

CareHomesNews

BLMK ICB Care Home Medicines Optimisation team

Edition 21: January 2026

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Our award winning contribution to 'Skills for Care' newsletter and webinar

In our last newsletter we shared our great achievement in winning the PrescQIPP award in the 'care homes/domiciliary care/carer medicines optimisation' category, for our project: 'ICB-led medication training offer for adult social care staff, including medication champions training'.

The team was also approached by 'Skills for Care', an independent UK charity and the strategic workforce development body for England's adult social care sector. They were interested in our project and wanted to share wider so others might be able to adopt.

Details of our training package has been included as an article in the ['In the know' section of the December 2025 'Skills for Care' Newsletter](#) for Registered Managers. This is shared with 4500+ frontline managers.

Care home team member Courtenay Amos also very kindly took part in an interview with 'Skills for Care' to showcase our training project. The interview was included in the 'Managing meds with confidence webinar' which had 1100+ bookings, with 550+ joining live. We received positive feedback from the webinar (9.9 out of 10) and there was a lot of interest in what we had achieved.

The recording of this webinar and the interview can be accessed via the 'Skills for Care' website [here](#).



Reminder - BLMK ICB Medication Training for Adult Social Care

Tier 1 – Foundation knowledge eLearning training modules hosted by PrescQIPP

The following courses are available free of charge:

- ⇒ [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 - request code](#)
- ⇒ [Managing medicines for adults receiving social care in the community: course 2 - request code](#)

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

Tier 2 – Focuses on selected topics and local guidance/policies - dates for 2025/26

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

Homely Remedies & Self-Care - delivered	Tuesday 20th May 2025, 14:30 –15:30 - Register
When Required (PRN) Medication - delivered	Wednesday 16th July 2025, 14:30 – 15:30 - Register
Covert Administration of Medication - delivered	Tuesday 16th September 2025, 14:30 – 15:30 - Register
Medicines Reconciliation & Transfers of Care - delivered	Wednesday 12th November 2025, 14:30 – 15:30 - Register
Controlled Drugs & Regulations in Care Homes - delivered	Tuesday 20th January 2026, 14:30 – 15:30 - Register
Medication Safety, Governance & Safeguarding	Wednesday 18th March 2026, 14:30 – 15:30 - Register

[See our ASC Medication Training – Tier 2 Flyer](#) for more information on how to join the events

We hope you can join us for the forthcoming topic, even if just for a refresher! All of our training information for Adult Social Care staff can be found via the website link:

[Adult Social Care Staff Only – BLMKICB Medicines Optimisation](#)

Next Tier 3 Medication Champion Training in Milton Keynes

We now have 140 Medication Champions across BLMK care homes. If you are interested in becoming a Medication Champion for your care home we have a further training date scheduled as below:

Forthcoming date for Medication Champion day (9am - 3pm):

3rd March 2026 - The Applewood Care Home (Milton Keynes)

To be eligible to become a Medication Champion you must:

- ⇒ Complete the CORE Tier 1 PrescQIPP e-Learning training AND
- ⇒ Attend the Tier 2 online virtual medication sessions, where possible AND
- ⇒ Attend a Medication Champion Training day



To register for the above event please click on the Eventbrite link below which also explains the event in more detail:

[Medication Champion Training for Care Home Staff | Eventbrite](#)

***New* BLMK ICB Medicines Management process for an outbreak of scabies**

This new guidance has been produced to support care homes, PCNs/GP Practices and community pharmacies with the medicines management process following an outbreak of scabies. It includes information on bulk prescribing, and particularly the bulk prescribing of Permethrin 5% cream for treating an outbreak.

In the event of an outbreak please ensure your organisation's infection prevention and control (IPC) practices are robust and all staff are following the correct IPC procedures. You can find more information on the management of scabies cases and outbreaks via the UK Health Security Agency (UKSHA) guidance link below:

[UKHSA guidelines for the management of scabies cases and outbreaks in communal residential settings - GOV.UK](#)

For any further advice and guidance needed on IPC practices, please contact the BLMK ICB Infection Control team via email: blmkicb.infectioncontrol@nhs.net.

Our full guidance document can be found **[via the link below](#)**, please share with colleagues.

[BLMK ICB Medicines Management process for an outbreak if scabies in a care home or residential setting.](#)

Learning from incidents: Clozapine - high risk medication

To learn from medication incidents, we would like to share with you an error involving Clozapine.

Clozapine is an antipsychotic medicine used to treat psychosis, including schizophrenia and psychosis in Parkinson's disease. A specialist psychiatric consultant is responsible for starting clozapine and patients remain under the care of mental health services while they are taking clozapine. Clozapine requires strict monitoring, which is carried out by the relevant mental health team.

We were recently informed of an incident involving Clozapine where a patient in a supported living facility had missed 3 doses of Clozapine due to being absent without leave from the facility. On return, staff administered the usual dose of Clozapine (250mg daily at night) without following the re-titration protocol provided by the specialist mental health team. This resulted in an admission to A&E as the patient presented with slurred speech. The specialist mental health team then had to re-start the Clozapine at a lower dose of 25mg and re-titrate back up to 250mg daily gradually over a number of days, whilst monitoring the patient closely. The re-titration back up to normal dose was tolerated well with the next blood test arranged.

Issues Identified:

1. Clozapine re-titration protocol was not followed by staff after missed doses of clozapine.
2. Staff did not escalate 'absent without leave' related missed doses to the specialist team before administration of the next dose.

Considerations for Social Care Providers:

- Ensure staff involved in the administration of clozapine are appropriately trained, fully understanding clozapine as a high risk medication, and the consequences of not administering as per the specialist care plan.

- Remind the person on clozapine at every contact that clozapine is a regular medicine that cannot be missed and discuss the signs of potentially serious adverse effects and what to do about them.
- Patient information leaflets should be available to anyone who takes clozapine.
- People's medicines must be available when needed. **It is important that clozapine is taken as prescribed as it can be dangerous to miss doses and then restart at the full dose. Seek advice if more than one dose is missed** - treatment may need to be restarted at a lower dose and closer monitoring may be needed.
- Know how to identify possible side-effects – Care plans should include possible serious side-effects (including constipation) that need immediate medical attention.
- **Know who to contact for advice and support and which clozapine patient monitoring service the person is registered with.**
- Enable support for people to have regular blood tests, including making and attending appointments, and receiving and acting on results.

Other important considerations:

- Follow good practice for medicines reconciliation and check if a person you are caring for is prescribed clozapine. Be aware that clozapine does not always appear on the GP summary care record or repeat prescription, as it is prescribed by the mental health service.
- Check whether the person has had a physical health check within the past 12 months.
- Where appropriate, record the person's smoking status and caffeine intake. This is because smoking and caffeine can cause changes to levels of clozapine in the blood – the dose of clozapine may need to be changed if there is a change in smoking or caffeine habit. The patient's mental health team should be contacted for advice in this situation.

Further Reading / Resources:

- [High risk medicines: clozapine - Care Quality Commission](#)
- [Clozapine | Drugs | BNF | NICE](#)
- [Clozapine: reminder of potentially fatal risk of intestinal obstruction, faecal impaction, and paralytic ileus](#)
- [Clozapine and other antipsychotics: monitoring blood concentrations for toxicity - GOV.UK](#)

***New* Quick Reference Guide - End of Life Care in Care Homes**

We are pleased to introduce a new quick reference guide for care homes, designed to support high-quality end-of-life care across the local area. This practical resource brings together key information into one clear, easy-to-read document, helping care home staff feel confident and supported when caring for people with advanced, progressive illness. By reducing the need to search across multiple documents or systems, this guide aims to save time and promote consistent care.

The guide includes:

- Key Palliative Care Contact Details
- ReSPECT Guidance
- The End of Life Medicines Service
- Education & Training

We hope this resource will empower person-centred, coordinated end of life care, ensuring that residents are supported with dignity, comfort and respect at every stage of their journey.

The guide can be accessed by clicking [here](#).

Mesalazine and Idiopathic Intracranial Hypertension

The Medicines and Healthcare products Regulatory Agency (MHRA) recently published a drug safety alert in regard to [Mesalazine and idiopathic intracranial hypertension](#).

Mesalazine is an aminosalicylate and is licensed for the treatment of inflammatory bowel disease such as ulcerative colitis and Crohn's disease.

Idiopathic intracranial hypertension (IIH) has been very rarely reported in patients treated with mesalazine. Following a recent review, warnings for idiopathic intracranial hypertension are being added to the product information for all mesalazine products.

If you have any residents using any form of mesalazine you should look for signs and symptoms of IIH including severe or recurrent headache, visual disturbances, back pain, dizziness, neck pain and a ringing or buzzing in the ears. Seek medical assistance from the resident's GP if these symptoms are noticed.

IIH is not normally life threatening; however, in rare cases can cause serious vision problems which must be monitored and treated where possible.

Reference:

<https://www.gov.uk/drug-safety-update/mesalazine-and-idiopathic-intracranial-hypertension>

Winter vaccinations - reminder

Winter can be challenging for the adult social care (ASC) sector due to severe weather, increased infection transmission, and other seasonal pressures.

We are aware that there is currently an increase in flu cases and outbreaks. Winter does typically bring an increase in flu, RSV, COVID-19, other respiratory infections, and norovirus.

This year flu has been circulating earlier than expected and RSV is persisting longer, leading to more outbreaks and hospitalisations among vulnerable groups.

Vaccination is a vital defence against flu and COVID-19, reducing the risk of serious illness, hospitalisation, and death. It is essential those using adult social care services and those working across the sector are protected.

All staff should be encouraged to book any vaccinations promptly and their importance should be explained.

All eligible residents should have now had the appropriate vaccinations for winter but if you have any residents who have not been vaccinated and still wish to be, please seek advice from the GP.

Further information on **Flu and COVID-19** Seasonal Vaccination Programme can be found [here](#)

Further information about the **RSV vaccine** can be found [here](#)

Keeping residents well & avoiding hospital admissions during the cold weather

- **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 UTIs, 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. Support those receiving care to follow standard infection control precautions where possible. Further details are available in the following guidance: [Infection prevention and control in adult social care settings](#).
- **Sick day rules** - Dehydration can be a significant risk to people taking certain medicines. Medicines such as diuretics (e.g. Furosemide, Bendroflumethiazide), ACE Inhibitors (e.g. Ramipril, Lisinopril), ARBs (e.g. Losartan, Candesartan) and NSAIDs (e.g. Ibuprofen, Naproxen) should be stopped temporarily under healthcare professional advice during illness which can result in dehydration (e.g. vomiting, diarrhoea and fever). Speak to your aligned GP practice/clinician on the weekly ward round for more information/advice.

There are other things you can do within your care home to help support your residents and staff during the 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 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.

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.

Contact us:

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