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Bedfordshire Care Home Team - generic email address

The Bedfordshire Care Home Medicines Optimisation Team have a new generic email address!

Enquiries/referrals for the Bedfordshire Care Home Team should be sent to:

blmkccg.bedsnocarehometeam@nhs.net (no referral proforma required).

This email inbox is routinely monitored Monday - Friday, 9am - 5pm (excluding Bank Holidays) and emails will be triaged to the most appropriate member of the team.

Please note this email is just for Bedfordshire enquires/referrals. Milton Keynes and Luton can continue to be contacted on the generic email addresses at the end of this newsletter.

Patient identifiable details should ONLY be sent from and to secure email addresses (e.g., NHS.net to NHS.net). Please note: GP practices should be the primary contact for individual resident medication queries - see article regarding Service Referral Pathway for further information.

COVID-19 - Important guidance links for care homes

During these 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:

[Coronavirus \(COVID-19\): admission and care of people in a care homes](#)

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

[COVID-19: infection prevention and control \(IPC\)](#)

[Coronavirus \(COVID-19\): getting tested](#)

[COVID-19: how to work safely in care homes](#)

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

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

[Safeguarding adults in care homes – NICE Guidance](#)

[DHSC COVID-19 vaccination of people working or deployed in care homes: operational guidance - *New](#)

BLMK ICS CCG Care Home Medicines Optimisation Team (MOT) - Service Referral Pathway

Since the merging of BLMK CCG and the introduction of [Network Contract Directed Enhanced Service \(DES\) Contract Specification 2020/21](#) for PCNs, the CCG Care Home Medicines Optimisation Team's role has transitioned to a supportive and quality improvement role.

Our new Service Referral Pathway details the ways in which the team can support key organisations and colleagues, including:

- **Care homes** - Medicines management and governance function
 - ⇒ For example, improving processes within care homes, homely remedies and self-care support.
 - ⇒ PCNs/GP practices should be the care home's primary contact for clinical issues. However, care homes (including learning disability homes) can request medicines management support directly from the CCG Care Home MOT via the referral pathway.
- **PCN/GP Practice Teams** - Complex clinical support function
 - ⇒ For example, peer support, complex individual SMRs, covert administration advice.
 - ⇒ Previously the CCG Care Home MOT undertook routine annual structured medication reviews (SMR's) for all care home residents on behalf of GP practices. However, following the introduction of the DES contract, PCN/GP Practice teams are now responsible for completing these SMRs. PCN teams needing clinical support for specific, individual residents (who may have complex polypharmacy, need covert administration etc.) can be referred to the CCG Care Home MOT for an SMR/clinical support.
- **CCG colleagues / Local Authorities** - Commissioner and safety function
 - ⇒ For example, joint quality visits, observation of medication rounds
- **Wider healthcare team / secondary care** - Collaborative function
 - ⇒ For example, ensuring joint up provision of care for care home residents.

The Service Referral Pathway also includes the CCG Care Home Medicines Optimisation Team structure, how to refer into the team and individual contact details.

The Service Referral Pathway is attached with this newsletter but can be found on the BLMK Medicines Management website: <https://medicines.blmkccg.nhs.uk/wp-content/uploads/2021/10/NHS-BLMK-ICS-CCG-Care-Home-Medicines-Optimisation-Team-MOT-Service-Referral-Pathway.pdf>

New labelling requirements for Senna

Senna is a laxative commonly prescribed for constipation and the main active ingredient is sennosides.

Due to regulatory changes, products containing sennosides as the active substance can no longer be labelled as senna. This means that manufacturers must re-label products to make clear that the active ingredient is sennosides.

The new drug name may therefore be presented in different ways which may cause confusion. You may start to see different packaging and the drug name on the packaging may be different, but it is important to note that the medication has not changed.

Self-care in Care Homes Toolkit

This newly launched toolkit has been produced as a **guide for care homes** to support residents in self-caring for selective conditions by buying over the counter treatments in accordance with CQC guidance '[Over the counter medicines and homely remedies](#)'

This toolkit (attached) can be used alongside the Homely Remedies Toolkit, both toolkits can also be accessed via the 'Care Homes' pages on the BLMK Medicines Management website:

<https://medicines.blmkccg.nhs.uk/categories/care-homes/>

The following table summarises the differences between Homely Remedies and Self-care and indicates when it would be appropriate to use each Toolkit.

| | Homely Remedy | Self-care |
|---|---|---|
| What is it? | Product used to treat a minor ailment which can be bought over the counter and does not require a prescription. | Action taken by people to recognise, treat and manage their own health – includes purchase of over the counter medicines |
| When would it be purchased? | Homely Remedies are kept as stock in the care home to allow access to products that would commonly be available in any household | A self-care product is purchased for/ or by an individual in response to a specific medical condition |
| Who can it be given to? | Can be administered to any appropriate resident as per Homely Remedies toolkit | Can only be given to the individual resident for whom it was purchased |
| What products are included? | Only the named preparations listed in the Homely Remedies policy | Products for conditions listed in Self-care toolkit |
| Who pays for it? | Funded by Care home | Funded by resident or their representative |
| Does the GP need to approve before administration? | Provided the care home follows the BLMK CCG Toolkit, care home can start without consulting a GP/HCP. GP sign off is not required if the BLMK CCG approved list of products and toolkit is used | GPs do not need to approve administration; care home staff should follow the toolkit for guidance on when advice should be sought from HCPs |
| How long can it be used for? | Used for limited period of time (48 hours) | Duration of use dependant on condition and/or HCP advice |
| Who can administer it? | Care home staff who have been trained in how to use Homely Remedies | Care home staff in accordance with Self-care Toolkit and any appropriate HCP advice |
| Whose property is it? | It is care home property | It is the property of the individual resident |
| Exceptions | Care home staff should follow the flowcharts in the Toolkit and seek further guidance as indicated | The self-care toolkit has a table listing exceptions to self-care |

We encourage all our care homes to adopt the self-care toolkit to support residents who wish to access over the counter medicines in a timely manner. BLMK Care Homes Medicines Optimisation Team are available to offer support and guidance on Self-care and Homely Remedies.

Please contact the relevant team for your area via the email addresses at the end of the newsletter.

DHSC Covid-19 vaccination of people working or deployed in care homes: operational guidance

In August 2021, the [Department of Health & Social Care \(DHSC\) published operational guidance on Covid-19 vaccination of people working or deployed in care homes.](#)

The timeline for implementation is summarised below and regulations come into force on 11th November. The last date for care home workers to get their first dose so they are fully vaccinated before regulations are in place has now passed (16th September).



This guidance has been produced to help support care homes (providing accommodation together with nursing and personal care) with the implementation of the Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021 ('the Regulations').

These regulations require registered persons of all CQC registered care homes to ensure that a person does not enter the indoor premises unless they have been vaccinated. This is subject to certain exemptions.

The guidance is aimed at service providers, registered persons, local authorities, workers (including agency staff) and residents of CQC-regulated care homes which provide accommodation for persons who require nursing and personal care. It also applies to all professionals and tradespeople who enter these care home settings.

The operational guidance is split into chapters with some chapters which are relevant to certain groups e.g., residents. Use the contents page at the start to find the information that is relevant to you.

Please note: the booster doses are not currently included in the regulations, but managers are strongly advised to encourage workers to take up booster doses if eligible. The provision for booster vaccines may be added to the regulations in the future.

As visiting health care professionals our team have all been fully vaccinated and we are able to provide evidence of this as and when requested.

Flu vaccination for Care Home staff - reminder

As the country and the care home sector continue to deal with the challenges from the pandemic it is important to remember that the flu virus has not disappeared.

To ensure that the care home sector is protected from the flu virus, flu vaccination for social care staff working with people clinically vulnerable to flu is strongly encouraged.

The flu vaccination is **free for health and care social workers** employed by a registered residential care/nursing home or registered domiciliary care provider.

Getting the vaccine will help to protect you, your family, and the people you care for from getting the flu. For people in at-risk groups, such as those aged 65 or over or with an underlying health condition, flu can be a serious disease and can cause death. As a care home worker, you will be caring for many people in these at-risk groups. Getting the vaccine will mean you are much less likely to spread the flu to those you care for and will help to protect them and yourself this winter.

Vaccination reduces the spread of flu among staff and people receiving care and support, keeping social care services running and reducing the burden on the NHS during the winter. This is true every year, but it is particularly important this year, as coronavirus (COVID-19) is still in circulation.

Staff should contact their GP or local community pharmacy offering flu vaccination service. To gain access to your free flu vaccination via a surgery or pharmacy, 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.

More information can be found at: <https://www.gov.uk/government/publications/flu-immunisation-for-social-care-staff/flu-vaccination-guidance-for-social-care-workers>

Looking after Spacer devices

A spacer is a device which attaches to an inhaler at one end and has a mouthpiece or mask on the other end. Spacers make the process of using an inhaler easier and more effective for self-administering residents and also for carers who may be administering or supporting with administration.

Cleaning spacers

Spacers need to be regularly cleaned to ensure effective delivery of medication and for infection control purposes. It is recommended to clean new spacers before using for the first time. Care homes should exercise infection control measures after administration and carefully wipe the mouthpiece with a dry tissue after each use before storing safely in a clean dry environment separate from other residents' devices. At least once a week, spacers should be cleaned following the procedure below:

- Take the spacer apart and gently clean it with warm water and a detergent, such as washing-up liquid.
- Only a small number of brands of spacer are dishwasher safe, so check the instructions on the label.
- Use warm water instead of boiling water, as boiling water may damage the spacer.
- Be careful not to scrub the inside of your spacer as this might affect the way it works.
- Leave it to air-dry as this helps to reduce static (an electrical charge that builds up) and prevent the medicine sticking to the inside of the spacer.
- When it's completely dry, put your spacer back together ready for use.

- Wipe the mouthpiece clean before you use it again.
- Keep your spacer away from dust and liquids.

For further information on cleaning and storing spacers please click on the link: [Looking after your spacer | Asthma UK - YouTube](#)

Replacing spacers

Spacers should be replaced at least once a year, especially if they are used daily, but some may need to be replaced sooner. Signs that a spacer may need to be replaced include cracked rubber/valves and cloudiness indicating build-up of medication that cannot be removed during normal cleaning of spacer.

The Controlled Drugs (CD) Register

Following on from recent queries regarding controlled drug medications and what to record in the CD register, please see the following check list:

- The CD register is a bound book with numbered pages, and must be used to record the receipt, administration, disposal, and transfer of controlled drugs held by the care home
- The entry must be made as soon as possible on the same day
- Deliveries of new stock should be added to the existing page, and the balance updated
- The CD register should not be used for any other purpose
- The CD register must be kept in a secure place when not in use
- A separate page must be used for each form and strength of each medication and resident
- The name, strength and form of each medication and the name of the resident should be recorded at the top of each page
- Entries must be in chronological order, and should not be cancelled, altered, or crossed out
- Corrections must be made using marginal notes or footnotes which are signed and dated
- All entries should be signed and dated by the member of staff making the entry and witnessed by a suitably trained member of staff who should also sign the entry
- A running balance should be kept to ensure that irregularities or discrepancies are identified as quickly as possible, and the balance should be updated each time an entry is made
- It is good practice to check all stock regularly (including zero balances where appropriate)
- The CD register should be kept for two years from the date of the last entry, but good practice would be to retain the CD register for longer
- It would be useful for an index page to be maintained in the CD register, indicating for individual residents on which page of the CD register each CD can be found
- When transferring the drug record to a new page in the CD register the amount remaining should be identified with 'carried forward from page x' written clearly on the new page. It may also be useful to write clearly on the old page 'carried forward to page y' as this may assist in tracing entries quickly in case of a discrepancy or query

If you have any questions, please do not hesitate to contact the relevant care home medicines optimisation team as per below.

Contact us:

Bedfordshire team: Email: blmkccg.bedsmocarehometeam@nhs.net

Luton team: Email: lutonccg.carehomes@nhs.net

Milton Keynes team: Email: mkccg.carehomespharmacy@nhs.net