

# Introductory Module

## The Reasons for Learning

Care Home Audit

# Acknowledgements

- This is an introductory module based around an earlier England-wide diabetes audit of care homes.
- Additional modules for presentation on the Diabetes UK website are being prepared which are based on previous work undertaken by Professor Alan Sinclair with important contributions from Dr Charles Fox and Oliver Jelley of Orange Juice Communications.
- No fees have been received by Professor Sinclair from Diabetes UK in the preparation of these modules.



# Learning Aims

To have a greater appreciation of the nature of current difficulties and obstacles in managing diabetes in care homes.

To understand why it is important to have an operational diabetes policy of care for all residents with diabetes

To have knowledge of the key areas in diabetes management within care homes that this England-wide audit has revealed to be lacking

# IDOP-ABCD and National Stakeholder Care Home Diabetes Audit: 2013-4

- **The Institute of Diabetes in Older People (IDOP) in collaboration with The Association of British Clinical Diabetologists (ABCD)** sought to undertake an audit of diabetes care in care homes throughout England.
- **This was a national initiative led by Professor Alan Sinclair**, Director of the Institute of Diabetes for Older People (IDOP) at that time. It had the full support and collaboration of multiple stakeholders including:
  - Age UK
  - Care England
  - Diabetes Health Intelligence
  - Diabetes UK
  - NHS Diabetes
  - Royal College of Nursing
  - Royal College of General Practitioners



## Information available at:

[http://www.diabetologists-abcd.org.uk/\\_private/Audits/Care\\_Home\\_Diabetes\\_Audit.pdf](http://www.diabetologists-abcd.org.uk/_private/Audits/Care_Home_Diabetes_Audit.pdf)



# Why was this audit performed?

The evidence up to that point painted a picture of the care home sector being often ill-equipped to meet the rising challenge of diabetes.

Older people living in care homes with diabetes are likely to be suffering unnecessarily and even dying prematurely.

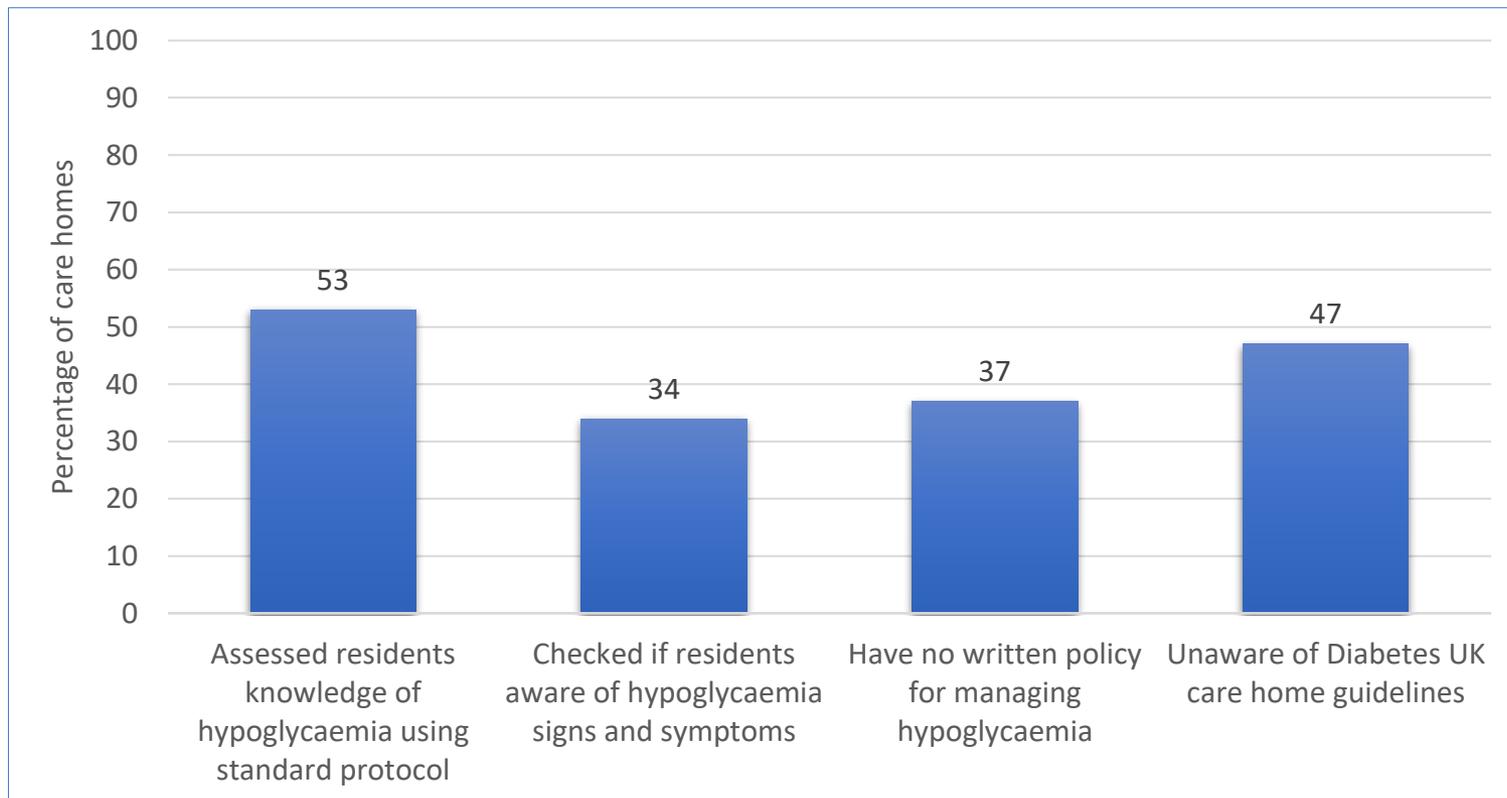
Diabetes, affecting 1 in 4 of all residents, posed many burdens and challenges to those individuals, health systems and society.

Managing diabetes in care homes is made more difficult as residents may be frail and have multiple medical comorbidities.

There was evidence to suggest that some care staff in care homes lacked training and skills in basic diabetes care

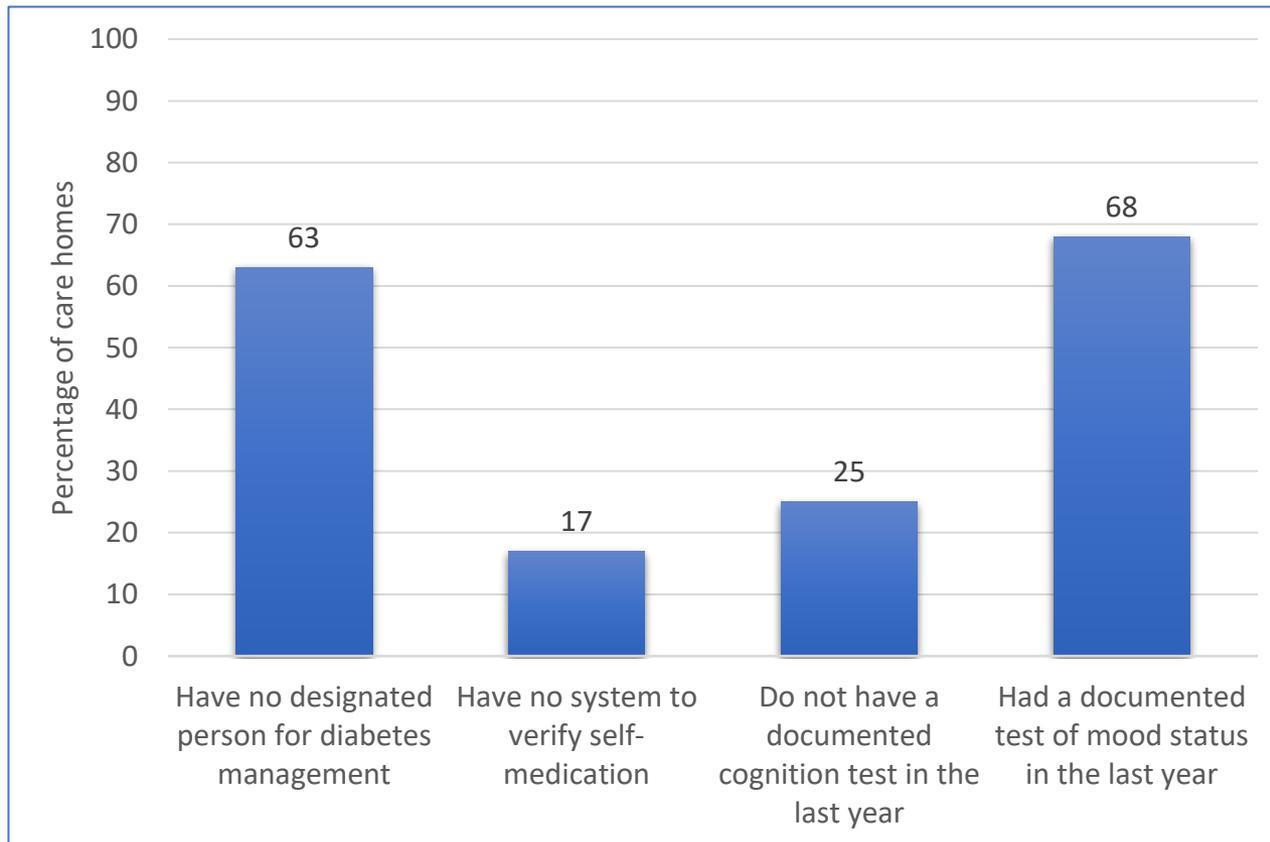
# Key findings - hypoglycaemia

- Only half (53%) of those homes that responded said that they assess a residents knowledge of hypoglycaemia (low blood sugar) using a standard protocol.
- Over a third of homes (34%) reported that they do not assess whether their residents know about the signs and symptoms of hypoglycaemia.
- Well over a third of care homes (37%) admitted that they do not have a written policy for managing hypoglycaemia
- Nearly half (47%) of homes said that they were unaware of the Diabetes UK Care Home Guidelines



# Other key findings -1

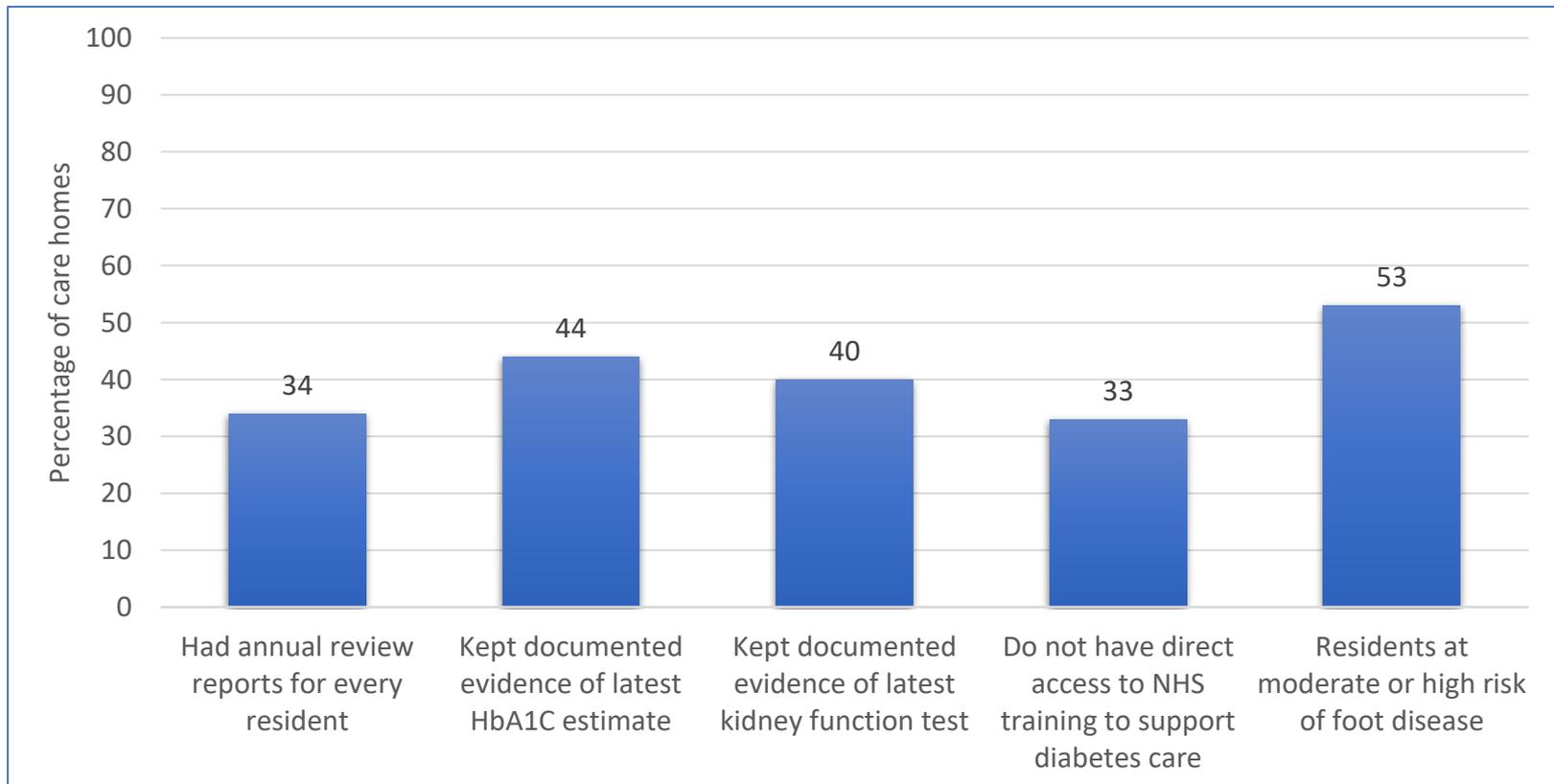
- Nearly two thirds (63%) of homes say that they do not have a designated member of staff with responsibility for diabetes management.
- 17% of care homes admitted that they have no system to check whether those who self-medicate for diabetes, have taken their medication.
- Responding care homes reported that a quarter of residents (25%) have not had a documented test of cognition in the last 12 months.
- Only two thirds (68%) of homes were able to report that their residents had a documented test of mood status in the previous 12 months.



# Other key findings -2

- Only 34% of care homes were able to confirm that they received an annual review report for each of their residents.
- Only 44% of care homes keep documented evidence of the latest HbA1c estimation from the GP.
- Only 40% of care homes reported that they keep documented evidence of the latest test of kidney function carried out by the GP.

- One third (33%) of homes admitted that they do not have direct access to any NHS training input to support their diabetes care.
- More than half (53%) of care home residents with diabetes may be at moderate or high risk of foot disease.



## Recommendations:

## Clinical care

- Each care home should have an implementable policy on the management of hypoglycaemia
- All staff members have access to skill training and education to deliver care according to the policy.
- Each care home should have a designated member of staff responsible for diabetes management.
- Each care home should have a 'hypoglycaemia treatment kit' available for all trained staff to use
- Foot assessment should be done as part of a daily routine, foot risk detected early and foot disease treated promptly.

## Recommendations:

## Monitoring of health-related aspects

- Patients who self medicate should be monitored and their ability to self medicate should be assessed at regular intervals, or when there is a change in their circumstances.
- Cognitive function should be assessed on admission and at regular intervals or when a resident develops signs of memory loss or early dementia.
- Mood status should be evaluated on admission and at regular intervals or when a resident develops signs of low mood or depression.

## Recommendations:

## Communication with primary care

- Care homes should establish good communication with primary care. Liaising with GPs and community teams to ensure annual reviews and other scheduled checks take place and inform diabetes care practice.
- Care homes should document the HbA1c levels received from primary care so that they can take a more active role in disease management and have the information available in case of an emergency.
- Care homes should document the kidney function test results received from primary care so that they are aware of the implications and will have the information available in case of an emergency.

## Recommendations:

## Policies

- All care homes should be aware of the *Diabetes UK Good Clinical Practice Guidelines* for care home residents with diabetes and should base their care and policies on the guidelines as far as possible.
- All care homes should develop a screening policy for diabetes to be used when new residents are admitted.
- Knowledge assessment of patients, especially regarding hypoglycaemia is a key element in order to develop an effective diabetes care plan

# Further Reading

- A. J. Sinclair, on behalf of the Task and Finish Group of Diabetes UK: **Good clinical practice guidelines for care home residents with diabetes: an executive summary**

<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1464-5491.2011.03320.x>

- Dunning T et al. The McKellar Guidelines for Managing Older People with Diabetes in Residential and Other Care Settings. Available at:

<https://choiceagedcare.com.au/wp-content/uploads/2017/04/The-McKellar-Guidelines-for-Managing-Older-People-with-Diabetes.pdf>

# Contact Details

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