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New - Guide on 'How to Produce a Care Home Medicines Policy'

Care home providers should have a medicines policy in place to ensure the safe and effective use of medicines. This is a recommendation made by the National Institute for Health and Care Excellence (NICE) in its guideline on 'Managing medicines in care homes', Social Care Guideline [SC1]. The medicines policy should be regularly reviewed to make sure it is up to date and based on current legislation and the best available evidence. It should reflect the day-to-day activities in the care home and should be followed by every member of staff undertaking these activities.

The BLMK ICB Care Home Medicines Optimisation team have developed a guide to assist care homes in gathering information required to write or update their policy, see link below for access:

[How to Produce a Care Home Medicines Policy – BLMKICB Medicines Management](#)

CCTV/Surveillance in care homes - advice

Our team would like to remind our care homes of the importance of ensuring consent is gained from their residents for the use of CCTV/Surveillance in care settings. If a person is unable to consent then a mental capacity assessment and best interests decision needs to be completed and evidenced for each person this applies to, and kept in their care plan.

More information and details can be found in the following references:

- [guide human-rights-use-of-cameras-recording-equipment-in-health-care.pdf \(bihr.org.uk\)](#)
- Easy read guide: [guide your-guide-to-cameras-in-health-care-human-rights easy-read.pdf \(bihr.org.uk\)](#)
- [Update to Surveillance Camera Code of Practice](#)
- [Code of Practice with a guide to the 12 principles](#)
- [CCTV and video surveillance | ICO](#)

If you have any other questions or concerns on the above please contact:

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Reminder - BLMK ICB Medication Training for Adult Social Care

In April 2023 the BLMK ICB Care Home Medicines Optimisation team launched a new training scheme for all adult social care staff involved in the administration of medication. The training offer follows a tiered system as per below:

Tier 1 – Foundation knowledge eLearning training

The eLearning modules, hosted by PrescQIPP (a Skills for Care Endorsed Provider), support the implementation of recommendations in the NICE guideline SC1 (Managing medicines in care homes) / NICE guideline 67 (Managing medicines for adults receiving social care in the community) and carry a NICE endorsement statement. The following courses are available free of charge to care staff across BLMK:

- ⇒ Medicines use in care homes: course 1
- ⇒ Medicines use in care homes: course 2
- ⇒ Medicines use in care homes: course 3
- ⇒ Managing medicines for adults receiving social care in the community: course 1
- ⇒ Managing medicines for adults receiving social care in the community: course 2

Please click on link for [Tier 1 flyer](#) and [logon guide](#) for guidance on how to register for the PrescQIPP courses

Tier 2 – Focused on selected topics and local guidance/policies

The BLMK ICB Care Home Medicines Optimisation Team are pleased to facilitate the following online medication training sessions, for all adult social care (ASC) staff, delivered via MS Teams.

Homely Remedies & Self-Care *delivered*	Tuesday 23rd May, 14:30 –15:30
When Required (PRN) Medication *delivered*	Wednesday 12th July 2023, 14:30 – 15:30
Covert Administration of Medication	Tuesday 12th September 2023, 14:30 – 15:30
Medicines Reconciliation & Transfers of Care	Wednesday 15th November 2023, 14:30 – 15:30
Controlled Drugs (CDs) & Regulations in Care Homes	Tuesday 23rd January 2024, 14:30 – 15:30
Medication Safety, Governance & Safeguarding	Wednesday 13th March 2024, 14:30 – 15:30

See our [ASC Medication Training – Tier 2 Flyer](#) for more information, including how to book and MS Teams links

A big thank you to those that joined our first two sessions, they were a huge success!

We had 123 devices join the Homely Remedies & Self-Care session and 250 plus individuals joined us for the 'When Required (PRN) Medication' session.

We hope you can join us at our next "Tier 2" session on:

[Covert Administration of Medication - Tuesday 12th September 2023, 14:30 – 15:30](#)

Nitrofurantoin MHRA Drug Safety Alert

The Medicines and Healthcare products Regulatory Agency (MHRA) recently published a drug safety alert in regard to [Nitrofurantoin and the risks of pulmonary and hepatic adverse drug reactions](#).

Nitrofurantoin is an effective antibiotic used to prevent and treat infections of the bladder, kidney, and other parts of the urinary tract, but it has been linked to side effects affecting the lungs and liver.

Caregivers should be vigilant for new or worsening respiratory symptoms if a resident is taking nitrofurantoin, especially in the first week of treatment. Please seek medical advice if the resident starts to experience trouble breathing, shortness of breath, a lingering cough, coughing up blood or mucus, or pain or discomfort when breathing. These may be symptoms of a side effect affecting the lungs.

If residents start to develop yellowing of the skin or eyes, upper right abdominal pain, dark urine and pale or grey-coloured stools, itching or joint pain and swelling please seek medical advice as these may be symptoms of a side effect affecting the liver.

Residents prescribed Nitrofurantoin for long-term therapy e.g., for recurring urinary tract infections (UTIs) should be closely monitored. Any required monitoring such as blood tests would be arranged by the surgery the resident is registered with.

Reference:

[Nitrofurantoin: reminder of the risks of pulmonary and hepatic adverse drug reactions - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

End of Life Medicines Service for Bedfordshire, Luton & Milton Keynes (BLMK)

BLMK ICB commissions the End of Life Medicines Service from selected community pharmacies. This service aims to ensure that patients receiving palliative care in the community have access to specialised drugs when these are required in an emergency.

The service is available within the normal opening hours of the pharmacy and pharmacies providing the service are required to hold a list of specialist palliative medication.

This list has been developed in consultation with the Medicines Management team, Macmillan and District nurses, GPs with Special interest in palliative care and clinical leads from the Bedfordshire Partnership for Excellence in Palliative Support (PEPS) service. The list is not intended to be comprehensive but expected to be adequate to meet the needs of patients requiring urgent care.

Your usual dispensing pharmacy may not have signed up to provide this service so it is important that homes know where to get these medications quickly.

A list of participating pharmacies and a list of medication that is held by the pharmacies can be found on the BLMK Medicines Management website link below. Please ensure this is shared with all staff in your care homes.

<https://medicines.bedfordshirelutonandmiltonkeynes.icb.nhs.uk/categories/end-of-life-care-medicine-services/>

Hot weather and health - supporting your residents

Hot weather can cause people to become unwell through dehydration, heat exhaustion and heatstroke and can increase the risk of heart attack, stroke, lung problems and other diseases.

Older people and those with underlying medical conditions are particularly vulnerable to the effects of hot weather. This means that people living in care homes, those who are unable to care for themselves or those who require support in their daily activities are at higher risk of becoming unwell from hot weather.

You can reduce the risks associated with hot weather for those you care for by:

- ⇒ having a plan in place for individuals you are responsible for to keep them and the home cool
- ⇒ ensuring all social care staff are familiar with the guidance: [Supporting vulnerable people before and during hot weather: social care managers, staff, and carers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/supporting-vulnerable-people-before-and-during-hot-weather-social-care-managers-staff-and-carers) and your local plans before summer each year
- ⇒ knowing who is at higher risk of heat-related illnesses and how to reduce that risk
- ⇒ considering environmental changes that could reduce exposure to heat
- ⇒ ensuring those you care for drink plenty of fluids throughout the day and monitor for signs of dehydration
- ⇒ planning activities for times of the day when it is cooler such as the morning or evening
- ⇒ keeping those you care for out of the sun at the hottest time of the day between 11am and 3pm
- ⇒ keeping the home environment cool

How to recognise heat exhaustion and heatstroke

Heat exhaustion occurs when the body overheats and can't cool down. Heat exhaustion does not usually need emergency medical attention if the person cools down within 30 minutes.

Common symptoms of heat exhaustion include tiredness, weakness, feeling faint, headache, muscle cramps, feeling or being sick, heavy sweating, intense thirst. If action is not taken to help the person to cool down, heat exhaustion can lead to heatstroke.

Heatstroke is where the body is no longer able to cool down and the body temperature becomes dangerously high.

Common symptoms of heatstroke include confusion, lack of coordination, low blood pressure, fast heartbeat, fast breathing or shortness of breath. In addition, the skin may stop sweating and someone may have seizures (fits) or collapse. Heatstroke is a medical emergency. If you are concerned or think someone has heatstroke you should dial 999.

How to cool someone down if they have symptoms of heat exhaustion:

- ⇒ Move them to a cooler place such as a room with air conditioning or somewhere in the shade.
- ⇒ Remove all unnecessary clothing like a jacket or socks.
- ⇒ Help them drink a sports or rehydration drink or cool water.
- ⇒ Apply cool water by spray or sponge to exposed skin; cold packs wrapped in a cloth and put under the armpits or on the neck can also help.
- ⇒ They should start to cool down and feel better within 30 minutes.
- ⇒ If you are concerned about symptoms, or they are worsening, seek medical advice by contacting NHS 111. In an emergency, or if you think someone has heatstroke, dial 999.

Further information on heat exhaustion and heatstroke symptoms can be found on [NHS.UK](https://www.nhs.uk)

Storage of the medicines

Most medicines should be kept below 25°C, so they should be stored somewhere cool, dry, out of direct sunlight and away from windowsills. Medicines should only be stored in the fridge if specified. The [NHS Specialist Pharmacy Service](#) has further guidance on storing medicines.

Our team have also produced some guidance on room and refrigerator temperature management to support care homes. This is to ensure all medication is stored appropriately and at the correct temperature, please click on the link:

[BLMK-CCG-Meds-room-and-refrigerator-temperature-guide-for-care-homes.pdf \(icb.nhs.uk\)](#)

Further resources and information:

- [Supporting vulnerable people before and during hot weather: social care managers, staff, and carers - GOV.UK \(www.gov.uk\)](#)
- [Supporting vulnerable people before and during hot weather: guidance for healthcare professionals](#)
- [Beat the heat guidance](#)
- [Adverse Weather and Health Plan](#)
- [NHS advice on heat exhaustion and heat stroke](#)
- [NHS advice on sunscreen and sun safety](#)

Hydration and recognising signs of Dehydration

Promoting good hydration and nutrition in older adults leads to increased wellbeing and improved quality of life. Older adults often forget to drink and over half of nursing home residents do not have a safe swallowing mechanism making them very susceptible to decreased fluid intake. These factors increase the risk of dehydration and urinary tract infections in older adults, which can in turn lead to confusion, falls, acute kidney injury and hospital admission.

TIPS TO IMPROVE HYDRATION IN CARE HOMES

- ◇ 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- some people prefer to drink “little and often”.
- ◇ Ensure residents have fresh water within reach.
- ◇ Provide a variety of drinks to suit individuals’ likes and dislikes.
- ◇ Water, tea, milk, fruit juice, and coffee all count towards this total.
- ◇ 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 of drinks easily available, brightly coloured cups to draw attention, drinking aids and adapted cups, straws.
- ◇ 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 and spinach.
- ◇ 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).
- ◇ 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

There have been a number of successful projects implemented in care homes to improve hydration. For example, care home staff could initiate an easy-to-implement system of **seven daily drinks rounds**. Residents can be encouraged to decorate drinks trolleys and create personalised drinks and cups. The drinks rounds can be stimulating and appealing to older people and those with dementia and they can become a focal social point in many care homes.

Please see links below to useful initiatives conducted in care homes

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.

Useful resources:

[Good Hydration! - Patient Safety Oxford](#)

[Good hydration! -Spotting the signs of dehydration - Part Two - YouTube](#)

[Good hydration! - Medicines, kidneys and urine - Part Four - YouTube](#)

[Good hydration! - Improving hydration through structured drinks rounds - Part Six - YouTube](#)

[Good Hydration! - Improving Hydration - Part Three - YouTube](#)



Contact us:

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