care and other NHS services as people living in their own homes."

This is of concern because many older people with diabetes living in residential care may have limited ability to self-care. As such they are reliant on care home staff to provide appropriate services including access to GPs on their behalf, and are not as able to access services as people living independently.

### Recommendation

Urgent clarity is needed as to whether local authorities or the NHS is responsible for providing information and guidance to care homes on the management of specific conditions such as diabetes.

### Recommendation

The Care Quality Commission (CQC) should ensure that diabetes-specific training is part of its registration requirements, and should audit this as part of the inspection process.

## The importance of scrutiny

Nearly all (89 per cent) of the local authorities have an expectation that every care home in their area would provide personalised care plans for care home residents with diabetes. This was the primary mechanism through which local authorities made effective provision to encourage effective diabetes care in care homes: only four made any specific reference to diabetes care in contracts held with care homes, but 56 per cent contained a clause relevant to maximising service users' individual health and well being. However, as noted above, 11 per cent of care homes admitted to having no personalised care plans in place.

It is therefore important that local authorities have an appropriate audit mechanism in place to ensure that care homes are meeting contractual requirements. Some local authorities (18 per cent, unprompted) provided details of a method of auditing or accountability mechanism to ensure that individuals' health needs are met. Good practice examples included North Tyneside Council, which noted that this measure is covered by a "specific area in the Council's Quality Monitoring Tool".

Northamptonshire County Council also took a proactive approach:

"Our review teams and contract monitoring staff check arrangements to ensure that service users are assessed and consequently have a personalised care plan and/or health action plans and will also have regular health checks which include a review of medication. In some cases, appropriate arrangements are not in place, and in those circumstances an action plan to improve practice is agreed with providers."

**Northamptonshire County Council**

## Assessing local populations' diabetes needs

The NHS Constitution for England makes a commitment to patients that: "You have the right to expect your local NHS to assess the health requirements of the local community and to commission and put in place the services to meet those needs as considered necessary<sup>33</sup>."

Diabetes UK believes that this should apply to commissioners of all health, public health and social care services. Commissioners (local authority, PCT or GP) should be expected to assess and meet the health and social care needs of their local population whether they live at home or are resident in a care home.

Only 38 per cent of local authorities responding to the FOI had made an assessment of the needs of older people with diabetes in their area. Some, such as Lambeth Council, felt that "this is an NHS responsibility, rather than a Social Care one".

Where local authorities had identified that they had undertaken an assessment, this was usually via the Joint Strategic Needs Assessment (JSNA) undertaken jointly with their PCT. However, those received highlighted that while some JSNAs may assess

the prevalence of diabetes across all age groups, the majority do not assess the needs of older people with diabetes, whether resident in nursing homes or living independently.

Without a full and accurate assessment of the needs of older people with diabetes, and in particular those resident in care homes, local authorities will be unable to know whether care homes and other services they or the local NHS may be commissioning are adequately meeting people's needs, for example adequate provision of diabetes specialist nurses or podiatry clinics. As commissioning becomes a shared activity between local authorities and GP commissioning consortia, it is vital that it is underpinned by a comprehensive and robust needs assessment. In the case of diabetes, this should take account of the differing needs of patients across all ages and in all care settings.

### **Recommendation**

Every local commissioner should make an assessment of their local population's needs with regard to effective diabetes management in care. This should encompass the needs of older people resident in care homes.

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## Conclusions

Although there are pockets of good practice in diabetes management in care homes, our surveys and FOI requests indicate that there are considerable variations in the quality of care that older people with the condition are receiving.

Shortcomings in the provision of screening, on admission and then at regular intervals thereafter, potentially leaves a population of 13,500 older people living in care homes whose diabetes has not been identified and whose needs are therefore not being met. Effective management of the condition could reduce unplanned emergency admissions to hospital care, with consequent savings in terms of hospital costs, as well as improvements in older people with diabetes' quality of life and experience of care.

More can be done to improve the quality of care for every care home resident with diabetes. As a first step, every care home should implement the recommendations in Diabetes UK's *Good Clinical Practice Guidelines*. Every patient should have an individualised care plan, tailored to their needs and kept under review to take account of changing health and support needs. In order to deliver better care, care homes must invest in training all staff involved in the care of older people with diabetes. Diabetes-specific training should be a requirement for registration with the Care Quality Commission and care homes must be held to account for its provision.

Our research shows it is hard for people to know which local authorities have responsibility for care home services in their area. Local authorities should make easily accessible a list of the care homes with which they have contracts (including whether they are private, voluntary or local authority/NHS-run). Where they are not the responsible local authority, they should sign post the public to the relevant responsible authority, so that people can easily find information about local services.

There is considerable variation in the amount and type of support being given to care homes by local authorities and it is clear from care homes that they wish to receive greater support. Local authorities should improve their delivery of information, training and support since this will have an impact on the quality of diabetes care. Local authorities should also ensure that they have mechanisms in place to assess diabetes-related needs at a population level (via high quality JSNAs or another appropriate measure) and at an individual level (via audits of care homes and whether individual care plans are in place for residents).

The Government has tasked the NHS with saving £20 billion by 2014. The projected rise in hospital admissions for older people with diabetes from residential care will undermine its ability to hit this objective. It is therefore critical that measures, such as those outlined in Diabetes UK's *Good Clinical Practice Guidelines*, are implemented in care homes without delay. Doing so will also ensure that older people with diabetes have a better experience of care, and improved health outcomes.

Diabetes UK is keen to work in partnership with all interested parties to drive up the quality of care for older people with diabetes in care homes.

## Appendices

### Sample survey to private providers of care homes

Dear Sir or Madam

Diabetes UK is undertaking a national survey to determine the quality of diabetes care that is provided in care homes, and the role of local authorities in delivering this. The findings will be used in a Diabetes UK report which will be published in mid-November for World Diabetes Day, and used to campaign for improvements to the management of people with diabetes residing in care homes. It will also be used for the development of our own resources, including those for use in care homes.

I would be very grateful if you could provide answers to the attached questions and return them in the enclosed prepaid envelope by Friday 24 September. Your feedback will be invaluable to the success of the report and improving the treatment of people with diabetes. Answers will be treated entirely anonymously.

If you have any questions regarding the survey or the individual questions, please do not hesitate to contact...

I would like to thank you in advance for participating in this survey.

Yours faithfully

## Diabetes UK national survey of care homes

- Question 1 Is your care home owned by a private or voluntary organisation (NB you do not need to name the organisation)?  
.....
- Question 2 How many residents do you have in your care home?  
.....
- Question 3 How many of these residents are diagnosed with diabetes?  
.....
- Question 4 What training (formal, external and internal) do you provide to your staff in relation to diabetes care?  
.....
- Question 5 Do you screen all of your residents for diabetes on admission?  
.....
- Question 6 Do you screen all of your residents for diabetes annually?  
.....
- Question 7 Do all those diagnosed with diabetes in your care home have an individualised care plan?  
.....
- Question 8 Are you aware of the *Good Clinical Practice Guidelines for Care Home Residents with Diabetes*? Available at:  
[www.diabetes.org.uk/carehomes](http://www.diabetes.org.uk/carehomes)  
.....
- Question 9 What information is provided to you on the effective management of diabetes among residents of your care home, and by whom?  
.....
- Question 10 How do you support those diagnosed with diabetes in your care home to self-manage their condition effectively?  
.....
- Question 11 Does your local authority provide sufficient encouragement, information and/or guidance to offer effective diabetes care? Please give detail.  
.....

## Sample Freedom of Information Act request to local authority/NHS run homes

Dear NAME

Freedom of Information Act request

I wish to make a series of separate requests under the Act. For convenience, I am including them in the same letter. They are as follows:

- Request 1      How many residents do you have in your care home?
- Request 2      How many of these residents are diagnosed with diabetes?
- Request 3      What training (formal, external and internal) do you provide to your staff in relation to diabetes care?
- Request 4      Do you screen all of your residents for diabetes on admission?
- Request 5      Do you screen all of your residents for diabetes annually?
- Request 6      Do all those diagnosed with diabetes in your care home have an individualised care plan?
- Request 7      Are you aware of the *Good Clinical Practice Guidelines for Care Home Residents with Diabetes*? Available at [www.diabetes.org.uk/carehomes](http://www.diabetes.org.uk/carehomes)
- Request 8      What information is provided to you on the effective management of diabetes among residents of your care home, and by whom?
- Request 9      How do you support those diagnosed with diabetes in your care home to self-manage their condition effectively?
- Request 10     Does your local authority provide sufficient encouragement, information and/or guidance to offer effective diabetes care? Please give detail.

There is a clear public interest for disclosure of this information, in that disclosure will:

- further the understanding of and participation in the public debate of issues of the day, and will allow a more informed debate of issues under consideration by public bodies
- promote accountability and transparency by public authorities for decisions taken by them
- promote accountability and transparency in the spending of public money
- allow individuals to understand decisions made by public authorities affecting their lives and, in some cases, assisting individuals in challenging those decisions
- bring to light information affecting public health and public safety.

I wish to receive the information requested in hard copy by post, sent to...

Further to Section 16 of the Act (duty to provide advice and assistance), if you have any queries relating to these requests or need clarification on any issue, I would be grateful if you could contact...

I observe the Ministry of Justice's guidance on fees which states, 'if a request is particularly wide-ranging, and therefore likely to be expensive to answer, the authority should consider discussing this with the applicant and see if the question could be refined to a more manageable level, or resubmitted in part, to bring it below the appropriate limit.' Please contact... if this will be necessary to bring any of these separate requests under the fees limit, or if you have any other queries.

Yours faithfully

### Sample Freedom of Information Act request to local authorities

Dear Sir or Madam

Freedom of Information Act request

I wish to make a series of separate requests under the Act. For convenience, I am including them in the same letter. They are as follows:

- Request 1      Please confirm or deny if your local authority is aware of the *Good Practice Guidelines* on diabetes care in relation to care homes; available here: [www.diabetes.org.uk/carehomes](http://www.diabetes.org.uk/carehomes)
- Request 2      Please supply all information you supply to care homes in relation to diabetes care.
- Request 3      Please confirm or deny if your local authority makes provision to encourage effective diabetes care in the care homes with which it holds contracts. I am not asking for commercially confidential information about individual contracts.
- Request 4      Please supply details of the provisions your local authority makes in its contracts with care homes to encourage effective diabetes care. I am not asking for commercially confidential information about individual contracts.
- Request 5      Please confirm or deny if your local authority knows whether all those people diagnosed with diabetes and resident in a care home with which the authority holds a contract have a personalised care plan.
- Request 6      Please confirm or deny if your local authority has made an assessment of the needs of older people with diabetes in your local authority area.

Request 7 Please supply the assessment of the needs of older people with diabetes in your local authority area.

There is a clear public interest for disclosure of this information, in that disclosure will:

- further the understanding of and participation in the public debate of issues of the day, and will allow a more informed debate of issues under consideration by public bodies
- promote accountability and transparency by public authorities for decisions taken by them
- promote accountability and transparency in the spending of public money
- allow individuals to understand decisions made by public authorities affecting their lives and, in some cases, assisting individuals in challenging those decisions
- bring to light information affecting public health and public safety.

I wish to receive the information requested in hard copy by post, sent to ...

Further to Section 16 of the Act (duty to provide advice and assistance), if you have any queries relating to these requests or need clarification on any issue, I would be grateful if you could contact...

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Yours faithfully

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Scotland: [www.dhsspsni.gov.uk/diabetes\\_indicators\\_by\\_lcg.pdf](http://www.dhsspsni.gov.uk/diabetes_indicators_by_lcg.pdf)  
Wales: [www.isdscotland.org/isd/files/QOF\\_Scot\\_200910\\_Boards\\_all\\_prevalence.xls](http://www.isdscotland.org/isd/files/QOF_Scot_200910_Boards_all_prevalence.xls)  
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