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Changes in Covid testing requirements for care homes

The guidance for [COVID-19 testing in adult social care](#) was updated in September 2022. This guidance for adult social care providers (including care homes) and staff sets out the current testing regime across adult social care. The aim of the testing regime is to ensure, where advised, that people have access to testing to allow positive cases to be identified quickly, so action can be taken to stop the spread.

The guidance covers the different testing regimes such as symptomatic testing for staff and residents (using lateral flow device), 'rapid response' testing and 'outbreak' testing in care homes. Asymptomatic (no symptoms) testing is no longer required by staff, unless asked to undertake testing as part of 'rapid response' or 'outbreak' testing in care homes, or if enrolled in a study.

The guidance also provides a step by step process in adult social care, including how to order test kits, registering and reporting tests etc.

Please click on the link above to view the full guidance.

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:

[Infection prevention and control in adult social care: COVID-19 supplement](#)

[Coronavirus \(COVID-19\) testing for adult social care services](#)

[British Geriatric Society – Guidance on managing the Covid-19 pandemic in care homes](#)

[Coronavirus \(COVID-19\): adult social care action plan](#)

[COVID-19 vaccination: guide for adults](#)

Withdrawal - COVID-19: re-use of medicines in a care home

Please note the guidance - COVID-19: reuse of medicines in a care home or hospice has been withdrawn nationally as it is no longer current. We have therefore removed our local BLMK guidance on the re-use of medicines from the BLMK Medicines website.

Cambridge Education Diabetes Programme (CDEP)

Cambridge Diabetes Education Programme (CDEP) provides 'bite-sized' diabetes training for healthcare staff – improving knowledge, boosting confidence and promoting safer patient care.

Each CDEP topic generates a CPD certificate and a reflection document for revalidation and appraisal purposes, as well as exciting CDEP rewards! CDEP has 5 levels, as per the UK diabetes competency framework, once you have chosen a level CDEP automatically offers you appropriate training.

There are a numerous topics including how to manage hypo's, blood glucose and ketone monitoring, managing diabetes in residential or nursing homes and many more! The important thing is to start with topics essential to your role.

This training has been funded by BLMK ICB and is available free of charge to care home staff across BLMK. To register:

1. Go to CDEP's website at www.cdep.org.uk
2. Click on Sign in/Register
3. Under NEW CANDIDATE REGISTRATION, enter your EMAIL address and click CREATE ACCOUNT

For FREE access, enter the REGISTRATION KEY CODE: BLMKSTP

Winter Pressures - October 2022

As we head into the winter months the pressure on NHS services is increasing. Many health conditions, including respiratory system diseases, can be worsened by cold weather. This, together with higher incidences of falls and infections (including flu and norovirus), means the NHS often faces much greater pressure in winter, both in the community (including GPs and pharmacy services), and in hospitals. As ever, it is vital that we all continue to use NHS services appropriately. A detailed leaflet of the different services offered in BLMK and how to access these can be found attached with this newsletter.

There are things you can do within your care home to prepare for winter:

Homely Remedies

A homely remedy is a medicinal preparation that would be available in any household, used to treat minor ailments. A resident may develop a minor illness which in their own home would be easily treatable by accessing a local pharmacy or shop for an over-the-counter (OTC) product (for example, paracetamol to treat a mild headache). By having homely remedies in the care home, for all of the residents to utilise, an immediate need can be met and the GP practice is only called if the symptoms persist. Care homes are encouraged to adopt the [Bedfordshire, Luton and Milton Keynes \(BLMK\) ICB Homely Remedies Toolkit](#), which contains the list of approved products and decision-making aids. It is not necessary to write to a GP for homely remedies to be approved or 'signed off', provided only the ICB list of products is stocked.

Self-Care

Self-care is a term used to include all the actions taken by people to recognise, treat and manage their own health. They may do this independently or in partnership with a care provider. This includes both pharmacological (e.g. using medication) and non-pharmacological (e.g. having good sleep hygiene) actions. People who receive social care should be supported to access OTC products to enable them to self-care - The [BLMK ICB Self-Care toolkit](#) is a guide for care homes to support residents in self-caring for selective conditions by buying over the counter treatments.

Keeping Residents Well

- **Nutrition & Hydration** – Adequate nutrition is essential for good health and improved clinical outcomes. Malnutrition is known to increase risk of falls and impair the immune response. Good hydration can minimise the risk of infections, such as UTI's, and constipation.
- **Keep moving** – Where possible residents should be encouraged to stay active.
- **Keep warm** – Ensure residents wear appropriate clothing and keep hands and feet warm, especially if going outside.
- **Good infection control** – including regular hand washing and catching coughs and sneezes in tissues. Staff should continue to wear masks.

Flu & COVID vaccines

Engagement of all health and social care staff in the flu immunisation and COVID vaccine booster programme is essential to protect vulnerable care home residents - ***please see the next article for further information on vaccinations.***

Care Home Residents – All care home residents are eligible for the influenza and COVID autumn booster vaccines. Homes should liaise with their aligned GP practice.

Reminder to Care Home staff - Book COVID-19 vaccination booster and Flu Jab

Covid-19 vaccination booster:

COVID-19 is more serious in older people and in people with certain underlying health conditions.

This winter it is expected that many respiratory infections, including COVID-19 and flu may be circulating at high levels – this may put increasing pressure on hospitals and other health care services. For these reasons, people aged 50 years and over, **those living and working in care homes**, those aged 5 years and over in clinical risk groups and frontline health and social care workers are being offered an autumn booster of COVID-19 vaccine.

To get a seasonal booster (autumn booster) dose staff can:

- [book a COVID-19 vaccination appointment online](#) for an appointment at a vaccination centre or pharmacy
- [find a walk-in COVID-19 vaccination site](#) to get vaccinated without needing an appointment
- Speak to your care home manager about getting vaccinated

You should have your booster at least 3 months after your last dose of vaccine.

Annual Flu jab:

Flu vaccination is safe and effective. It's offered every year through the NHS to help protect people at risk of getting seriously ill from flu.

If you are a frontline health and social care worker, you should get your flu vaccine through your employer. They may give you the vaccine at your workplace through the occupational health scheme.

If you cannot get a flu vaccine through your employer, as health and social care frontline staff you can get vaccinated at a pharmacy or the GP surgery you are registered with. We would advise staff to take some form of identification that includes your name and the name of your employer. This could be an ID badge, a letter from your employer or a recent payslip.

If you are employed by a registered residential care or nursing home, or a voluntary managed hospice provider, you may also be offered vaccination at your place of work when the residents or patients are vaccinated.

Getting both vaccines is important because:

- more people are likely to get flu this winter
- you're more likely to be seriously ill if you get flu and COVID-19 at the same time

It's safe to have both vaccines at the same time, but you need to book them separately.

For further information click on the links below:

[How to get a booster dose of the coronavirus \(COVID-19\) vaccine - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[COVID-19 vaccination: booster dose resources - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Flu vaccination guidance for social care workers and carers - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

BLMK ICB Medication Quality Audit Checklist for care homes

The BLMK ICB Care Homes Medicines Optimisation team have developed a Medication Quality Audit checklist to support care homes. The aim is to conduct annual Medication Quality visits to nursing and residential homes across BLMK. The team may also be required to support Learning Disability homes that may be under serious concerns or require extra support with their medicines management processes.

The team's focus is to support care homes and help improve the quality of care for residents by ensuring the safe and effective use of medicines to enable the best possible outcomes. The visits will normally be carried out by a Pharmacy Technician who may be joined by a Pharmacist or a Quality Improvement Nurse (nursing homes only). These visits are designed to be supportive and give the care home an opportunity to showcase their medicines management and ask for any advice or guidance if needed.

The Pharmacy Technician will make contact and arrange a convenient time to visit the home. They will need a member of staff to spend a few hours with them going through the checklist, being shown around the home and any medication storage rooms.

The member of staff will ideally be the care home's medication lead/champion (e.g., senior carer or member of staff who administers/orders the medication). The technician may arrange to shadow a medication round.

The Medication Quality Audit Checklist will be used on the visit. It covers all aspects of medicines management that care homes must adhere to, a few examples of what is covered are listed below:

- Policies and guidance
- Staff training
- MAR Charts
- Controlled Drugs
- Homely remedies
- PRN Protocols
- Ordering process
- Covert administration of medication

The checklist also contains links to our BLMK guidance documents, as well as other useful guidance (e.g., NICE, CQC guidance etc) that the home may benefit from.

At the end of the visit, the technician should have a good overview of the home's medication processes and procedures and will produce a comprehensive report documenting what has been observed and discussed at the visit. It will also offer advice and guidance for areas the home may need to improve on or require extra support with. The care home will receive a copy of the report, which is usually sent via secure NHS email.

We hope that our care homes will find the information useful. The report may also be used as evidence for CQC inspections. We have had some brilliant feedback from the homes so far and they have found the visits useful. We welcome any further comments or suggestions you may have.

If you feel you would benefit from an urgent visit please contact the relevant team member in your area, otherwise the technician will be in touch in due course to arrange a routine visit.

Administration of Medicines in Care Homes: A focus on Buccal Midazolam

Care home providers must ensure that designated staff administer medicines only when they have had the necessary training and are assessed as competent. The care provider's medicines policy should include training needs that are relevant to the type of setting staff are working in and the tasks to be undertaken.

Care providers are reminded that BLMK ICB fund the PrescQIPP e-learning Medicines Use in Care homes 1 for all care homes across Bedford, Luton and Milton Keynes. See attachment with this newsletter.

Midazolam (for buccal administration) is sometimes prescribed as 'Rescue medicine' to treat seizures. The Epilepsy Nurses Association (ESNA) Best Practice Guidelines advise that all carers of people with epilepsy should receive epilepsy awareness training. In addition, if the person with epilepsy is prescribed buccal midazolam, additional training in its administration must be undertaken to ensure care staff supporting people with rescue medicines are trained and competent to be able to use them. The quality of training should meet the [Epilepsy Nurses Association \(ESNA\) guidelines](#).

In addition, a clear patient-centred care plan should be in place for the use of the buccal midazolam.

Care plans should include:

- Information on how the seizure presents itself
- Details about buccal midazolam – including what effect it should have and within what time frame
- When staff need to seek more help, for example, when to call for an ambulance.

If people have been prescribed rescue medicines, care homes should:

- Keep appropriate quantities in stock
- Reorder before the expiry date

NICE guidance states that you should call an ambulance if:

- Seizure continues 5 minutes after administering emergency medicines
- The person has a history of frequent episodes of serial seizures
- The person has convulsive status epilepticus (emergency situation with prolonged or repeated seizures)
- This is the first episode requiring emergency treatment
- There are concerns or difficulties monitoring the person's airway, breathing, circulation or other vital signs

Useful resources:

[Training and competence for medicines optimisation in adult social care - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

[Medicines for seizures - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

[June-2019-Midazolam-guidelines.pdf \(esna-online.org\)](https://www.esna-online.org)

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