City Health Care Partnership CIC

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Care Workers' Handbook

Providing Quality Care

caringtogether

Contents

This booklet is designed to support care workers and carers who work in any registered service of City Health Care Partnership CIC.

It will support them with undertaking the National Care Certificate and has been built upon the work undertaken by Brighton and Hove Clinical Commissioning Group. This booklet can also be used as a reference guide for families and personal assistants to promote awareness of certain needs and encourage referral if concerns are identified.

Care workers and carers are in the ideal position to recognise changes in an individual's condition by recognising any deterioration in a person's wellbeing and the regular monitoring that comes through continuous contact. This booklet aims to increase awareness and support the care worker or carer by being a point of reference when appropriate.

It highlights:

- Why different aspects of observation and care are important
- What to look for
- What actions to take

Throughout the booklet, actions are listed using a traffic light scheme to aid decision making:

GREEN – ACTION – None

ORANGE – ACTION – Monitor and Document

RED – ACTION – REFER– Seek further support and advice.

At the end of this booklet is a set of skills and competencies, which are based on the national and local Care Certificate Standards competencies.

Once these have been achieved, your manager should sign to state you have completed them and a certificate may then be issued.

Nutrition

The Eatwell Plate highlights the different types of food that make up our diet and shows the proportions we should eat to have a healthy, balanced diet.

If an older person's appetite has decreased, it's still important they get all the energy and nutrients that their body needs.

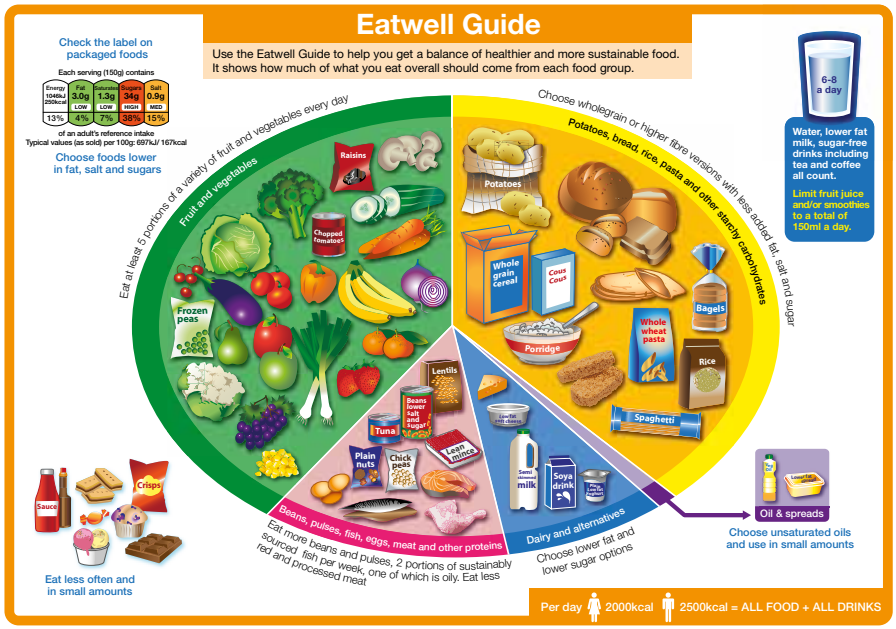
There are three ways to do this:

- Switch to smaller meals and frequent snacks so they are not struggling to eat three large meals a day
- Increase their calorie intake by eating foods like milky puddings and cheesy main courses
- Avoid filling up on foods that are high in saturated fat or sugars, such as fizzy drinks.

Some high-energy meal and snack ideas:

- Porridge made with whole (full-fat) milk, with fruit or dried fruit on top
- Sardines on toast
- Peanut butter on toast
- Soups with pulses, pasta or meats
- Cottage/shepherd's pie
- Beans on toast with cheese sprinkled on top
- Milky drinks as a bedtime snack
- Unsalted nuts.

If the individual cannot chew any of the food above, offer softer options and juices. It is important that individuals are weighed on a regular basis to assist in monitoring weight loss or weight gain.



Being underweight can be especially serious for older people. It can increase their risk of health problems, including:

- Bone fractures if they fall
- Pressure damage
- Weak immune system, leaving them more susceptible to infections
- Increased risk of being deficient in important nutrients such as vitamins and minerals.

Being very overweight can cause problems. Some of the day-to-day problems that can be caused by obesity include:

- Breathlessness / difficulty with physical activity
- Swollen legs
- Feeling very tired a lot of the time
- Joint and back pain.

Obesity can increase the risk of:

- Type 2 diabetes
- High blood pressure
- Asthma.

You may be asked to record a person's daily intake if there are concerns.

Eats a healthy diet, independent with eating, weight is normal – NO FURTHER ACTION REQUIRED.

Eating less than normal, may need limited support. Overweight or underweight. MONITOR AND DOCUMENT.

Eats a poor diet, sudden weight loss or gain. SEEK ADDITIONAL ADVICE AND SUPPORT AND DOCUMENT.

Reference

www.nhs.uk/Livewell/over60s/Pages/Underweightover60.aspx

www.nhs.uk/Livewell/over60s/Pages/Underweightover60.aspx

www.nhs.uk/Conditions/obesity/Pages/complications.aspx

Swallowing

Complications associated with swallowing dysfunction (Dysphagia) are common in people with neurological conditions, head and neck cancer and the elderly.

Increased risk of death is associated with swallowing problems as they can cause pneumonia, dehydration and malnutrition.

Some signs and symptoms of difficulty swallowing include:

- Putting too much food or drink in the mouth
- Difficulty managing saliva (production of either too much or too little)
- Food or liquid leaking from the mouth
- Food sticking in the throat which is difficult to swallow
- Weight loss or dehydration from not being able to eat or drink enough
- Discomfort during eating/ drinking
- Holding food in the mouth
- Coughing.

When food, fluid or saliva enters the airway or lungs the following may occur:

- Coughing or choking during, or immediately after, eating or drinking
- Repeated unexplained chest infections, chesty cough or high temperatures
- Wet or gurgling sound to voice during or after eating or drinking.

A swallowing (Dysphagia) care plan may include:

- **Environment** - Remove distractions during mealtimes (e.g. turn off TV, discourage talking with mouth full)
- **Posture** - Ensure the person is sat fully upright for eating and drinking. Prevent head tipping back when swallowing
- **Equipment** - What utensils to use (e.g. special cups, plate guards)
- **Supervision -** Give small mouthfuls of food. Give small sips of drinks. Allow plenty of time between mouthfuls. Ensure no food is left in mouth after meal. Support with mouth care.
- **Food/Fluid Preparation** Following a swallowing assessment by the Speech and Language Therapy Team. Some people may require a specially modified textured diet and or fluids.

Being able to eat and drink safely is fundamental to maintaining health and wellbeing, and preventing serious complications such as chest infections, dehydration and malnutrition. These can increase the susceptibility to pressure damage and urinary tract infections.

Support workers are in an ideal position to support, monitor and identify any concerns with eating and drinking.

Some individuals may require a modified diet, food and fluid; it is important to follow directions in individuals' care plans.

It is important to contact the GP, Healthcare Professional or Speech and Language Therapy Team for advice if you have any concerns.

Able to swallow with no problems identified.
NO FURTHER ACTION REQUIRED.

Swallowing has been assessed by a Speech and Language Therapist (see person's swallowing/ dysphagia care plan).

FOLLOW GUIDELINES AND MONITOR

Signs of new swallowing problems or deterioration of existing swallowing problem.
SEEK ADDITIONAL SUPPORT IMMEDIATELY AND DOCUMENT.

Reference

www.nhs.uk/conditions/Dysphagia/Pages/definition.aspx

www.stroke.org.uk/what-stroke/how-do-you-get-life-after-stroke

Mouth Care

Good oral health care enables people to take a normal diet without difficulty. Carers play an important role in supporting people to maintain good oral health. Carers are ideally placed to monitor changes in individuals' mouths and refer on as appropriate.

Gum disease and poor oral health may increase the risk of other health complications, including:

- Lack of appetite
- Malnutrition
- Heart disease
- Pneumonia.

Guidance on Supporting Mouth Care

Frequent oral health care is important for those who are unable to take any food or drink orally. It is important to minimise oral bacteria that might be aspirated, as well as optimising oral comfort.

Explain how you are going to support them, as some people can feel anxious. Encouraging individuals to look in the mirror whilst being supported will enable them to see what is happening. It can be easier for the carer to stand slightly behind, or to the side, when supporting individuals with oral health care. Ensure the person is comfortable and that you are not rushed. Remember you may not be able to support brushing the person's whole mouth in one go.

Some gums may bleed when brushing. This is a sign that their gums are unhealthy. The only way to improve gum condition is to gently brush the bacteria away.

Teeth should be brushed in a circular motion with a small 'pea sized' amount of toothpaste. Encourage people to spit out after brushing and not to rinse - it is better to leave a little toothpaste residue in the mouth to maintain fluoride concentration levels.

The frequency and amount of sugary food and drink should be reduced and where possible, kept to mealtimes.

Ensure dentures are in a labelled denture pot, as these can go missing when individuals are admitted to hospital.

Loss of dentures may cause great distress, can be expensive and is time consuming.

Support those with false teeth to clean them daily. Dentures should be removed at night and soaked in plain water. Ensure when the person's dentures are removed they do not have any residual food left in their mouth.

Dentures which do not fit well can affect eating, drinking, speaking and can be uncomfortable.

Support the person twice a day to clean their teeth. Replace the toothbrush every three months or sooner if required.

Mouth is healthy, clean and moist.

NO FURTHER ACTION REQUIRED.

Mouth is dry, food and bits remain around teeth.

MONITOR, DOCUMENT AND SUPPORT INDIVIDUAL WITH MOUTH CARE IF NEEDED AND EXPLAIN THE IMPORTANCE OF MOUTH CARE TO THEM.

Mouth is inflamed, dry and sore or ulcerated.

SEEK ADDITIONAL SUPPORT ON DAY IDENTIFIED FROM GP OR THEIR OWN DENTIST AND DOCUMENT.

Reference

www.dentalhealth.org/tell-me-about/topic/caring-for-teeth/caring-for-my-teeth

hee.nhs.uk/sites/default/files/documents/Enc%20E_Oral%20Health%20Case%20Study%20-%20from%20Community%20to%20Acute%2019%2006%2015%20(SLH)_v2.pdf

Dehydration

Dehydration occurs when our bodies don't have enough water. Water helps to lubricate the joints and eyes, aids digestion, flushes out wastes and toxins and keeps the skin healthy.

Dehydration can directly contribute to:

- Constipation
- Increased risk of urinary tract infections
- Feeling-light headed which might cause the person to fall
- Confusion and irritability.

Some signs of dehydration include:

- Feeling thirsty, dry mouth, lips
- Light-headed, tiredness, changes in mental health
- Dark coloured, strong-smelling urine and only passing small amounts of urine.

Who is at risk of dehydration?

- Ageing itself makes people less aware of thirst. An elderly person may be anxious about drinking due to continence issues
- People with certain diseases such as fever, diarrhoea, vomiting and kidney stones (have increased water requirements)
- When the weather is hot, people will lose fluid through sweating
- People with oral discomfort and/or swallowing difficulties.

In climates such as the UK, it is recommended we should drink about 1.2 litres (six to eight glasses) of fluid every day, to stop us from getting dehydrated.

Sometimes an individual may be on a restricted fluid intake due to a health condition, but all others should be encouraged to drink the recommended amount. Consider recording daily intake of fluids if a person is at risk of dehydration or is dependent on others for full support.

There is a range of foodstuffs which are also rich in fluid and can be offered to help with fluid intake, for example:

- Custard
- Jelly
- Ice-cream
- Yogurt
- Soup.

Drinks the recommended eight cups daily independently.

NO FURTHER ACTION. REQUIRED.

Drinks only five cups daily.

MONITOR AMOUNT, MAY REQUIRE SOME ADDITIONAL SUPPORT AND ENCOURAGEMENT TO DRINK. REFER IF CONCERNED.

Drinking two cups or less daily, with signs of dehydration.

SEEK ADVICE FROM GP ON DAY IDENTIFIED AND DOCUMENT.

Reference

www.nhs.uk/Conditions/Dehydration/Pages/Symptoms.aspx

www.nhs.uk/Livewell/Goodfood/Pages/water-drinks.aspx

Skin

Preventing Pressure Damage (Pressure Ulcerations)

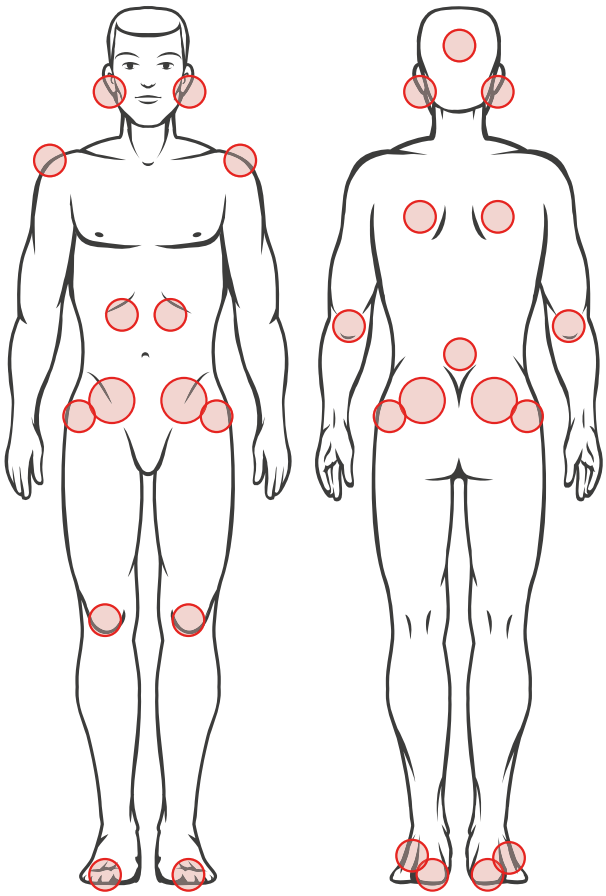
Maintaining a good skin condition is really important; pressure damage can have a huge impact on an individual's wellbeing, causing pain and distress. Carers are ideally situated to monitor an individual's skin condition.

The parts of the body that are at higher risk of developing pressure damage are:

- Shoulders and shoulder blades
- Elbows
- Back of the head
- Rims of the ears
- Knees, ankles, heels or toes
- Spine
- Tail bone (the small bone at the bottom of the spine).

Wheelchair users are at risk of developing pressure damage on:

- Buttocks
- The back of arms and legs
- The back of the hip bone.



If you see discoloured skin that does not turn white when pressure is placed on it, the person could be starting to develop pressure damage. You must seek further advice and support.

Grade one pressure damage:

- Skin appears discoloured
- Skin is red in white people
- Skin is purple or blue in people with darker skin
- The skin is intact, but it may hurt or itch
- It may feel either warm and spongy, or hard
- The skin **does not** turn white when pressure is placed on it.

Supporting and encouraging someone with regular changes of position is important to prevent and maintain good skin condition.

If people have pressure relieving equipment, check it – if any concerns contact the equipment store where it was delivered from.

Skin intact and good colour.

NO FURTHER ACTION REQUIRED, FOLLOW SKIN CARE GUIDANCE.

Skin is painful, swollen, discoloured or sweaty.

FOLLOW SKIN CARE GUIDANCE.

REFER ON FOR FURTHER SUPPORT, MONITOR AND DOCUMENT.

Skin is red, blistered or broken.

SEEK ADDITIONAL SUPPORT ON DAY IDENTIFIED FROM GP OR COMMUNITY NURSE AND DOCUMENT.

Reference

www.nhs.stopthepressure.co.uk/care-homes.html

www.nhs.uk/Conditions/Pressure-ulcers/Pages/Symptoms.aspx

Stop Pressure Ulcers

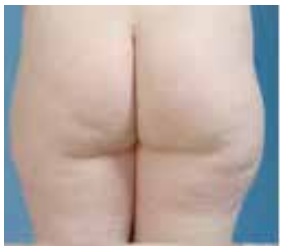
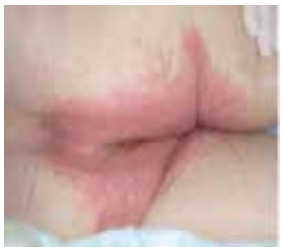
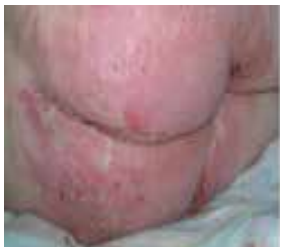
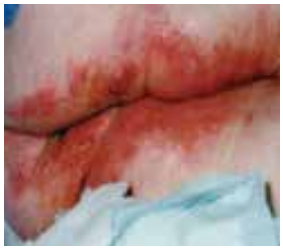
S Surface - make sure your patients have the right support.

K Keep your patients moving.

I Incontinence / moisture: your patients need to be clean and dry.

N Nutrition / hydration: help patients have the right diet and plenty of fluids.

S Skin Inspection - early inspection means early detection. Show people what to look for.

Image	Skin condition	Treatment	Remarks
	Healthy Skin No evidence of tissue damage, no erythema (redness).	Skin can be cleaned with mild soap and water, soap substitute or skin cleanser. Apply small amount of moisturiser to keep skin healthy and hydrated.	
	Mild Excoriation Erythema (redness) no broken skin. No moisture lesions but area may be uncomfortable to clean and apply creams.	Clean area gently with soap substitute or skin cleanser. Medi Derma-S / Cavilon – Apply thin layer every 12 hours or Proshield Plus – apply thin layer every toileting session. Allow to absorb.	Consider the cause. If erythema is diffuse and satellite lesions present, consider fungal infection and treat accordingly. Consider allergy or contact dermatitis.
	Moderate Excoriation Extensive erythema with diffuse broken skin and moisture lesions. Moderate exudate and may bleed on contact. Painful to clean and apply cream.	Gently clean with soap substitute or skin cleanser. Barrier Film/spray apply once every 48 hours or Proshield Plus – apply a liberal layer to the excoriated skin at every toileting session. Allow to absorb. Do not rub vigorously.	Consider: • Fungal infection • Allergy • Continence issues and pad absorbency. Refer to Healthcare Professional/Tissue Viability if not improving.
	Severe Excoriation More than 50% broken skin and moisture lesions. Bleeds easily. Extremely painful on movement, passing urine or faeces, when cleaned and creams applied or exposed to air.	Gently clean with soap substitute or skin cleanser. Pat dry as much as possible. Medi Derma-S / Cavilon Barrier film/ spray apply once every 48 hour or Proshield Plus – apply a liberal layer to the excoriated skin at every toileting session. Allow to absorb. Do not rub vigorously.	Consider faecal management system and / or short term urinary catheter. Consider fungal infection. Refer to Healthcare Professional /Tissue Viability.

REACT TO RED SKIN

STOP

PRESSURE ULCERS

Supporting and encouraging someone with regular changes of position is important to prevent and maintain good skin condition.

If people have pressure relieving equipment, check it – if any concerns contact the equipment store where it was delivered from.

www.nhs.stopthepressure.co.uk/care-homes.html

Mobility and Falls

Mobility and prevention of falls is fundamental in supporting people in retaining their independence.

Falls can have a significant effect on people's health. Keeping people mobile can reduce the incidence of infections and pressure damage.

It is important that people seek early intervention from specialists to maintain mobility.

Confidence can be affected following a fall; it may also increase anxiety and reduce mobility levels.

Tips and advice to help prevent falls in the home could include:		
Immediately mop up spillages.	Removing clutter, trailing wires and frayed carpets.	Using non-slip mats and rugs. Ensure they are tacked down or removed.
Keep rooms and stairways lit, using the brightest bulb available. Try low energy light bulbs to reduce bills, but remember they take a minute or two to warm up.	Getting help to do things that the person is unable to do safely on their own.	Ensure clothing allows the person to move their legs and feet freely. Encourage people not to wear clothes that are too tight or too loose-fitting, or trailing clothes that might trip you up.
Wearing well-fitting shoes that are in good condition and support the ankle. Wear shoes with non-slip soles.	Support people in organising their home so that climbing, stretching and bending are kept to a minimum, avoiding bumping into things.	Not walking on slippery floors in socks or tights.
Wearing glasses helps to improve people's vision. Support people to keep them on or close by, clean and in good condition.	Ensure equipment is suitable and safe i.e. walking stick ferrule (bung at the bottom) is not worn out.	Taking care of feet by trimming toe nails regularly. Seeing a GP or chiropodist about any foot problems.

Mobility	Falls
Independently mobile with or without aids. **NO FURTHER ACTION REQUIRED**	**Good mobility, good mental status and good confidence.** **NO FURTHER ACTION REQUIRED.**
Needs assistance beyond their usual level. **MONITOR AND DOCUMENT, CONSIDER FURTHER ADVICE AND SUPPORT.**	**Near misses, unsteadiness, reduced confidence.** **MONITOR AND DOCUMENT, CONSIDER FURTHER ADVICE AND SUPPORT.**
Can no longer move independently when could before. **SEEK ADDITIONAL SUPPORT ON DAY IDENTIFIED FROM GP OR COMMUNITY NURSE AND DOCUMENT.**	**Recent falls causing injury, dementia or medication affecting balance and co-ordination.** **SEEK ADDITIONAL SUPPORT ON DAY IDENTIFIED AND DOCUMENT – CONSIDER NHS 111 IF FALLEN AND INJURED COMMUNITY NURSE AND DOCUMENT.**

Reference

www.nhs.uk/Conditions/Falls/Pages/Prevention.aspx

Frailty

Frailty varies in severity. People should not be labelled as 'frail' rather described as living with frailty.

Signs of frailty can include:

- Falls – collapse, legs giving way
- Immobility – sudden change in mobility
- Delirium – sudden change in levels of confusion
- Incontinence – change or worsening in continence
- Medication – change or increase in side effects.

People living with frailty can have a fine balance between vulnerability and resilience.

Encourage people to:

- Maintain physical activity as this can improve strength and balance
- Eat a healthy diet, and drink enough fluids. This can help minimise the impact of frailty. Check how much fluid people have had, particularly those dependent for support.

Although these symptoms can indicate frailty there can sometimes be a straightforward explanation with no further problems. However, it is best to get the person reviewed by a GP if concerned.

Person fit and active, independent with most activities of daily living, washing, dressing, provision of food.

NO FURTHER ACTION REQUIRED.

Person less fit and active, requires some support with activities of daily living.

MONITOR AND SUPPORT IN PERSON CENTRED WAY, DOCUMENT AS THIS ENABLES EARLIER DETECTION OF INCREASING FRAILTY.

Change in person's level of independence, appears frailer.

SEEK ADDITIONAL SUPPORT ON DAY IDENTIFIED AND DOCUMENT.

Reference

www.bgs.org.uk/campaigns/fff/fff_full.pdf

Rockwood Clinical Frailty Scale

Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up" and/or being tired during the day.

Mildly Frail – These people often have more evident slowing and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).

Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring Frailty in People with Dementia

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal. In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting. In severe dementia, they cannot do personal care without help.

Rockwood et al 2005 K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005; 173:489-495.

Respiratory / Breathing

There are a number of different respiratory problems which can affect people, including:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Fibrosis.

People with respiratory problems can require extra time, support and patience with their activities of daily living, particularly activities which may cause them to become breathless. Breathlessness can increase anxiety in people, so being calm and understanding can help.

People may use inhalers, nebulisers or oxygen to support their breathing:

- Correct inhaler and nebuliser use can prevent complications, for example chest infections, which can potentially cause admissions to hospital
- People should be using their oxygen as per their prescription, this should be written in their care record in the oxygen section. If in doubt phone and check with the relevant health care professionals who prescribed the oxygen.

People will generally know what is normal for them. People can present as anxious and more confused if breathless.

Inhaler technique is really important to ensure the correct amount of medication reaches the lungs.

Training Information
Inhaled Devices and Spacers

Introduction:

Advances in modern medicine have resulted in patients with respiratory illnesses being able to self- medicate by following structured advice given to them by knowledgeable healthcare professionals.

Patients and carers are no longer passive recipients of advice and concordance with medications is paramount in effective management of their respiratory condition.

Health care professionals and carers play an important role in providing advice, knowledge and support in developing a patient centred approach in place of the paternalism that previously existed.

Many health legislations and national respiratory guidelines including the NICE (2016), GMS contract (2004) and the BTS / SIGN(2016) guidelines, emphasize the importance of greater patient participation in their own care and the importance of device selection in adherence and increased drug deposition to reduce symptoms and exacerbations.

This reflects on the advice, information and ongoing support given by all of us caring for patients requiring inhaled devices and spacers.

There are many reported problems with communication resulting in many patients feeling dissatisfied with their treatments. There is research which suggests that by improving the communication skills of health care professionals, patients/clients would be more satisfied with their treatments and more likely to adhere medical advice.

In almost every aspect of adherence, the need for good and effective communication is essential.

This training information emphasises the importance of all health care professionals including nurses, doctors, pharmacists and carers, in recognising effective and ineffective inhaled device techniques. Demonstrating how to use the inhaled devices and spacers is vital in ensuring an efficient and effective delivery of the drug to the patient's lungs.

Allowing the patient to make an informed choice of which device they can effectively use and like.

This information addresses the advantages and disadvantages of some commonly prescribed inhaled devices and spacers, with a simple instruction sheet on how to instruct a patient / client to use and clean each inhaler/spacer.

Metered Dose Inhalers (MDI)

Metered Dose Inhalers (MDI)

Metered dose inhalers have been around since the 1950s. The first MDI was developed in 1956. Today's conventional MDI is made of a canister containing a drug in suspension, enclosed by a plastic case. It is one of the cheapest, most commonly prescribed inhaled device but one of the most difficult inhalers to use as the skills required to use this require good inhalation, co-ordination and manual dexterity.

Top tip: Advise the patient to put their preventer inhaler next to their toothbrush and toothpaste and to incorporate their inhaler as part of their oral hygiene, advising them to gargle and drink at least a tumbler of water post use.

In addition, placing their inhaler near their toothbrush reminds them to take it.

How to use a conventional Metered Dose Inhaler (MDI)

1. Remove the protective cap
2. Shake the inhaler to allow the drug in suspension to be dispersed evenly
3. Breath out gently emptying the air from your lungs
4. Place the mouthpiece between your teeth, sealing your lips tightly around the mouthpiece. At the start of inhalation, which should be slow and deep, press the canister down and continue to Inhale deeply
5. Hold your breath for an 8 seconds, or as long as possible, allowing the drug to reach the bases of the lungs, then breathe out slowly
6. Repeat the above for further inhalations. Note it takes approximately 30 seconds for the valve in the canister to refill. Therefore you should wait a minimum of 30 seconds before subsequent doses
7. Ensure you gargle and drink at least a tumbler full of water following inhalation of a steroid inhaler to prevent Candiasis, hoarseness and a sore throat
8. To keep the device clean it is recommended that the cap covers the mouthpiece when not in use. Wipe the end with a tissue and replace the cap
9. Some MDIs have a dose counter at the base of the device but most do not, which means there is a potential risk of the patient running out of their inhaler. The only way to tell how many doses are left in the conventional MDI is to keep a track of the doses by writing them down, which is not ideal.

Haleraid (To use with an MDI)

A haleraid is available on prescription and is used for patients who have manual dexterity problems and are unable to “squeeze” the conventional MDI canister.

The haleraid comes in 2 sizes: the 120 dose (white) and the 200 dose (blue). It fits over the conventional MDI enabling the patient to squeeze the canister with minimal effort!

Spacers

It is recommended that a spacer device is used with a conventional MDI to act as a holding chamber, reducing the fast and destructive impact of the drug within the oropharynx and the side effects of the preventer drugs.

There is exception to this rule: the new Fostair MDI does not require a spacer as the preventer drug used is not active until it hits lung tissue, markedly reducing the risk of side effects. This medication is available in a metered dose inhaler and the medication is called ciclesonide. This unique drug is delivered through an MDI and its dispersion speed is not as impactive to the back of the throat and tongue as the conventional MDI.

There are several types of spacer devices available on prescription. Spacer devices have one way valves that hold the medication in the chamber for a few seconds.

A smaller and more compact spacer available on prescription is the Adult Aerochamber with mouthpiece (Blue).

The rubber fitting at the end of the Aerochamber allows many different inhalers to fit quite snugly in the end. For example this includes the conventional MDIs, Easibreaths and Autohalers.

One type of spacer widely used is the Volumatic spacer, a relatively large device which is used with the conventional MDI. It should be noted that the mouthpiece end of the MDI should be oblong in shape as round ends do not fit this particular spacer device.

How to use the Aerochamber and mouthpiece spacer device using the single breath technique:

1. Remove the MDI cap
2. Shake the MDI inhaler and insert in the end of the device
3. Place the mouthpiece in the mouth, gripping with your teeth and maintaining a tight seal
4. Take a deep slow steady breath in rather than a sharp intake of breath, otherwise you will hear a high pitched squeak which indicates you are breathing in "too hard" and using your accessory muscles of respiration
5. Hold your breath for a minimum of 8 seconds or as long as you can then breathe out
6. Remove the spacer mouthpiece from your mouth
7. Wait about 30 seconds before repeating the above
8. Once a week clean with hot soapy water and leave to drain, avoid drying with a tea towel as this creates static build up which could cause the drug to stick to the inner wall of the spacer device.

How to use the Aerochamber and mouthpiece using the tidal method of breathing

1. Remove the MDI cap
2. Shake the MDI inhaler and insert in the end of the device
3. Remove the protective cap and place the mouthpiece in the mouth, gripping with your teeth and maintaining a tight seal
4. Breath in slowly with a shallow breath then exhale through the spacer ensuring you have a tight seal around the mouthpiece
5. Repeat this technique 3-5 times, sealing the lips around the mouthpiece. If the patient cannot perform this method and air escapes through the sides of the mouth or nose, a spacer with an attached mask should be considered.

This is an excellent technique for patients who are unable to take in a deep inhalation if the airways are inflamed or fixed.

The Aerochamber is also available with a mask and comes in three different sizes.

1. Adult Aerochamber (Blue)
2. Child Aerochamber (Yellow)
3. Infant Aerochamber (Orange)

How to use the Aerochamber and mask using the tidal method of breathing

1. Remove the MDI cap
2. Shake the MDI inhaler and insert in the end of the device
3. Place the mask around the nose and mouth, maintaining a tight seal
4. Breathe in and out slowly with shallow breaths through the spacer ensuring you have a tight seal around the nose and mouth
5. Repeat this technique 3-5 times sealing the mask around the nose and mouth trying to avoid a squeak which indicates you are breathing in too fast
6. To clean this spacer you should wash the inside of the chamber with hot soapy water i.e. a couple of drops of washing up liquid, there is no need to rinse as washing up liquid has anti-static properties
7. Then wipe the mask with a cleansing/baby wipe on a daily basis as this will prevent oils from the skin building up on the mask creating a potential problem of "spots"
8. The Aerochamber should be replaced every 6-12 months.

Volumatic Spacers

The Volumatic spacer is made up of two pieces which slot together. A little difficult to assemble if the patient had dexterity problems i.e. arthritic fingers.

1. Fit the two ends of the spacer and lock in the middle slots
2. It is worth shaking the spacer to check the "Click" of the valve. No click indicates sticking therefore a new spacer may be needed
3. Remove the MDI cap
4. Shake the MDI inhaler and insert in the end of the device
5. Place the mouthpiece in the mouth gripping with your teeth and maintaining a tight seal
6. Take a deep slow breath in
7. Hold your breath for a minimum of 8 seconds or as long as you can then breathe out through the mouthpiece
8. Breate in again but do not press the canister
9. Remove the spacer mouthpiece from your mouth
10. Wait about 30 seconds before repeating the above
11. Once a week clean with hot soapy water and leave to drain. Avoid drying with a tea towel as this creates static build-up which could cause the drug to stick to the inner wall of the spacer device
12. Replace 3-6 monthly dependent on use.

How to use the Volumatic spacer device using the tidal method of breathing

1. Fit the two ends of the spacer and lock in the middle slots
2. It is worth shaking the spacer to check the "Click" of the valve. No click indicates sticking therefore a new spacer may be needed
3. Remove the MDI cap
4. Shake the MDI inhaler and insert in the end of the device
5. Place the mouthpiece in the mouth, gripping with your teeth and maintaining a tight seal
6. Breath in slowly with a shallow breath then exhale through the spacer ensuring you have a tight seal around the mouthpiece
7. Repeat this technique 3-5 times sealing the lips around the mouthpiece. If the patient cannot perform this method and air escapes through the sides of the mouth or nose the spacer with attached mask should be considered.

This is an excellent technique for patients who are unable to take in a deep inhalation if the airways are inflamed or fixed.

Top Tip: This spacer device with mask is excellent for patients who are unable to use spacers with mouthpieces particularly if they nose breath, are unable coordinate their breath, take a deep slow breathe and cannot seal their lips around the mouth piece. They are useful for patients who hyperventilate or are unable to take a relatively deep inhalation i.e. during an asthma attack.

Dry powder inhalers

Dry powder inhalers come in varying shapes and require an element of good respiratory effort to allow the deposition of the drug particles to reach the lower bronchioles.

These are not used with spacers and rely on good technique to be effective. These dry powers can be preventers, bronchodilators and mixed LAMA and LABAs.

Accuhaler

The Accuhaler is a popular design shaped like the millennium dome, which is small and compact.

How to use the accuhaler device

1. Open the Accuhaler by placing the thumb in the groove of the outer casing and pulling away until a click is heard
2. Hold the Accuhaler with the mouthpiece towards you, slide the lever away until it clicks. This means the dose is now available for inhalation and moves the dose counter on
3. Holding the Accuhaler horizontally breathe out gently, emptying air from the lungs. Just as you feel the need to breathe in take a deep and slow breath in
4. Remove the Accuhaler from your mouth and hold your breath for a minimum of 8-10 seconds or as long as possible
5. For a second dose repeat this technique
6. To close the device slide the thumb groove back towards you. You do not need to touch the lever as far, as it will go until it clicks
7. The dose counter counts down from 60 to zero. The last 5 numbers are red
8. To clean the mouthpiece wipe with a dry tissue, do not immerse the device in water as this will cause the powder within the device to clog!

Turbohaler

A light, portable device that automatically releases a very fine power. The patient may feel that they have not received it as the drug disperses such a fine powder.

How to use the turbohaler device

1. Unscrew and lift off the white cover
2. Hold the main body of the Turbohaler upright, twist the bottom as far as it will go in both directions. A clicking sound will be heard. The dose counter will count down from 120 doses
3. Breath out, away from the Turbohaler, emptying all the air from your lungs
4. As you feel the need to breath in place the tip of the mouthpiece firmly between teeth sealing your lips tightly around the tip, avoiding the vents at the sides
5. Suck in slowly but firmly then remove the Turbohaler from the mouth, holding your breath for a minimum of 8 seconds or as long as possible
6. For further doses repeat this technique
7. Replace the white protective cover
8. Clean the mouthpiece 2 to 3 times a week, using a dry cloth.

Top Tip: The dose counter window on the combined therapy SYMBICORT Turbohaler changes from a numbered white window to a red background with the number 20 on it. This is to remind the patient to request a repeat prescription.

When the zero on the background reaches the middle of the window the device is empty.

The dose counter window on the single therapy Turbohaler does not have numbers but a blank white window which changes to a red line when the last 20 dosages are reached. When the whole window turns to red, this means the inhaler is empty.

The Turbohaler also has a “gripper” which fits on the base of the Turbohaler, which is ideal for patients unable to grip the base of the device. i.e. if the patient has arthritic fingers.

Handihaler

A Handihaler is a plastic device which has a capsule of powdered medication placed in the device.

The Handihaler is breath activated and automatically releases the medication when inhaled correctly.

How to use the Handihaler.

1. Each capsule for the Handihaler is individually wrapped in a blister pack
2. The outer casing of the inhaler lifts upwards revealing a white mouthpiece. The initial lifting of the outer casing may be stiff
3. The white mouthpiece pulls up revealing a hole to insert the capsule. It doesn't matter which way you insert the capsule
4. Close the mouth piece and you should hear a "click" when it has shut
5. Leave the cover of the Handihaler open
6. Hold the Handihaler upwards and press the Aqua button firmly in twice. This punctures the capsule releasing the medication
7. Hold the Handihaler away from your mouth and breathe out gently, until you feel no air in your lungs
8. As you feel ready to breathe, seal the mouthpiece tightly around the end and take a slow steady deep breath in. The rattle sound "like Hannibal lecter" indicates the drug has been dispersed
9. Hold your breath for 8- 10 seconds or as long as possible then resume breathing
10. Repeat that action taking a second inhalation with the same capsule to ensure you have all the medication
11. Open the mouthpiece and tap away the used capsule
12. Close the lid to keep the Handihaler clean.

Top Tip: Once a week the device can be immersed in hot soapy water and rinsed.

Please ensure the device is bone dry prior to use. The Handihaler device can be changed annually.

Breath Actuated Inhaler

Breath actuated means that when you breathe in, it releases the medicine.

Inhaled medicines work in the lungs right away.

Autohaler

How to use the Autohaler

The Autohaler is a breath activated device.

1. Remove the protective mouthpiece and shake the inhaler to disperse the drug evenly
2. Hold the inhaler upright and push the red lever upright. This can be a little stiff, use your shoulder if this is problematic
3. Breath out gently away from the Autohaler, emptying all the air from your lungs
4. As you feel the need to breathe in place the tip of the mouthpiece firmly between teeth sealing your lips tightly around the tip and avoiding the vent at the bottom
5. Suck in slowly but firmly then remove the Autohaler from the mouth, holding your breath for a minimum of 8 seconds or as long as possible
6. Inform the patient that they will hear a sharp click, and not to be put off by this and to continue inhaling
7. For further doses shake the device, push the lever down (off) then push up (on), again repeating this technique
8. Clean the mouthpiece 2 to 3 times a week, using a dry cloth and replace the cap after use.

Top Tip: The white arrow at the base of the Autohaler is to be pushed forward once the lever is up to check the automatic fire is working. It is only necessary to test daily if the inhaler has not been used for a while.

Easibreath

How to use the Easibreath

1. Shake the inhaler
2. Hold the inhaler upright and flip open the attached cap
3. Note there is a grove on the cap which can be used to "prise" open the lid by using a desk edge. Once the cap has opened the drug has been loaded and is ready
4. Breathe out gently away from the Easibreath, emptying all the air from your lungs
5. As you feel the need to breathe in place the tip of the mouthpiece firmly between teeth sealing your lips tightly around the tip. Avoid blocking the vents at the top
6. Suck in slowly but firmly through the mouthpiece DON'T stop breathing when the inhaler "puffs" and continue taking in a deep, steady breath, then remove the Easibreath from your mouth.
7. Hold your breath for a minimum of 8-10 seconds or as long as you can
8. For further doses shake the device and close the cap, repeating this technique
9. Clean the mouthpiece 2 to 3 times a week, using a dry cloth and always replace the cap after use.

Soft Mist Inhalers

Soft Mist Inhalers are multidose, propellant-free, hand-held, liquid inhalers that represents a new category of inhaler devices.

The aerosol cloud contains a higher fraction of fine particles than most pressurized metered dose inhalers (pMDIs) and dry powder inhalers (DPIs), and the aerosol spray exits the inhaler more slowly and for a longer duration than with pMDIs. This translates into higher lung drug deposition and lower oropharyngeal deposition.

Respimat and Spiolto Respimat mist inhalers

There are 3 steps to follow when using these devices:

It is suggested that the dispensing pharmacist loads the cartridge as this is fiddly, particularly if you have arthritis.

1. After priming the inhaler, there are three simple steps to using mist inhalers every day. A helpful way to remember the steps for daily use is to think TOP:

T =TURN the clear base

O=OPEN the cap and close your lips around the mouthpiece

P=PRESS the dose-release button and inhale

Once a day, repeat these steps twice to get your proper dose of SPIRIVA RESPIMAT or SPIOLTO RESPIMAT

2. Take SPIRIVA RESPIMAT at the same time every day. It will be easier to remember. And since SPIRIVA RESPIMAT lasts 24 hours, your airways will be open all day

3. Store SPIRIVA RESPIMAT between 59°F and 86°F (15°C to 30°C); ideal storage temperature is 77°F (25°C)

New Inhalers

New inhalers are on the market regularly and for this training it is important you keep up to date with new inhalers that your patients may be using.

There are 4 new inhalers which are being recommended by the local COPD treatment Guidelines (2016) used commonly for COPD patients. There are three dry powder devices: Duaklir genuair, Anoro Ellipta, Utibro Breezhaler and one soft mist inhaler Spiolto Respimat.

These inhalers are combinations of Long Acting Beta Agonist (LABA) which are reliever inhalers that keep the airways opened up by relaxing the muscles around them. In addition to the above, long-acting muscarinic receptor antagonist (LAMA) inhalers reduce the amount of mucus produced in the airways.

There are two different types of long-acting reliever inhalers:

1. Long-acting beta agonists (LABA) - for example, Serevent Evohaler (Salmeterol), Vertine Metered-Dose Inhaler (Salmeterol), Formoterol Easyhaler (Formoterol), Oxis Turbohaler (Formoterol) and Foradil Dry Powder Inhaler (Formoterol)
2. Long-acting muscarinic receptor antagonists (LAMA) - for example, Spiriva Respimat (Tiotropium bromide).

Local COPD treatment pathway Guidelines (2016)

COPD Treatment Pathway

Smoking \Cessation Service	Lifestyle Advice	Diet/ Excercise	Influenza Vacc (Annual)	Pneumococcal Vacc	Psychological Issues

Pulmonary Rehabilitation - Ensure treatment is optimised	Hull No: 01482 344397	East Riding No: 01482 347929

Pharmacological Treatment
Review all new treatment after one month and CHECK INHALER TECHNIQUE

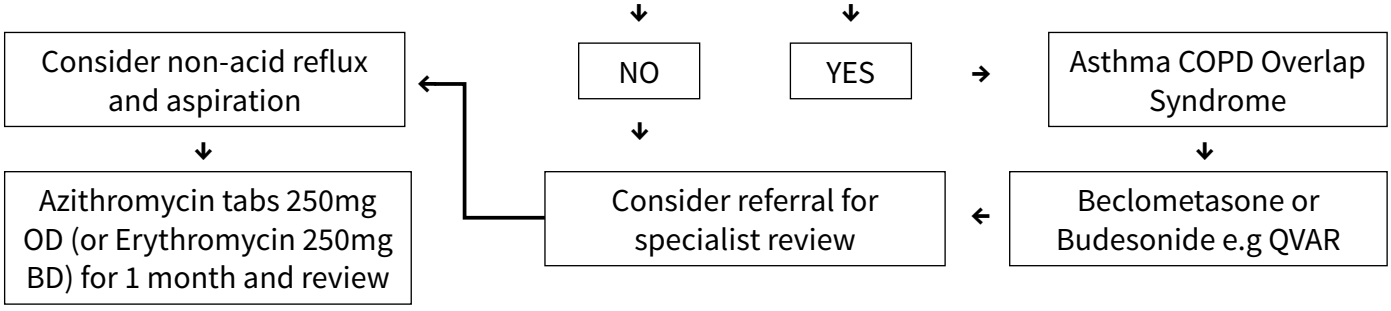
pm Short Acting ß2 Agonist (SABA)

Symptoms not controlled or repeated presentations

Add LABA/LAMA**	Price	PROS	CONS		
Duaklir 340/12 Genuair (Formoterol + Aclidinium) 1 puff twice daily	£32.50	Strong evidence and feedback on correct inhalation		MUCOLYTICS	THEOPHYLLINE
Spiolto Respimat (olodaterol + tiotropium) 2 puffs once daily	£32.50	"soft mist" inhaler	Activation of inhaler required		
Anoro 55/22 Ellipta (vilanterol + umeclidium) 1 puff once daily	£32.50	Device	? effect on dyspnoea and exacerbations		
Ultbro Breezehaler (indaceterol + glycopyrrononim) 1 puff once daily	£32.50	Best evidence base	Device requires loading		

If continued exacerbations, consider

Clinical suspicion of asthma supported by history of raised eosinophils > 0.3



** long acting ß2 agonist/long acting muscarinic antagonist

Inhaler Technique

There are many different types of inhalers. Examples of how to use the main ones have been included.

Asthma UK have handouts on how to use each type, these can be found on their website under the 'Advice' tab.

People should be encouraged to rinse their mouths after using inhalers as this can reduce the incidence of oral thrush.

'Press and breathe' Metered Dose Inhalers (MDIs) are often called 'puffers'.

Shake the MDI inhaler, breathe out gently, then put the mouthpiece in your mouth and wrap your lips around it.

Breathe in slow and steady, press the canister down to release the medicine and continue to inhale deeply.

Remove the inhaler from your mouth and hold your breath for up to 10 seconds before breathing out slowly.

MDIs can be used with spacers. Spacers collect the medicine inside them, so you don't have to worry about pressing the inhaler and breathing in at exactly the same time. This makes these inhalers easier to use and more effective.

Breathe in normally 'breath actuated' or accuhaller MDIs are usually given to people who have difficulty using a standard 'puffer'.

These inhalers are activated by your breath, so when you breathe in slow and steady through the mouthpiece, it releases the medicine in a fine spray form.

With this inhaler you don't have to push the canister to release a dose. Autohaler and Easi-breathe are examples of breath actuated MDIs.

You need to close cap and shake these inhalers before and between each puff so that the medicine mixes well before use.

‘Breathe in hard’ Dry Powder Inhalers (DPIs) release medicine in a very fine powder form instead of a spray.

When they breathe in through the mouthpiece, they need to breathe in quite quick and deep to get the powder into their lungs.

Examples of DPIs include Accuhalers, Clickhalers, Easyhalers, Handihalers, Turbohalers, Diskhalers, Genuair and Twisthalers.

Supporting use of a Spacer

Improper inhaler technique is associated with poor control of disease.

- The use of a spacer helps to overcome the problem of pressing the inhaler and co-ordinating breathing in
- Using a spacer allows the user to press the inhaler first and then take a breath, as the medicine will stay in the spacer until it is inhaled
- Using a spacer also reduces the risk of side effects as more medicine reaches the lungs and less medicine hits the back of the throat and is swallowed.

People with COPD sometimes can find it difficult to take in a deep breath. Using a spacer means the inhaler can be pressed and then they can put their lips round the spacer and then just breathe normally for five breaths.

Important advice about cleaning a spacer.

- Spacers should be cleaned regularly - preferably once a month
- They should be washed in warm soapy water using a mild detergent without rinsing
- Leave parts to dry at room temperature **do not** rub the inside of the spacer with a cloth as this causes static electricity which can affect the medicine. The static electricity attracts the medicine to the sides of the spacer and it sticks there, reducing the amount available to be inhaled in the lungs.

People can present as anxious and confused if breathless, however people will know what is normal for them.

Respiratory and Breathing	Inhaler Techniques
Breathing is a normal rate and depth for the individual. **NO FURTHER ACTION REQUIRED.**	**Person competent and able to use inhaler correctly.** **NO FURTHER ACTION REQUIRED.**
Know how to support individuals with inhalers / nebuliser if they require. **MONITOR AND DOCUMENT, CONSIDER FURTHER ADVICE AND SUPPORT.**	**Person requires some support to use inhaler or nebuliser correctly.** **MONITOR AND DOCUMENT, SEEK FURTHER ADVICE AND SUPPORT.**
Breathing is abnormal for the individual – above 20 or below 10 breaths per minute. The person may have blue lips / nails. **SEEK ADDITIONAL SUPPORT ON DAY IDENTIFIED FROM GP / SPECIALIST NURSE AND DOCUMENT – CONSIDER NHS 111.**	**Person unable to use inhaler and has no support in place to help them.** **SEEK ADDITIONAL SUPPORT ON DAY IDENTIFIED AND DOCUMENT.**

Continence

Continence

Problems with continence both bladder (urine) and bowel (faeces) are relatively common, however embarrassment can often people ask for help.

Carers are in a perfect position to support and refer people for help and advice.

People generally go to the toilet to pass urine four to seven times in a day. The elderly usually go eight times a day and it is normal to go once or twice a night dependant on age. Normal bowel movement should be three times a week or more.

However, some people may develop bladder or bowel problems.

Assessment include:

Common signs that indicate people may require some additional support:

- Stress Incontinence - leaking when exercising, small amounts when coughing, laughing, lifting heavy objects
- Urgency - sudden exaggerated urge to pass urine
- Urge Incontinence - leaking urine on the way to the toilet / not able to get to the toilet in time
- Frequency - going to the toilet frequently, either during the day or overnight
- Faecal incontinence - loss of faecal matter (loose or formed)
- Constipation - going more than three days without a bowel movement (may also have faecal overflow incontinence).

Urine

The colour of urine can indicate dehydration, however some foods and medicines can also cause it to become discoloured. If the person is drinking the recommended eight glasses per day and urine appears an unusual colour or darker, please monitor and seek advice if necessary.

Urine light in colour, continent.

NO FURTHER ACTION REQUIRED.

Urine dark or cloudy – encourage fluids.

Long term urinary incontinence, support with appropriate pads / aids.

MONITOR AND DOCUMENT, SEEK FURTHER ADVICE AND SUPPORT.

New urinary and faecal incontinence – request continence assessment.

SEEK FURTHER ADVICE AND SUPPORT AND DOCUMENT.

Reference

www.bladderandboweluk.co.uk

www.ageuk.org.uk

Catheter Care

It is recommended that all carers who support individuals with a catheter should undertake some formal training, but here is some advice.

Ask the district nurse/community nursing team for a copy of the Catheter Care Workbook.

How to change a leg bag:

- Wash hands, apply gloves and apron
- Empty leg bag and remove fixation straps/devices.
- Empty the existing leg bag as you usually would, remembering to close outlet tap
- Remove sterile leg bag from its packaging. Have the new bag ready at hand but do not remove the protective cap at this stage
- With one hand squeeze the end of the catheter with your thumb and forefinger to reduce any leakage of urine during removal
- With your other hand remove the bag from the catheter with a gentle twisting movement
- **Never** try to remove the bag by pushing the connector off with your thumb as this can roll the inside of the catheter over exposing the inside of the catheter to bacteria. This will increase the risk of infection and cause damage to the catheter
- Remove the protective cap from the new leg bag without touching the connector. Insert into the catheter immediately
- Secure the leg bag to the service user with the correct fixation devices
- Dispose of the old leg bag then wash and dry your hands
- The leg drainage bag will need to be changed according to the manufacturer's instructions. This is usually every seven days unless there is a problem.

The leg bag **must only** be emptied when it is ¾ full to prevent the risk of infection.

When emptying a leg bag, a separate container must be used for each service user and contact between the tap and the container must not occur

Catheter cleansing

- Wash your hands, apply gloves and apron
- Ensure the service user is kept warm and covered to maintain dignity
- Wash the area around catheters point of entry (meatus) using unperfumed soap and water at least once a day
- Always wash away from the body - down the catheter
- Carefully clean away any debris which may have attached to the catheter tubing (men produce a brown discharge which sticks to the catheter. This is normal mucous from the urethra).
- Dry area well
- Do not use creams or talcum powder.

If you feel you need further advice or support please contact the Community Bladder and Bowel Health Service.

Flowing clear urine light in colour.

NO FURTHER ACTION REQUIRED.

Urine dark or cloudy with sediment – encourage fluids.

MONITOR AND DOCUMENT, SEEK FURTHER ADVICE AND SUPPORT.

Catheter blocked, pus, blood or dark urine / very little urine present.

SEEK FURTHER ADVICE AND SUPPORT IMMEDIATELY AND DOCUMENT.

Bowels

Different people have different bowel habits. Most people have a bowel movement more than 3 times a week and pass good textured faeces (not too hard or soft) without straining.

Since it can be hard to state what is normal and what is abnormal, some health professionals use a scale to classify the type of stool passed.

Type 1 is described as a constipated stool; this has spent the longest time in the bowel, and type 7 has spent the least amount of time in the bowel, which could be described as diarrhoea. An ideal stool should be a type 3 or 4, and depending on the normal bowel habits of the individual, should be passed every one to three days without straining.

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but hard and lumpy
Type 3		Like a soft sausage but with cracks on the surface
Type 4		Like a sausage , smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

People may require additional support and personal care due to incontinence issues with their bowels such as being incontinent of faeces, or having a stoma bag.

People with faecal incontinence should be assessed to establish the cause.

The colour of stools can vary; however, if someone has very dark stools (black) it may be related to medication (iron) or something more serious. Ensure care plans document any medication that may affect the colour of stools.

Continence Pads

- Continence pads should be stored out of bright light and in a damp free environment – not in the bathroom.

Pads provided by the NHS are for the individual therefore the pads are their property. Pads **must** not be shared.

- Skin should be clean and dry before pad application
- Only use a pea sized amount of barrier cream (if required) as more will prevent the pad absorbing the urine.

Before application the pad must be folded lengthways to activate the all-round barrier. If you do not do this the pad will leak

- The pad should be inserted from the front to back, this prevents cross contamination.

Bowels normal for individual.

NO FURTHER ACTION REQUIRED.

Change in bowel habit, constipation without pain – make a routine referral to GP.

MONITOR, DOCUMENT AND SUPPORT INDIVIDUAL WITH CONTINENCE IF NEEDED.

If stools are very dark (black) or very pale, constipated with pain or diarrhoea.

If red blood is visible seek advice / contact GP.

SEEK ADVICE AND SUPPORT ON DAY IDENTIFIED FROM GP AND DOCUMENT.

Diabetes

It is important that people with diabetes receive regular check-ups to help manage their condition.

Supporting people to keep their blood glucose, blood pressure and blood fat levels under control will greatly help to reduce the risk of developing complications in diabetes.

Signs of Low Blood Sugar

- Feeling shaky
- Short tempered
- Pale
- Sweating
- Tiredness
- Lack of concentration

Signs of High Blood Sugar

- Feeling Thirsty
- Tiredness
- Headaches
- Passing more urine

The short-term complications can include: low blood sugar (Hypoglycaemia) and high blood sugar (Hyperglycaemia). Both can be very serious and require action.

The long-term complications for people with diabetes can include problems with:

- Vision
- Heart (cardiovascular disease)
- Kidneys (nephropathy)
- Nerves and feet (neuropathy).

Diabetic Foot Care

Foot Care is particularly important, as people with diabetes can have reduced feeling and sensation or abnormal feelings in the feet (Peripheral Neuropathy).

People with diabetes can also have a reduced blood supply to the feet due to narrowing of the arteries in the legs (Peripheral Arterial Disease).

Anyone with diabetes should have their feet checked on a regular basis especially when being supported with their personal care. Any concerns such as red areas, inflammation, blisters, corns/ callus or open areas should be referred to their GP or diabetic specialist clinic.

Here are some top tips for the promotion of good foot care:

- Check feet daily for redness, swelling, pain or hard skin - monitor for changes
- Good control of blood sugar levels can prevent foot problems or help heal open wounds
- Keep feet clean. Wash and dry thoroughly daily and dry well, particularly in between the toes
- Always wear shoes / slippers that fit well
- Never walk barefoot, especially outdoors
- Toenails should be cut or filed regularly. If there is no carer/family member to help with nail care, a referral to a podiatrist could be arranged. Ensure corns or hard skin are treated by a podiatrist if gentle filing and emollient cream do not control the hard skin
- If there are any changes in sensation or feeling to the feet ensure this is reported to a health professional
- Make sure the annual diabetic review with the GP or Practice Nurse (including a foot check) is attended every year.

Not diagnosed with diabetes, eats a varied diet.

NO FURTHER ACTION REQUIRED.

Diabetes is well managed with no problems – be alert.

MONITOR, DOCUMENT AND SUPPORT INDIVIDUAL AND REFER ON IF CONCERNED TO GP OR NURSE.

Diabetes is fluctuating or individual presenting as unwell with hypoglycaemic (low blood sugars) / hyperglycaemic (high blood sugar) episode.

SEEK FURTHER ADVICE AND SUPPORT ON THE DAY IDENTIFIED FROM GP AND DOCUMENT - CONSIDER 999 IF CONFUSED OR A CHANGE IN NORMAL BEHAVIOUR.

Medication

Managing medicines for someone else can be a challenge, particularly if they are taking several different types.

Carers should have had appropriate medication training before they undertake any medication related tasks and been assessed as competent.

Advice for Carers who support with medication:

- Always read the instructions on the packaging or dosette box before giving medicine to anyone. They should always be given according to the instructions or as advised by whoever prescribed them
- Instructions for when and how to give medication should be clear. If there are any problems, ask a doctor, nurse or pharmacist to explain
- It is important to give medicines at the recommended time of day. Not doing this can make them less effective. It is important to know whether or not the medicines should be taken before food, with food or in between meals.

Medicines need to be stored appropriately and safely so that the products are not:

- Damaged by heat or dampness
- Mixed up with other people's medicines
- Stolen
- Posing a risk to anyone else.

Remember the 'Six Rights'

1. Right person
2. Right medicine
3. Right route
4. Right dose
5. Right time
6. Person's right to decline.

Ask the pharmacist for advice if you have a medication related query, they are usually best placed to respond to queries.

Tip: Write the telephone number of the patient's pharmacist on the Medication chart or care plan along with the GP surgery in case of any queries.

Key tasks to be carried out during medicines administration by the care worker:

- Confirm that the medication and dose is correct on the MAR chart and the medicine label
- Confirm it is the right person
- Ask whether the person wants the medicine
- Make sure that no-one else has already given this dose to the person
- Prepare the correct dose for the time of day, ensure medication is appropriately spaced out following directions
- Give the medicine to the person and also offer a drink of water
- Sign the administration record.

There are three types of support that carers can give with medicines:

- General support tasks – helping self medicating clients (Level 1)
- Staff administer medication (Level 2)
- Staff administer by specialist technique (Level 3).

Level 1

The service user takes responsibility for their own medication. If the service user is able to self medicate they may not require any help with medication from care assistants.

Level 2

If the service user cannot take responsibility for their medicines then care assistants will need to do this.

Level 3

Administering medication by specialised techniques. Assisting with these must only be undertaken following a joint Health and Social Services needs assessment and clearly documented in the Care Plan. Joint co-ordination in these cases is vital and must be regularly reviewed.

Training for the use of these items will be provided on an individual basis by nursing services or dieticians, whichever the appropriate source is identified at the assessment. These include assistance with gastric tubes and nebulisers.

Person competent and able to take their own medication with no problems

NO FURTHER ACTION REQUIRED

REQUIRES SUPPORT TAKING MEDICINE assist in a person centred way

MONITOR AND DOCUMENT

PROBLEMS with taking medication.

SEEK ADDITIONAL SUPPORT AND ADVICE FROM PHARMACIST, GP OR NURSE ON THE DAY IDENTIFIED AND DOCUMENT

Reference

www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf

Mental Health

Adverse mental health affects one in four people in any one year. Carers are in an ideal position to identify and signpost any concerns they have in relation to the individuals they support.

Mental Health conditions include:

- **Psychosis**
  i.e. Schizophrenia or Bi Polar Affective Disorder
  Can cause confusion and acute distress, due to hallucinations, delusions and lack of self-awareness or profound lethargy
- **Depression**
  Can cause a change in mood/ personality and problems with sleeping, dietary intake and relationships
- **Anxiety**
  Can induce problems sleeping, heart palpitations, dry mouth. Feelings of panic or fear and cold or sweaty hands or feet
- **Dementia**
  Can cause confusion due to problems with memory, lack of insight and self-awareness, can also include problems with mobility, verbal communication, continence and eating and drinking
- **Personality Disorder**
  Where someone struggles to cope with life, manage relationships and regulate emotions.

Carers can help by supporting individuals with personalised care which helps individuals to feel empowered and in control. A carer's attitude can impact both positively and negatively when supporting someone with mental health conditions.

Early detection of concerns about mental health is important to ensure that people are supported in the correct way.

Legislation that you as a carer need to have a basic understanding of:

- Human Rights Act 1998
- Data Protection Act 1998.

Carers should undertake some form of Mental Capacity Act (2005) Training and be aware of the five principles:

1. A person must be assumed to have capacity unless it is established that they lack capacity
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision
4. An act done, or decision made, under this Act for, or on behalf of, a person who lacks capacity must be done, or made, in their best interests
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Normal cognition: no concerns identified support in a personalised way as normal.

NO FURTHER ACTION REQUIRED.

Person has a diagnosis of a mental health condition: support in a personalised way and follow care plan.

Person is showing some changes in their mental health: liaise / inform GP – or mental health team if known.

MONITOR AND DOCUMENT, SEEK FURTHER ADVICE AND SUPPORT.

Sudden change in mental health.

CONTACT GP ON DAY IDENTIFIED OR MENTAL HEALTH TEAM IF KNOWN TO THEM AND DOCUMENT.

SBAR Tool

Situation **B**ackground
Assessment **R**ecommendation

This tool can be used to help you when you are referring someone to another service – when action is needed

S Situation

- I am a carer (Name) working for (Organisation)
- I am calling about Mr / Mrs Name
- I am calling because I am concerned that / I am unsure about / I need advice.

B Background

- Their normal condition is (e.g. alert / drowsy / confused / self-caring)
- How has this changed?
- Their relevant history includes (e.g. asthma, dementia, ischaemic heart disease)
- Current Medications include:

A Assessment

- I have found that he / she is (e.g. struggling to breathe / walk / has pain / has injured / confused)
- Vital signs if equipment available (e.g. blood sugar, temperature, BP, pulse)
- I think the problem is/may be OR I don't know what's wrong but I'm really worried.

R Recommended

- I now need your assistance
- I would like you to visit the resident (when? Is it urgent or routine?)
- I would like your advice as to what to do next/in the meantime.

SBAR was developed for healthcare by Dr M Leonard and colleagues from Kaiser Permanente in Colorado, USA.

Nutrition Competency

To demonstrate competence at this level the carer is able to:	Training undertaken and already competent? Date and comments	Observed and supervised by mentor?	Needs Training course?
1. Have an understanding of what a balanced diet is			
2. Recognise the importance of individuals eating and drinking enough and how to record this			
3. Have an awareness of types of people who may have swallowing difficulties			
4. Recognise signs and symptoms of swallowing difficulties and be able to follow a swallowing and dysphagia care plan			
5. Know who to refer to if there are concerns about dietary intake or swallow problems			

Pressure Area Care and Skin Integrity Competency

To demonstrate competence at this level the carer is able to:	Training undertaken and already competent? Date and comments	Observed and supervised by mentor?	Needs Training course?
1. Have an understanding of the importance of regular changes of the position for the person to maintain skin condition			
2. Recognise signs of skin changes related to the development of pressure damage. Be aware of who any deterioration should be reported to			
3. Have the knowledge to recognise when pressure damage equipment is not working or not appropriate and know who to contact			
4. Recognise the importance of nutrition and hydration in maintaining skin integrity			
5. Have an understanding of the difference between pressure damage and moisture related damage and who to report any concerns to			
6. Have an understanding of the appropriate application of topical skin creams, under the guidance of the community nurses			
7. Staff to have an understanding of their role in the care of compression hosiery, the application of the creams and removing and refitting the hosiery			

Bladder Care Competency

To demonstrate competence at this level the carer is able to:	Training undertaken and already competent? Date and comments	Observed and supervised by mentor?	Needs Training course?
1. Recognition of normal urine, for example – odour, colour, volume			
2. Recognise the signs and symptoms of bladder problems including urinary incontinence and know who to refer to			
3. Demonstrate how to complete fluid/bladder/bowel/diet charts			
4. Have a working knowledge of undertaking catheter care and related equipment. (attended training)			
5. Demonstrate the correct storage, application and use of continence equipment, continence pads and stoma appliances			
6. Have a basic urinary catheter problem solving skill base			

To demonstrate competence at this level the carer is able to:	Training undertaken and already competent? Date and comments	Observed and supervised by mentor?	Needs Training course?
7. Recognition of normal faeces for individuals			
8. Recognition of bowel changes using the Bristol stool chart			
9. Know how to provide basic stoma care			
10. Demonstrate a knowledge and understanding of the importance of skin care particularly for patient with incontinence issues. Including care around stoma sites			
11. Understand the importance of privacy and dignity when providing and discussing and providing continence care			

Mental Health Competency

To demonstrate competence at this level the carer is able to:	Training undertaken and already competent? Date and comments	Observed and supervised by mentor?	Needs Training course?
1. Have an awareness of different types of mental health conditions			
2. Understand the importance of personalised care and the issues which can impact on care			
3. Have an awareness of legislation and legal frameworks which support people with mental health conditions including capacity			
4. Know who is available to support individuals with their mental health needs			
5. Be aware of how your attitude can impact in a positive and negative way when caring / supporting for someone with mental health condition			

Care Certificate

National Care Certificate Standards	Date Achieved	Signature of Assessor/ Manager	Name and Role
Understand Your Role			
Your Personal Development			
Duty of Care			
Equality and Diversity			
Work in a Person Centred Way			
Communication			
Privacy and Dignity			
Fluids and Nutrition			
Awareness of Mental Health Conditions, Dementia and Learning Disabilities			
Safeguarding Adults			
Safeguarding Children			
Basic Life Support			
Health and Safety			
Handling Information			
Infection Prevention and Control			

Local competencies:	Date Achieved	Signature of Assessor/ Manager	Name and Role
Nutrition Additional Information (competency to support skills and knowledge for Care Certificate)			
Swallowing (competency within Nutrition to support skills and knowledge for Care Certificate)			
Mouth Care			
Dehydration/Fluid			
Skin (Pressure Damage) (competency to support skills and knowledge for Care Certificate)			
Mobility and Falls			
Rockwood Clinical Frailty Scale/Frailty			
Respiratory/Inhaler Technique			
Continence Bladder/Bowels			
Diabetes/Foot Care			
Medication			
Mental Health (competency to support skills and knowledge for Care Certificate)			
Situation Background Assessment Recommendation (SBAR)			

If you would like this document in an alternative language or format, such as audio tape, large print or Braille, please call **01482 347649**.

City Health Care Partnership CIC is an independent 'for better profit' and co-owned Community Interest Company responsible for providing local health and social care services.

Registered in England No: 06273905

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