



# Care Homes Newsletter

Issue 1, October 2017 Pharmacy Newsletter for Care Home Staff, General Practitioners and Community Pharmacists

## INTRODUCTION TO CARE HOME IMPROVEMENT TEAM (CHIT)

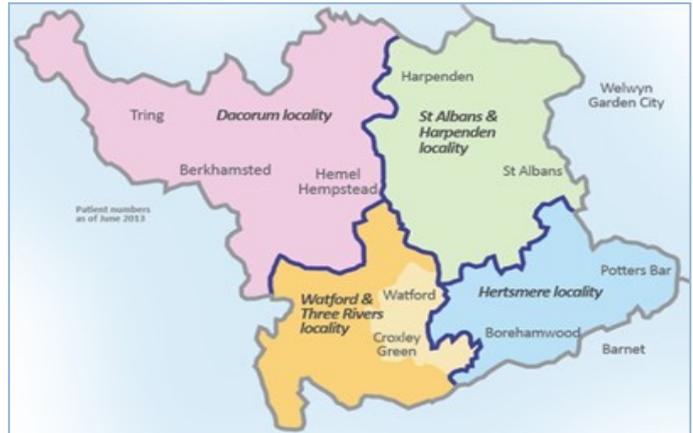
A multidisciplinary team established to help care homes and local practices to support Herts Valleys registered care home residents, many of whom are the most vulnerable in our society.

The team comprises of:

- 4 clinical pharmacists (covering 3 full time posts)
- 4 full time registered nurses
- 1 GP in a supportive role

### Aims and Objectives of Pharmacy CHIT

- Optimise medicines and reduce polypharmacy.
- Reduce level of errors and adverse events related to medicines.
- Reduce level of medicines wastage.
- Conduct medicines systems and processes reviews.
- Support residents and carers to increase understanding and choices regarding medication.
- Identify training needs and provide relevant training if appropriate.
- Integrated working with CHIT nurses, dieticians, mental health, secondary care, GPs and other services.



## HOMELY REMEDIES

A homely remedy is another name for a non-prescription medicine which is used in the care home for the short term management of minor, self-limiting conditions such as cold symptoms, headache, occasional pain, or indigestion.

In care homes, medicines are often prescribed 'when required' which enables the care home to respond to minor ailments. Infrequent use of a 'when required' medicine could potentially lead to wastage. An alternative option to having some of these medicines prescribed as 'when required' is to have a homely remedies process within the home.

The Care Home Improvement Team Pharmacists have recently developed guidance for care homes on homely remedies which can be found at <http://hertsvalleysccg.nhs.uk/publications/pharmacy-and-medicines-optimisation/care-homes>. The guidance aims to ensure that access to treatment for some minor ailments is as it would be for a person living in their own home and serves as a template for care homes who want to implement homely remedies.

## TO DIP OR NOT TO DIP

'To Dip Or Not To Dip' aims to improve the diagnosis and management of UTIs in older people living in care homes. This pathway has been shown to reduce antibiotic use and hospital admissions for UTI. It is based on best practice guidelines and supports care home staff to prevent and recognise UTIs.

Urine dipsticks are often used in the diagnosis of UTI in older people living in care homes. A positive urine dipstick may be a normal finding in older people, as bacteria can often live harmlessly in the bladder of older people without affecting them or causing any signs of infection. A positive urine dipstick test is more likely to lead to treatment which may not be appropriate or could lead to the actual diagnosis being missed.

The To Dip Or Not To Dip project is being implemented across Hertfordshire care homes and aims to decrease the inappropriate use of urine dipsticks in residents over 65 years of age. The pathway involves the use of an assessment tool to be used by care home staff in residents with a suspected UTI. This tool will help the GP to decide what action to take.

There are some simple steps that can be taken to reduce the risk of UTIs, such as preventing dehydration and recognising the signs of dehydration. Following training for care home staff, resources will be made available on the HCPA website and the Herts Valleys CCG website.

