# Care Home News



Hertfordshire and West Essex Integrated Care Board

<b>HWEICB Social Care Integration team</b>		lssue 5	June 2024
New HCPA webinars	Malnutrition pathway	Hay fever	

- Missed Medication Doses
- Covert Medication
- Choice & medication website

## **New HCPA Webinars**

We have another set of free virtual webinars coming up in partnership with the HCPA, see the table below for dates and webinar subjects. Please look out for the booking invites from HCPA in the coming weeks. These sessions are aimed at carers working in homes.

Thursday 18th July	Antipsychotics (Including Choice & Medication web- site)
Thursday 19th September	Anticholinergic Burden
Thursday 24th October	Polypharmacy and Falls
Thursday 21st November	Patient Safety and Medication Incidents
December date to be confirmed	High Risk Medicines

All webinars will be held from 11am-12 noon

# Missed Medication Doses

Medications should always be administered at the time prescribed. On occasions medications may get missed for various reasons such as when the resident is sleeping or has gone for an outpatient appointment. Any medication that is refused or missed by a resident should be recorded in the care plans. Refused medications and the reasons for refusal should be highlighted to the residents GP or practice Pharmacist so that they can review and stop or change the medication accordingly.



The Patient Information Leaflet supplied with the medication will usually contain information on what to do in the case of a missed dose. If antipsychotics, epilepsy medications, warfarin, insulin or anti-cancer medication is missed the affects can be instantly detrimental.

Carers should follow the care homes medication policy on reporting missed medications and escalate where necessary. If medications are missed due to medication ordering issues it is important to escalate this immediately to the care home manager so that ordering systems and processes are reviewed.

A reminder that NICE guidance on managing medicines in care homes (SC1) states care home providers: "should ensure that a robust process is in place for identifying, reporting, reviewing and learning from medicines errors involving residents."

## Care Home malnutrition management pathway

Care Home mainutrition management pathway (based on MUST) – "Pathway must be followed before referring to the Dietitian" ① If a resident is carrently overweight/was overweight prior to unplaned weight loss, is regaining weight in their best mitnerest? Height regain sont in the resident's best interest, transferedent a slower in Kit chapty to avoid significant weight regain. Record what you are advising and why in the resident's nutrition care plan ② Al Homemade Supplements must be made <u>sandth</u> according to the recibes provided by them & West Essen (CS) At significant risk of maintuition.)		Care Home malnutrition management pathway - Referring a care home resident to the Dietitian because of malnutrition Please note: In most case referral of a resident will be treated as a referral for your whole Care Home. The Dietitian is therefore likely To releve motifion for all residents We will think you and your colleagues have done everything you can to support the resident to at and drink enough . If you still think you and support from a Dietitian se below for what to do in your anses:	
Low tak Ibore to Instributional needs due to prostructure due or similar condition"         Medium risk Ibore Instribution or similar Medium risk Ibore Instribution - no mainutition - no Testiment required Update nutrition (or sariler if you are concerned) (or earlier if you are concerned) is screen resident again using MUSI Ibore Instribution R Alexa Los (MIS) Are You are concerned) (or earlier if you are concer	Update nutrition care plan - include treatment goal Arm to increase intake by 500 calors: for other nutrients) per day using food-based treatment Dece resident have thickener prescribed? In addition provide 2 partices per day of either Hommande forfiller divides (US Receipe) 0 or Hommande forfiller divides (US Receipe) 0 Or if reident divides milk provide 2 partices per day of Hommande forfiller divides (US Receipe) 0 Or if reident divides milk provide 2 partices per day of Hommande forfiller divides (US Receipe) 0 Or if reident divides milk provide 2 partices per day of Hommande forfiller divides (US Receipe) 0 Hommande forfiller divides (US Receipe) 0 Hommande forfiller divides (US Receipe) 0 Hommande forfiller divides (US Receipe) 0 Hommade	In resident at Section 2 (a) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Dietkiun referrai criteria met?           Image: Status and S

Have you seen the updated Care Home malnutrition pathway? It provides guidance on actions that you should take prior to referral to a dietitian. The new version has direct links to referral forms and also contact details for all teams should dietetic referral criteria not be met but you would still like advice. The form can be found on our website here <u>download (hweclinicalguidance.nhs.uk)</u>

### **Covert Medication**

We would just like to remind you of the importance of having the correct documentation in place for covert administration of medication. If medication is being administered covertly to a resident without appropriate processes being followed or supporting documentation in place this could be considered a criminal act and a referral to the local safeguarding team will be made. It is a legal requirement to have mental capacity and best interest documentation in place before administering medication covertly.

Below summarises the key steps that should be adhered to and considered when agreeing covert medication administration for a care home resident:

- Structured Medication Review and Considering Other Options
- <u>Assessing Mental Capacity</u>
- Best Interest Decision and Meeting
- Management Plan
- Obtaining Authorisation
- <u>Record Keeping and Documentation</u>
- <u>Regular Review</u>



Our detailed guidance which includes form templates can be found here on our website:

HWEICB Guidance on the use of covert medication administration in care homes

With pollen levels on the rise do you know what the symptoms of hay fever are? Hay fever is a common allergy with symptoms that can include:

- sneezing and coughing
- a runny or blocked nose
- itchy, red or watery eyes
- itchy throat, mouth, nose and ears

- loss of smell
- pain around the sides of your head and your forehead

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- headache
- feeling tired

Symptoms are usually worse between late March and September, especially when it's warm, humid and windy. This is when the pollen count is at its highest. Hay fever can be treated with steroid nasal sprays or antihistamines that are available as eye drops, tablets or sprays. Antihistamines are usually divided into 2 groups either drowsy or non drowsy, below are some of the most common ones:

#### **Drowsy– Chlorphenamine and Promethazine**

#### Non-drowsy– Cetirizine, Loratadine, Fexofenadine and Acrivastine

Hay fever is a self-limiting condition which, for the majority of patients, is suitable for self- care. This means the medication will be purchased over the counter (OTC) and not be prescribed by the GP.

All OTC products should be checked for potential interactions with prescribed products and avoided if the patient has known allergies to the product. If there is any uncertainty a health care professional should be consulted, and the discussion documented. Any self-care OTC product administered should be recorded in the Medicines Administration Record (MAR Chart, including eMAR) with the dose given and in accord-ance with the medicines policy at the care home. It must be annotated clearly on the MAR/eMAR chart that a self-care OTC product was used. Carers should inform the resident's GP that an OTC product has been purchased and is being administered if the GP is unaware. This allows the GP to record this on the resident's clinical record. For further information please refer to the <u>guidance</u> on our website.

## **Choice and Medication Website**

The ICB care home pharmacy team would like to share the online resource the 'Choice and Medication' website, which offers complete information in one place about mental health conditions and the medications used to treat them. The website is available via Hertfordshire Partnership NHS Foundation Trust (HPFT) and is:

- Produced and maintained by national experts.
- Answers the most commonly asked questions about mental health medicines.
- Contains detailed information on a range of mental health conditions and their treatments.
- User-friendly printable unique handy charts to help understand and compare treatment options.
- Printable patient information leaflets (PILs) on each medicine, in a range of formats from easy-read, large-print to more standard styles, and also available in a range of over 21 languages.

Please use the following link to access the 'Choice and Medication' website: <u>Hertfordshire Partnership</u> <u>University NHS Foundation Trust Home (choiceandmedication.org)</u>. Some of the conditions the website provides information for include Dementia, Alzheimer's Disease, Depression, Anxiety, Alcohol disorders and Attention-Deficit Hyperactivity Disorder (ADHD).

Please note PILs should be printed out as and when they are needed to ensure you are accessing the most up to date version and not missing any updates. The information on the website is constantly updated in line with changes to UK guidelines and the most recent safety advice.

#### Please send details of any queries /requests for support to the team e-mail address

<u>hweicbenh.pharmacycarehomes@nhs.net</u> Emails are monitored Monday-Friday, 9am-5pm (exc Bank Holidays) and will be triaged to the most appropriate member of the team. Patient identifiable details should ONLY be sent from and to secure email addresses ( NHS.net to NHS.net). More information, guidance documents & newsletters can be found at our new website <u>Prescribing, Policies and Pathways (hweclinicalguidance.nhs.uk)</u>

