FACT and KEY MESSAGES SHEET – Managing Diabetes in Care Home Residents

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Key Messages

Sustained positive changes in the quality of diabetes care in care homes can only come about by improvements in technology, enhanced communication between relevant stakeholders, workforce development that includes empowering care assistants to undertake capillary blood glucose monitoring and assisting in managing, hypoglycaemia, and implementing clinical guidance recommendations
Each resident with diabetes should have an individualised care plan that has the following criteria: *My diabetes targets/goals are:* glucose levels and monitoring, HbA1c, BMI, BP targets, cholesterol, goals of footcare, dietary goals, treatment and medication review, insulin review of regimen (if appropriate), eyes review, lab tests and kidney function review (with eGFR and albumin-creatinine ratio), cultural and ethical considerations, shared decision-making review, physical activity, immunisations and smoking review. Details of clinical situations that require contact with a health care professional (GP, consultant, diabetes specialist nurse or community nurse) should be described as well as their contact details.
In view of the high prevalence of frailty (functional impairment) , sarcopaenia (age-related loss of skeletal muscle and strength), comorbidities, hypoglycaemia, and malnutrition in care home residents with diabetes, **it is essential for each resident to have a nutritional care section in their individualised care plan** and an opportunity to engage in an appropriate exercise regimen. **Measures of frailty are easy to be learnt by care staff and are available in Section B, Appendix B, NAPCHD portfolio[1].**
All care staff, both registered and unregistered should have their educational and training needs reviewed annually and given opportunities to participate in both face to face and online diabetes training courses.
Early detection of feet injury, infection, ulceration and the presence of likely peripheral neuropathy is essential requiring prompt referral to specialist foot care services**.** This information is available **in Resource 7, Appendix A, NAPCHD portfolio of documents[1].**
Residents with diabetes should be given every opportunity to self-care in terms of taking their medication, checking their capillary blood glucose levels, inspecting their feet for infection or ulceration, and agreeing what their goals of diabetes care are documented. Each resident should have ongoing access to specialist care when needed.

Key Facts

One in four residents of care homes have diabetes mellitus and a similar proportion have impaired glucose tolerance. Care home residents are a highly vulnerable group with challenging medical and nursing needs. Many are frail with and without dementia, and their diabetes condition is often complicated by high rates of uncontrolled hyperglycaemia, hypoglycaemia and preventable and unnecessary hospital admissions for diabetes-related acute and chronic complications.[2]
There are considerable shortfalls in diabetes care within care homes and the support that they receive; unfortunately, this can be associated with sub-optimal treatment, poor clinical outcomes, poor quality of life, and reduced survival.
The covid-19 pandemic has had dramatic effect on care homes causing a major increase in morbidity and mortality associated with a significant toll on both health and social care resources, and highlighted a wide range of health inequalities.[3]

Local authorities, the NHS, and independent care providers (many of which are represented by care providers such as a large charitable organisation, Care England, or providers such as the National Care Association (NCA), all play important roles in determining the way care is delivered in these settings. The Care Quality Commission (CQC) has a key role in the regulation of care homes and assessing the quality of service provision.
Care staff have faced considerable difficulties in accessing educational and training courses in a consistent manner leading to many non-nursing care homes not being able to provide even minimal 'basic' diabetes care.

[1] National Advisory Panel in Care Home Diabetes (NAPCHD), April 2022. Portfolio of documents available at: NAPCHD – fDROP

[2] Sinclair AJ, Gadsby R, Abdelhafiz AH, Kennedy M. Failing to meet the needs of generations of care home residents with diabetes: a review of the literature and a call for action. Diabet Med. 2018 Jun 6. doi: 10.1111/dme.13702. [Epub ahead of print]

[3] Sinclair A, Dhatariya K, Burr O, Nagi D, Higgins K, Hopkins D, Patel M, Kar P, Gooday C, Howarth D, Abdelhafiz A, Newland-Jones P, O'Neill S. Guidelines for the management of diabetes in care homes during the Covid-19 pandemic. Diabet Med. 2020 Jul;37(7):1090-1093. doi: 10.1111/dme.14317. Epub 2020 Jun 15.