

Caring for Care Homes

Issue 22, September 2017

Newsletter for Care Home staff, General Practitioners and Community Pharmacists

How ready are your 'Just in Case' bags/boxes?

In February 2017, NHS England South, (South West) Controlled Drugs Accountable Officer received a report from a CQC inspector about a range of CD issues identified during a Nursing Home inspection. A number of concerns were identified regarding the use of 'Just in Case' bags/boxes (JICB).

JICB can be prescribed when a resident's condition has been assessed as deteriorating and the resident is on the Electronic Palliative Care Co-ordination System. These bags may be in place for a considerable time before use.

Points to note for Care Home:

- ▶ Check expiry dates of medication regularly.
- ▶ The ability to identify that a resident has a JICB in place is important. Please record clearly in care plans.
- ▶ JICB are intended to be used when there is a sudden or unexpected deterioration in the resident's health and must be followed with review of the resident's medication needs within 24 hours. The resident's GP must be informed of the use of medication from the JICB.
- ▶ If there are concerns about administering from the JICB for any reason, the health care professional must contact a prescriber to discuss the situation.

GP responsibilities:

- ▶ A resident's condition and medicines may change, so a regular review of medication within the JICB by the prescriber is necessary. The prescriber will not necessarily inform the care home of the review unless a change is made.
- ▶ Following notification from the Care Home that medications from a JICB have been used, a prescriber should review the resident's medication needs within 24 hours.

What are Direct Oral Anticoagulants?

The most commonly prescribed anticoagulant is warfarin. However new types of anticoagulants are now available and are becoming increasingly common. Rivaroxaban (Xarelto[®]), Dabigatran (Pradaxa[®]), Apixaban (Eliquis[®]) and Edoxaban (Lixiana[®]) belong to a group of drugs called Direct Oral Anticoagulants (DOACs) which do not need regular blood tests.

Anticoagulants are medicines that help prevent blood clots. They are given to people at a high risk of clots to reduce their chances of developing serious conditions such as strokes and heart attacks.

When taking an anticoagulant the main side effect is that you can bleed too easily. Care staff are probably familiar with this as a side effect of warfarin but may not realise that these newer drugs are also anticoagulants because they do not require regular blood tests. Care staff should be aware of symptoms of bleeding with DOACs. It is really important that you tell the resident's doctor if they experience problems such as: ▶ blood in faeces or black faeces ▶ Blood in urine ▶ severe bruising ▶ prolonged nosebleeds ▶ bleeding gums ▶ vomiting or coughing up blood

If a resident goes into hospital it is important to send a copy of the Medication Administration Record (MAR) chart with them so that the hospital staff know exactly what medication the resident is taking. This is particularly important in the case of any anticoagulants.

Also included in this month's newsletter

Please find attached the **Caring for Care Homes Flu Special**. The flu special has been written by our colleagues in Public Health. It includes details of: duty of care to residents, how to vaccinate staff, useful contacts and much more.

Free e-learning for all your staff

You may be aware that the Caring for Care Homes Team work alongside a number of different organisations to ensure the safe and effective use of medication. PrescQIPP, one of these organisations, has created a training package for all care home staff who are involved with managing medicines. It will be the first of several planned e-learning packages.

This first one includes the following modules:

- **Module 1:** Welcome and Introduction
- **Module 2:** The role of CQC and the NICE guideline and quality standards: NICE guideline, quality standards, from recommendations to practice, implementation of NICE guidance in care homes, encouraging best practice
- **Module 3:** The management of medicines in care homes: NICE, monthly medicine cycle, ordering, prescription requirements, directions, MAR sheets, use of compliance aids
- **Module 4:** Management of self-medication residents: Assessment, consent, ordering and receipt of medicines, storage, disposal, care plans, options for supporting self-administration
- **Module 5:** Administration of inhalers
- **Module 6:** Administration of eye drops
- **Module 7:** Administration of transdermal patches
- **Module 8:** Administration of topical products
- **Module 9:** Administration of PRN medicines

There will be a quiz at the end of each of the modules and this will test your understanding and recap key learning points. A pass mark of 70% is required to complete the course and you will receive a certificate. The courses are **free** for all care home staff and easy to register. Each Staff member will require an individual registration.

To register go to www.prescqipp.info/register/registers and follow these instructions:

- Tick '**I work for a care provider but do NOT have an NHS email address**' which you will find in the blue area
- When you come to 'NHS Commissioning Area' on the drop down choose '**North East West Devon**'
- Fill in the rest of the form. Once finished click on the green register button

Once registered, to log onto the courses, go to www.prescqipp.info/the-e-learning-hub/engage/the-e-learning-hub and follow these instructions:

- Select 'Available e-learning course'
- **Click here to access PrescQIPP e-learning courses now** which is in a green box
- Scroll down and click on the blue circle '**Care home 1**'

For more details please see attached flyer.

PrescQIPP
Community Interest Company

Medicines use in care homes course 1 e-learning

Care homes 1

The NICE Quality Standards for medicines management in care homes quote a study that found more than 90% of the residents in long term residential care were exposed to at least one potential medicine administration error in a three month period. To improve the safe and effective use of medicines by people who live in care homes, clear systems and processes are needed across the medicines optimisation pathway.

The Care Homes 1 e-learning package is aimed at all care home staff involved with managing medicines. It is the first of several planned e-learning packages for care homes and will include the following modules in addition to three case studies to help apply learning to practice. Quizzes at the end of each module will test understanding and recap key learning points, and a pass mark of 70% is required to complete the course and receive a certificate.

MODULE 1	Welcome and introduction
MODULE 2	The role of CQC and the NICE guideline and quality standards <ul style="list-style-type: none">• NICE guideline, quality standards, from recommendations to practice, implementation of NICE guidance in care homes, encouraging best practice
MODULE 3	The management of medicines in care homes <ul style="list-style-type: none">• NICE monthly medicine cycle, ordering, prescription requirements, directions, MAR sheets, use of compliance aids
MODULE 4	Management of self-medicating residents <ul style="list-style-type: none">• Assessment, consent, ordering and receipt of medicines, storage, disposal, care plans, options for supporting self-administration
MODULE 5	Administration of inhalers
MODULE 6	Administration of eye drops

Updated guidance sheets coming soon

Fridge Temperature v4_2017 Controlled Drugs v4_2017 Analgesic Patches v4_2017 Missed Doses v3_2017 Reducing Medicine Waste v2_2017

Caring for Care Homes flu special

It's the start of the flu season and vaccines will be available from September 2017

Flu is a serious illness

In 2016/17 in the South West cases of flu were seen mainly in those aged 65 years and over, this was consistent with outbreaks seen in care homes. There were 139 outbreaks of flu, of which 78% were in care homes.



Residents of care homes are often frail and elderly with multiple underlying diseases or health conditions. Care home residents can be extremely vulnerable to the complications of flu if unimmunised. Flu is easily spread in care home settings putting staff, residents and visitors at risk. Last year some care homes had to be closed. This year we are concentrating on helping employers to ensure their care home staff are vaccinated against flu.

Duty of care to residents

The national flu immunisation programme 2017/18 sets out our responsibilities as employers:



All health and social care workers have a duty of care to protect their patients and employees from infection, including being immunised against flu. This includes those working in care homes. Vaccination against flu is the single most effective method to prevent the spread of flu within the community of care homes.

Remember: It is important to protect not only your residents but your staff as well

Therefore, as in previous years, flu immunisation should be offered by care home employers to all employees directly involved in delivering care. It is vital that care home staff not only protect themselves against flu, but recognise the importance of protecting patients in their care and their professional responsibility to get vaccinated. Care home owners and managers need to lead by example and get vaccinated and make arrangements to resource vaccination of staff.

Below is a link to a calculator developed by South Gloucestershire Council that will enable homes to see how much they could potentially save if staff are vaccinated and temporary staff are not needed due to cases of flu in their home. www.southglos.gov.uk/health-and-social-care/staying-healthy/much-flu-vaccinations-save/

It is the employer's responsibility and good practice to ensure their staff, not only receive their vaccinations but also to keep a written record of staff that have been vaccinated. This will help evaluate whether uptake is increasing and the impact on cases and outbreaks.

Please ask your staff to view this short YouTube clip regarding a healthy young local health care assistant's journey when she caught flu:

www.youtube.com/watch?v=15pieb-313o



How to vaccinate staff?

There are various ways to support your staff to obtain the flu vaccine and further details will be available in the forthcoming Public Health England (PHE) care homes flu toolkit that will be sent to you week commencing 2nd October 2017.

Members of staff with certain long-term health conditions will be able to get free flu vaccination at their GP surgery or pharmacy. Pregnant staff members are also eligible and may be able to get this via their local maternity service, GP practice or pharmacy (please speak to your midwife about where you can have the vaccine). NHS Choices provides more information about who is eligible for free flu vaccination: www.nhs.uk/Conditions/vaccinations/pages/who-should-have-flu-vaccine.aspx?tabname=NHS%20vaccination%20schedule.

Flu myth busting

There are 10 common myths surrounding flu and the flu vaccine.

1. Flu is just like having a heavy cold
2. The flu vaccine gives you flu
3. Flu can be treated with antibiotics
4. Once you've had the flu vaccine, you're protected for life
5. I'm pregnant, so I shouldn't have the flu jab because it will affect my baby
6. The flu jab won't protect me against swine flu
7. Children can't have the flu vaccine
8. I've had the flu already this autumn, so I don't need the vaccination this year
9. If I missed having the flu jab in October, it's too late to have it later in the year
10. Vitamin C can prevent flu



For the truth behind these myths, please check out the NHS Choices website at: www.nhs.uk/Livewell/winterhealth/Pages/Flu-myths.aspx

Useful websites and leaflets

- ▶ The Public Health England 'Stay Well This Winter' campaign has lots of resources that can be downloaded and used to promote flu vaccination in your Care Home setting: campaignresources.phe.gov.uk/resources/campaigns/34-stay-well-this-winter-/resources
- ▶ NHS Employers: www.nhsemployers.org/campaigns/flu-fighter/flu-fighter-residential-care
- ▶ NHS Choices: www.nhs.uk/Conditions/Flu/Pages/Introduction.aspx
- ▶ Flu immunisation for social care staff: www.gov.uk/government/uploads/system/uploads/attachment_data/file/643609/Flu_social_care_staff_leaflet.pdf

Useful contacts

NHS England and PHE are working closely with local authorities and providers to look at ways to support an increase in flu vaccination amongst care home staff any ideas are very welcomed. Please contact:

- Tina Henry, Consultant in Public Health. Devon County Council tina.henry@devon.gov.uk
- Sarah Ogilvie, Consultant in Public Health. Plymouth City Council. sarah.ogilvie@plymouth.gov.uk
- Julia Chisnell, Specialty Registrar in Public Health. Torbay Council Julia.Chisnell@nhs.net

Medicines use in care homes course 1 e-learning



The NICE Quality Standards for medicines management in care homes quote a study that found more than 90% of the residents in long-term residential care were exposed to at least one potential medicine administration error in a three month period. To improve the safe and effective use of medicines by people who live in care homes, clear systems and processes are needed across the medicines optimisation pathway.

The Care homes 1 e-learning package is aimed at all care home staff involved with managing medicines. It is the first of several-planned e-learning packages for Care homes and will include the following modules in addition to three case studies to help apply learning to practice. Quizzes at the end of each module will test understanding and recap key learning points, and a pass mark of 70% is required to complete the course and receive a certificate.

MODULE 1	Welcome and introduction
MODULE 2	The role of CQC and the NICE guideline and quality standards <ul style="list-style-type: none">• NICE guideline, quality standards, from recommendations to practice, implementation of NICE guidance in care homes, encouraging best practice
MODULE 3	The management of medicines in care homes <ul style="list-style-type: none">• NICE, monthly medicine cycle, ordering, prescription requirements, directions, MAR sheets, use of compliance aids
MODULE 4	Management of self-medicating residents <ul style="list-style-type: none">• Assessment, consent, ordering and receipt of medicines, storage, disposal, care plans, options for supporting self-administration
MODULE 5	Administration of inhalers
MODULE 6	Administration of eye drops

MODULE 7

Administration of transdermal patches

MODULE 8

Administration of topical products

MODULE 9

Administration of PRN medicines

Course access

The course is **free** for all healthcare professionals in your commissioning area.

You will need to be logged in to the PrescQIPP site so that it can record your progress and issue your e-learning certificate.

If you do not already have a log in for the PrescQIPP site, you can [register here](#). Please ensure that you specify the commissioning area on registration as this will ensure that you are provided with the correct access and do not have to pay for the course.

1. Log in to the [PrescQIPP site](#)
2. Locate the course link under the top 'Learn' menu or from the [E-learning Hub](#)
3. Select 'Take this course'

Don't forget that you can complete the course over a period of time. To return to the course and pick up where you left off at any time, simply log back into the site and go to the 'My e-learning courses' page which you will find under the top 'Learn' menu after logging in, or on the right hand side of the [E-learning Hub](#).

Please note that you will need an up to date browser and sufficient bandwidth to view the course. If you have any questions about the course, please contact help@prescqipp.info.