CareHomesNews

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

BLMK ICB Care Home Medicines Optimisation team **Edition 7: July 2022**

BLMK CCG becomes BLMK ICB!

COVID-19 - Important guidance links for care homes

***New* - Medication room & Refrigerator temperature management guide and Medication storage in a Heatwave: good practice advice**

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Urinary Tract Infections & Preventing Dehydration

BLMK CCG becomes BLMK ICB!

An Explanation of the New NHS Organisations

NHS
Bedfordshire, Luton and Milton Keynes
Clinical Commissioning Group

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

In July 2022 the Health and Care Act 2022 came into force. This Act contains the biggest reforms to the NHS in almost a decade, laying the foundations to improve health outcomes by joining up NHS, social care, and public health services.

Integrated Care Systems (ICSs)

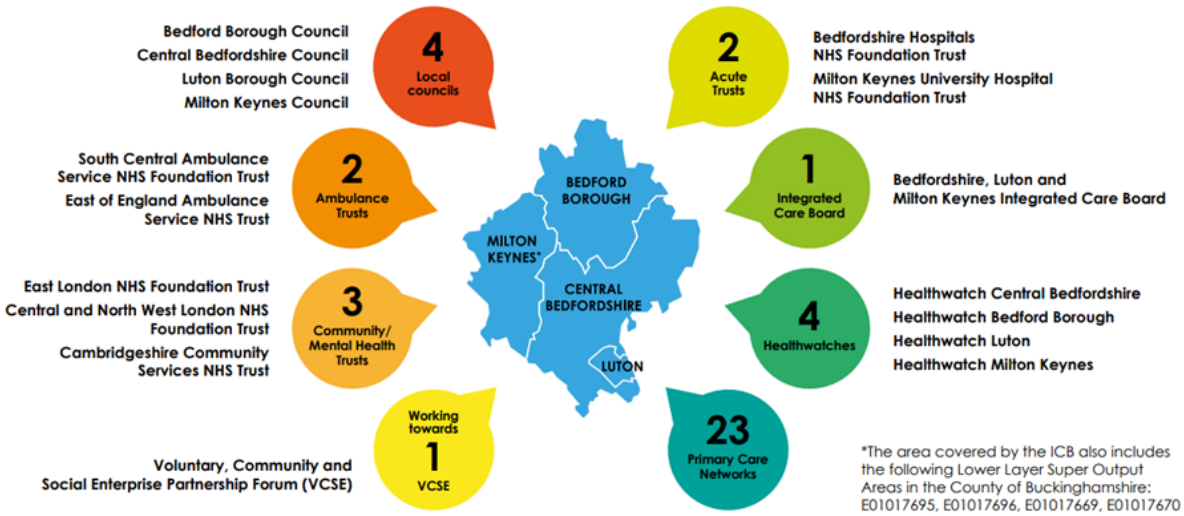
This drive for more joined-up care led to the creation of Integrated Care Systems (ICSs). An Integrated Care System is a partnership of local councils, local NHS organisations and voluntary and community organisations. Their purpose is to plan, co-ordinate and commission health and care services to support and improve health and wellbeing in the local population. Bedfordshire, Luton and Milton Keynes Health and Care Partnership is one of 42 Integrated Care Systems across England.

The Integrated Care System is made up of two key bodies:

- An Integrated Care Board (ICB)
- An Integrated Care Partnership (ICP)

The ICP and ICB will be supported by place-based partnerships tied into Health and Wellbeing Boards (which will be responsible for leading how care should be delivered in each of our four places – Bedford Borough, Central Bedfordshire, Luton and Milton Keynes), as well as Provider Collaboratives and Primary Care Networks.

Bedfordshire, Luton and Milton Keynes Health and Care Partnership comprises of:



Integrated Care Boards (ICBs)

Membership: independent chair, non-executive directors, members selected from nominations made by NHS trusts, local authorities, general practice, an individual with expertise of mental health.
Role: allocates NHS budget and commissions services, produces five-year system plan for health services.

Integrated care boards (ICBs) will take on the NHS planning functions previously held by clinical commissioning groups (CCGs). As of 1st July 2022 Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group (BLMK CCG) became Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) – you may have noticed our new logo on this newsletter!

Integrated Care Partnerships (ICPs)

Membership: representatives from local authorities, ICB, Healthwatch and other partners.
Role: Broad and diverse, the Integrated Care Partnership will be responsible for understanding population health data and setting the strategy for how health and social care services should be delivered in our area. They will plan to meet wider health, public health, and social care needs, as well as developing and leading an integrated care strategy. The ICP does not commission services.

What does this mean for me and my care home residents?

At first, residents in our area won't see a huge amount of change and services will still be accessed as before. Currently different parts of the NHS are quite separate from each other meaning patients can sometimes have a frustrating experience. We know we are more effective when we work together - Overtime these organisational changes aim to improve the ease of accessing services and eliminate gaps in services, as well as working more closely with our population to help people stay healthy and preventing health issues in the first place.

Useful Resources:

- The new BLMK ICB website: https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/
- BLMK ICB Medicines Optimisation Website: https:medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/
- https://www.kingsfund.org.uk/topics/health-and-care-act-2022

COVID-19 - Important guidance links for care homes

During these continually challenging times we are conscious that guidance is constantly changing and you may be receiving a lot of information from various sources. For this reason we have produced links (below) to a few of the key guidance documents:

Summary of changes to COVID-19 guidance for adult social care providers - GOV.UK (www.gov.uk) - *New*

Infection prevention and control in adult social care: COVID-19 supplement - *New*

British Geriatric Society – Guidance on managing the Covid-19 pandemic in care homes

Coronovirus (COVID-19) testing for adult social care services

Coronavirus (COVID-19): adult social care action plan

COVID-19 vaccination: guide for adults

New - Medication room & Refrigerator temperature management guide

The BLMK ICB Care Homes Medicines Optimisation team have produced a medication room and refrigerator temperature management guide to support care homes. This is to ensure all medication is stored appropriately and at the correct temperature. This guide can be accessed on the BLMK ICB Medicines website in the purple 'Care Homes' section, link below:

BLMK-CCG-Meds-room-and-refrigerator-temperature-guide-for-care-homes.pdf (blmkccg.nhs.uk)

Medication storage in a Heatwave - good practice advice:

Temperatures for the medication room/storage area and the refrigerator should be recorded daily preferably in the morning. However, during extreme temperatures such as a heatwave it would be considered good practice to check and record temperatures twice a day. This advice may also apply to residents who self-administer and keep their medication in their room.

If room temperatures are consistently above 25°C in a medication room, consider the introduction of a cooling unit (e.g., air conditioner). If this is the case in a resident's room, carry out a risk assessment and consider a cooling unit or store medicines in a cooler place. If there are any concerns about the medicine's stability being affected, contact your supplying pharmacist for advice. Keep records of any temperature in case required by inspectors. This is to show that the problem has been checked, monitored, and addressed.

Updated - Covert Administration Guidance (Adults)

We would like to inform our care homes of the recently reviewed and updated Covert administration guidance (June 2022). This updated guidance will now replace the previous April 2020 guidance.

The new guidance and appendices can be found on the BLMK ICB Medicines website in the purple 'Care Homes' section, link below:

Care Homes: Covert Administration Guidance – BLMKCCG Medicines Management (icb.nhs.uk)

So, what's new in this guidance?

- Covert administration definition – amended to also include other forms of medicines administered e.g., via patch, injections, or medicines given via feeding tube.
- Section 5 - Responsibilities section updated
- Section 7 – New 'Seven Steps' process added, including a 'Structured Medication Review' as the first step.
- Section 8 – MCA assessment section updated and states 'can be completed by an appropriately trained senior carer or nurse involved in the daily administration of medication to the patient. If the outcome of the assessment is not entirely clear or further support is required, then an appropriately trained healthcare professional (registered practitioner) such as a GP, Pharmacist or Specialist nurse should be involved. **A prescriber must take overall responsibility for the MCA assessment,** so it could be 'dual' signed as partnership working.
- Section 12 - New section on 'Obtaining prescriber authorisation' as unlicensed use (off label) use of medication needs to be authorised. This has been added and made clear on the best interests form that has to be signed by a prescriber.
- Section 13 – Record-keeping and documentation now includes a section on 'MAR chart documentation' highlighting the importance of recording covert administration on a MAR chart.
- Section 14 – Regular reviews section amended and stipulates the care home must ensure that regular reviews are conducted as per the management plan.
- Section 16 – New section on 'Transfer of care' to ensure any legal documentation and management plan follows a service user if they move to a new care venue.
- Section 17 - Deprivation of Liberty Safeguards (DoLS) section remains for now until Liberty Protection Safeguards (LPS) are implemented. The guidance will be revisited when LPS has been implemented. We have embedded for reference the BLMK HCP Holding statement for the MCA and DoLS policy.
- Section 20 – Legislation and Guidance section updated to include new reference links.
- Updated Independent Mental Capacity Advocates (IMCA) details for each locality.
- Appendix 2 – New 'Covert Administration Flow chart' which explains the stepwise process.
- Appendix 5 - Updated 'Instructions for carers from pharmacist' form which includes practical points for care staff when administering medicines covertly. This form is to be kept with the MAR chart.

We hope you find this updated guidance helpful. If you have any questions or queries, please contact the relevant team for your area (contact details at the end of this newsletter).

Urinary Tract Infections & Preventing Dehydration

Urinary Tract Infections (UTIs) in Care home residents

A urinary tract infection (UTI) is an infection in any part of the urinary system – kidneys, ureters, bladder or urethra. UTIs are more common in women than in men and the incidence increases with age for both sexes. The diagnosis of UTIs is particularly difficult in older people, who are more likely to have asymptomatic bacteriuria (bacteria in the urine but no signs or symptoms of an infection).

In elderly patients (over 65 years of age), diagnosis of UTIs should be based on clinical signs and symptoms.

Signs that a person may have a UTI may include having two or more of the following as new symptoms:

- New onset or worsening of pre-existing confusion/agitation/drowsiness
- Shaking/chills/high temperature
- Dysuria – difficulty or pain passing urine
- Urgency – needing to go to the toilet quickly
- Frequency – needing to urinate more often than normal
- Urinary incontinence – unintentional loss of urine
- Pain in the side of the body or above the groin area
- Blood in the urine

If a UTI is suspected, fluid intake should be increased, and the resident should be reassessed regularly. If the resident has two or more new symptoms as listed above, the GP should be contacted to inform them of the symptoms, and the treatment plan followed as per the GP advice given.

Dehydration and risk of UTIs

Water from fluids is required by the body in order to function properly. We lose fluid from the body all the time, when we breathe, sweat, or eliminate waste such as urine and faeces. Dehydration occurs when the amount of fluid taken in is insufficient to replace fluids lost.

The elderly are particularly at risk of dehydration for a number of reasons including a reduced thirst sensation so not knowing they are thirsty, inability to communicate when they are thirsty, dementia so forgetting to eat or drink, medication (e.g., diuretics or laxatives), fear of incontinence and mobility or swallowing issues which may influence their ability to obtain and consume fluids.

Dehydration may develop over a few hours or days, but it is usually avoidable. Dehydration can increase the risk of UTIs developing in the elderly as well as lead to other complications such as constipation, falls, pressure sores and Acute Kidney Injury.

Signs or symptoms that a person is dehydrated include a dry mouth, headache, dizziness, tiredness, confusion, constipation, dry skin and dark coloured urine.

Hydration tips:

- ⇒ Encourage residents to aim to drink between six to eight drinks per day
- ⇒ Ensure drinking water is visible and easily accessible. Offer water and fluids throughout the day – at mealtimes and between meals- some people prefer to drink "little and often". Ensure glasses are filled up.
- ⇒ Ensure residents have fresh water within reach, in a cup they are able to drink from. Also remember to make sure the water is palatable - cooler water tends to be favourable and is refreshing in the heat so replace drinks regularly
- ⇒ If a resident is unable to take a drink themselves, increase the frequency you offer them assistance with drinking
- ⇒ Encourage sips of fluid little and often in people with poor mouth control
- ⇒ Provide a variety of drinks to suit individuals' likes and dislikes. Water, tea, milk, fruit juice, and coffee all count towards this total. Alcohol does not count as it can make you more dehydrated.
- ⇒ Ensure residents have a full glass of water with any medication.
- ⇒ Place prominent signs, encouraging hydration, around the home as a reminder
- ⇒ Make it as easy as possible for residents to drink e.g. making a wide variety drinks easily available, brightly coloured cups to draw attention, drinking aids and adapted cups, straws, structured drinks rounds.
- ⇒ Use foods with high water content such as ice lollies, ice creams and jelly. Most fruits boast a high -water content and veggies too! Some of the best include; watermelon, melon, oranges, cucumber, tomatoes, broccoli, spinach and apples.
- ⇒ Make hydration an event! People are sometimes more likely to drink if other people around them are doing so. Ideas can include a mocktail session, tasting sessions (e.g. smoothies), afternoon tea or just sitting down and having a drink and a chat with a resident (then you stay hydrated as well!)
- ⇒ Keep residents cool to reduce fluid loss from sweating.
- ⇒ When the weather gets warmer, increase the availability of drinking water and encourage patients to drink more
- ⇒ Have a 'drinks champion' in each home to encourage all staff and residents to keep hydrated
- ⇒ Use fluid charts to monitor fluid intake

Contact us:

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