

Medicine Matters

Autumn 2021

Medicines information for care staff in a social setting

Safeguarding Adults in Care Homes

NICE have been working on guidance for safeguarding adults in care homes and is available on their website: <https://www.nice.org.uk/guidance/ng189>.

This guideline covers keeping adults in care homes safe from abuse and neglect. It includes potential indicators of abuse and neglect by individuals or organisations and covers the safeguarding process from when a concern is first identified through to section 42 safeguarding enquiries. There are recommendations on policy, training, and care home culture, to improve care home staff awareness of safeguarding and ensure people can report concerns when needed.

Supporting resources:

- PDF version of the guidance is available: <https://www.nice.org.uk/guidance/ng189/resources/safeguarding-adults-in-care-homes-pdf-66142030079941>
- baseline assessment audit tool (Excel): <https://www.nice.org.uk/guidance/ng189/resources/baseline-assessment-tool-excel-9012875149>

Posters/flyers for organisations:

Indicators of Individual Abuse and Neglect: <https://www.nice.org.uk/guidance/ng189/resources/indicators-of-individual-abuse-and-neglect-pdf-9013017709>

Indicators of Organisational Abuse and Neglect: <https://www.nice.org.uk/guidance/ng189/resources/indicators-of-organisational-abuse-and-neglect-pdf-9013017710>

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it.

Action for care home teams:

Make sure staff are aware of their roles and responsibilities in terms of safeguarding adults.

Ensure that you have the contact details of your local safeguarding adults' services including how and when to contact them.

Children's and Young Peoples' services:

Ensure that teams understand the principles and actions to take in safeguarding the young people in your service. There may be additional considerations to the principles set out in the guidance above.

Reflection, review and reset – further thoughts

In the last edition of Medicine Matters (Spring / Summer 2021) we suggested that there may be elements of medicine management in care homes that would benefit from a "review and reset" as we start to return to a new normal way of working following the Pandemic. Further considerations that have come to our attention include:

Homely remedies

- If your home uses a homely remedy policy, make sure staff understand and are competent in supporting the use of homely remedies
- Take advice on the suitability of homely remedies for individuals from a healthcare professional, such as a GP or pharmacist
- If you have a signed agreement / authorisation by the GP / Pharmacist – make sure these are up to date and relevant for your residents

Medicine reviews

Your prescriber and pharmacy teams will be in the process of reviewing medicine regimes for your residents.

- Ensure there is clear documentation regarding when reviews take place and any changes or recommendations that are made.
- Liaise with your supplying pharmacy regarding any changes to medicines, including any interim prescriptions that may be required before the next medicine supply cycle is due and give consideration to synchronising supplies to the medicine cycle.

Medicine policy updates

If there have been changes to the medicine systems and processes within the home such as introducing on-line / proxy ordering, or different ways of communicating with the GP or pharmacy, ensure your medicine policy reflects these new ways of working and that all staff are aware of these changes and competent in new processes.

If you have examples of new and innovative ways of working regarding medicine management within your care home or with services that you interface with and would like to share this with others, please let us know for us to include in future editions of Medicine Matters necsu.moadmin@nhs.net

Medicine Matters: Autumn 2021

Switching between liquid and tablet/capsule formulations – Which medicines require extra care?

Sometimes residents in care homes have difficulty taking their medicines and an alternative formulation may be considered to be a suitable solution. If this is the case, the prescriber must be involved in the discussions, to understand what the issues are for the resident and to find a suitable, safe solution.

It is important to be aware that for a small number of medicines, there are differences in equivalent doses of oral formulations of the same medicine. Consequently, when switching a patient from one oral formulation to another, for example, switching from tablets or capsules to a liquid to aid administration in a patient with swallowing difficulties, dose adjustment and/or additional monitoring may be required. There may also be other concerns relating to the suitability of the formulation for the patient.

General problems to be considered when switching between oral formulations of the same drug:

- **Administration instructions may differ** between formulations, e.g., with respect to taking with/without food.
- **Brand specific:** some medications have a difference in clinical effect between each manufacturer's versions of the product and should be prescribed by brand name.
- **Different ingredients:** Switching formulations may expose the patient to different excipients / ingredients which may not suit the person (allergies or against religious beliefs)
- **Health and safety considerations:** medicines may have different handling requirements for different formulations: e.g., solid vs liquid.
- **Modified release products:** Frequency of dosing may be different for liquids/plain tablets/plain capsules than for the modified-release formulation,
- **Licensed indications/contraindications** for one formulation of a drug may be different from another formulation or the new use may be an unlicensed use
- **Different effects:** it may be wise to be vigilant for a fall in efficacy or increase in adverse effects when changing formulations.
- **Change in application site:** Changing the formulation may change the site to which the drug is delivered, and thus the therapeutic effect.

Action for care homes:

Always discuss with the prescriber and pharmacist if a resident is having difficulty with taking their medicines to ensure that safe and suitable options are considered.

Case study: How Capacity Tracker responded to the pandemic

A new case study has been published highlighting the role of the Capacity Tracker in delivering customer and patient-focused support throughout the Covid-19 response period.

The Capacity Tracker is a customer web-based digital insight tool,



developed in partnership with NHS England and the Department of Health and Social Care. The tool enables care providers across care home, community, substance misuse, hospice, and acute/hospital settings to share vacancy, vaccination, Covid-19 response and other critical data easily and quickly in real time.

The Capacity Tracker platform enabled the project team to effectively keep track of the number of designated beds in acute/hospital settings, ensuring that hospitals were at the safest and most appropriate level of capacity for their individual circumstances. This reduced wait times and improved efficiency for patients discharged to community services.

[Click here](#) to view the case study in full

Data Security and Protection Toolkit (DSPT) Needing support with DSPT completion?

Receive help with completing your toolkit through the DPST Delivery Team who are supporting care homes with free training for DSPT and Proxy Access through Barclays Digital Eagles.

For further information contact E: england.dsptney@nhs.net or speak to someone T: 0113 3604847 (Mon to Fri 9am to 5pm)



Ambitions for change: Report on improving healthcare in care homes launched

The British Geriatrics Society published a new report in August 2021, aimed at improving the quality of healthcare for care home residents. The COVID-19 pandemic has had a devastating impact on older people, with 35.6% of the 130,000 deaths in the UK occurring in people living in care homes. Many others suffered from worsening physical, mental and emotional health as a result of lockdowns and visiting restrictions. This new report sets out how care home staff and visiting healthcare professionals can work together to ensure high-quality healthcare is delivered for the more than 400,000 older people who live in care homes.



['Ambitions for change' - Report on improving healthcare in care homes launched | British Geriatrics Society \(bgs.org.uk\)](#)

If you have any questions regarding this newsletter or if you have an idea for an article to be included in a future issue, please contact us via necsu.moadmin@nhs.net where you will be forwarded to the most appropriate member of the team

Please don't forget to share this newsletter with your colleagues!