

# POSITION STATEMENT

Title	Date
<b>Diabetes care for older people resident in care homes</b>	June 2014
<b>Key points</b>	
<ul style="list-style-type: none"><li>• It is estimated that up to 27% of residents in older people care homes have diabetes (1)</li><li>• The UK has a growing population of older people. By 2050 the number of people 85 years + will be 8 million. The likelihood of developing diabetes grows with age. Thus the current number of older people with diabetes is set to rise significantly.</li><li>• Older people with diabetes often have other long-term health conditions such as dementia, mobility and sensory problems making self-care difficult. Many are dependent on care providers.</li><li>• As people with both types of diabetes are living longer, and many people with type 2 diabetes progress to insulin treatment, it is fair to assume that there will be a growing number of insulin treated dependent older people resident in care homes.</li><li>• In 2010 <i>Diabetes UK</i> published <a href="#"><u>'Good clinical practice for care home residents with diabetes'</u></a>. This set out standard recommendations for care. The subsequent <i>National Care Homes Diabetes Audit</i> undertaken by <i>IDOP (2013)</i> found little change since publication of the Diabetes UK guidance</li><li>• There have recently been significant additions to the resources available for those planning and implementing care for older people living in care homes. Diabetes UK has contributed to some but not all of these resources.</li><li>• Diabetes UK recommends that the guidance originally proposed is followed as a matter of urgency to address the need to improve care for rapidly increasing numbers of dependent older people with diabetes and endorses use of the resources listed within this statement.</li></ul>	
<b>Introduction</b>	
<p>In 2010, in response to a growing awareness of issues affecting the care of older dependent people with diabetes, Diabetes UK published 'Good clinical practice for care home residents with diabetes', a revised version of an earlier document. This made a series of practical recommendations for the delivery of care which should be implemented by all care home providers responsible for the care of people with diabetes.</p>	

One year later a Diabetes UK task and finish group led by Prof. Alan Sinclair reported on the level of awareness screening and training for diabetes in care homes. It demonstrated wide variation in the standard of care delivered across the UK. A wider 'National Care Homes Diabetes Audit' undertaken by IDOP (2013) found little change since publication of the Diabetes UK guidance. Response to the audit was 23%, likely to reflect the enthusiasts and indicating that the true picture is likely to be worse than the official audit findings. Some of the key findings were:

- Over a third (35.17%) of residents do not know about signs and symptoms of hypoglycaemia
- 17% (203) homes had no system in place to check whether those who self-medicate had taken their medication
- 64.5% homes had no policy for screening for diabetes
- 36.7% homes had no written policy for managing hypoglycaemia
- 63.2% of homes had no designated staff member with responsibility for diabetes management

There is clearly a continued need to address this area of diabetes care, particularly for a group of people who are often frail, vulnerable and unable to advocate their own care needs. The aim of this position statement is to raise awareness and to offer practical resources to assist improvement. It will be of use to individuals and organisations who are responsible for the planning and delivery of care as well as people who have diabetes and their carers by way of signposting to standards and resources to support care delivery.

### **Current situation**

Whilst ongoing research continues to inform the evidence base for beneficial interventions for older people with diabetes, the original standard recommendations, as set out in the 2010 document, remain valid in the current health and social care context. In essence these are:

- Screening for diabetes on entry to home and every 1-2 years thereafter
- A written policy within the home regarding all aspects of diabetes care provision
- Individual person-centred care plans for diabetes
- Training in diabetes for staff delivering care
- Integration with local GP, primary and specialist care services having a high priority for local commissioners
- Regular audit of diabetes care against established standards

Despite the existence of these standards, there is widespread variation regarding the quality of care provision for older people with diabetes in care homes. There is no national quality standard indicator system. Practical areas of concern in relation to the above

standards are: Does the home have a policy? Are staff trained? Who provides food and do they understand diabetes in the older person? Who will give medication/insulin? Will this be given at the right time? Are staff able to recognise and treat a hypo? Will staff know when medical attention is indicated for diabetes? Is there access to a full annual diabetes clinical review for residents? Who provides foot care? Who provides eye screening? How do staff cater for co-morbidities such as dementia and diabetes? How is care provided in the last months/weeks/days of life? Is the diabetes care in the home integrated with local specialist and community care providers?

Residential care for older people with diabetes is currently divided into nursing and social care. Nursing homes have care provided in part by registered nursing staff whilst residential (non-nursing) care homes are usually staffed by carers without nursing qualifications, (but who may have NVQ/QCF certificates from basic to advanced level). Unlike the provision of dementia care, where staff training is part of Care Quality Commission standards, there are currently no mandatory requirements for diabetes skills or training.

Increasing numbers of older people with diabetes and complex patients who cannot self-care mean there are many people who require insulin which they can no longer self-administer. A nursing home place is often the only option for people requiring multiple daily insulin doses, although this may not be the most appropriate place for them. There is confusion regarding who can give insulin, who can provide training and who is responsible / accountable, as evidenced by rapidly growing daily numbers of requests to Diabetes UK for training in insulin administration.

### **Diabetes UK calls to action**

Diabetes UK would like to see full national implementation of the standards recommended in the original 'Good clinical practice for care home residents with diabetes' (2010) document.

Diabetes UK would like to see mandatory demonstration of this as a CQC requirement for registration for care of people with diabetes.

Diabetes UK supports the need for good quality training for care home staff. Diabetes UK provides RCN accredited 'Diabetes Awareness Training' for professional carers and offers on-line education, in addition to other providers. Some NHS providers are able to offer the theory/knowledge training aspect of insulin administration and some are able to assess individual competencies for care staff. There are also on-line diabetes training and competency assessments to support knowledge gain at all levels.

Health and wellbeing boards should ensure that their Joint Strategic Needs Assessment (JSNA) identifies the needs of people with diabetes in local care homes and how these are to be met.

GPs should work in partnership with care home staff to ensure that residents with diabetes are identified and regularly reviewed to ensure optimum care. The clinical management recommendations, audit tools and guidance for dementia and end of life care itemised at the end of this document can help support this.

## Conclusion

Current care variations together with future health and demographic trends indicate an urgent need to implement the recommendations made in 'Good clinical practice for care home residents with diabetes'(2010) and to establish mandatory minimum standards of diabetes care for care homes providing care for older residents. Diabetes UK will work towards this aim and seeks to provide resources to organisations and individuals seeking to improve care delivery.

## Further information

Resources for carers of older people with diabetes, are available on the Diabetes UK website in the professional resources section:

<http://www.diabetes.org.uk/Professionals/Resources/Carers-of-older-people-with-diabetes/>

## References

- 1.Sinclair AJ, Gadsby R, Penfold S et al (2001) Prevalence of diabetes in care home residents. Diabetes care 24 (6) 1066-1068
- 2. Diabetes UK (2010) good clinical practice guidelines for care home residents with diabetes
- 3. IDOP (Institute of Diabetes for Older People) England-wide care home audit preliminary results, December 2013 (full document due for release June2014)

## Acknowledgements

Institute of Diabetes for Older People