**Diabetes in Care Homes Audit Tool**

**Aim**: This audit tool has been developed to support care homes to audit their current standards of diabetes provision and to identify any gaps in best practice. It should be used in conjunction with the [Buckinghamshire Good Practice Guideline for Residents with Diabetes in Care Homes](https://www.chilternccg.nhs.uk/wp-content/uploads/2017/07/Diabetes-Care-Standards-Guidance.pdf)

The document Guidance for CQC staff: Inspecting the quality of care for residents with diabetes mellitus living in care homes recommends that ‘*Good leadership and management in relation to the care of diabetes includes regular audit and assessment of these elements in practice*’

**How to use:** The audit can be completedby any staff member who cares for residents with diabetes. Complete all sections that are applicable. There is an optional scoring tool at the end of the document and this can be used to give overall percentage compliance.

If score is less than 70% then urgent action should be taken to address areas of non-compliance

If score is between 70 – 90% then prioritise the areas to address.

A score of 90% + is good and requires small changes for full compliance

|  |  |
| --- | --- |
| **Care Home Name:** |  |
| **Completed by:** |  |
| **Date:** |  |
| **Overall % of standards met:** |  |
| **Actions:** |  |

**Diabetes in Care Homes Audit**

|  |  |  |
| --- | --- | --- |
| **Section 1: DIABETES POLICY** | **YES** | **NO** |
| 1.1  | Is there a Diabetes Policy in place? |  |  |
| 1.2 | Are the Care Home Manager and Diabetes Lead aware of the diabetes policy and also any local and national protocols/ guidance? |  |  |
| **Section 2: DIABETES TRAINING** | **YES** | **NO** |
| 2.1  | Is there a Diabetes Key worker or Diabetes Champion in post? |  |  |
| 2.2 | Has at least one current staff member attended the local diabetes in care homes training within the last year? |  |  |
| **Section 3: PERSON-CENTRED DIABETES CARE PLAN** | **YES** | **NO** |
| 3.1 | Does each resident with diabetes have a person-centred diabetes care plan? |  |  |
| 3.2 | Are there care plans in place for Nutrition, Foot Care, Skin care and Continence?(These can be part of the residents diabetes care plan or separate care plans) |  |  |
| **Section 4: HYPO IDENTIFICATION & HYPO BOX** | **YES** | **NO** |
| 4.1 | Is there a hypo box (kit)? |  |  |
| 4.2 | Check all products in the hypo box - Are all items still in date? |  |  |
| 4.3 | Is there a policy to check expiry dates of products in the hypo box and also to replace any product that has been used? |  |  |
| 4.4 | Are all residents at risk of hypoglycaemia identified and do staff monitor their blood glucose at times recommended by the GP or Diabetic Specialist Nurse (DSN)? |  |  |
| 4.5 | Is there a hypo care plan in place for each resident at risk of hypoglycaemia? Does this include the residents preferred product from the hypo box?  |  |  |
| **Section 5: FOOT CARE POLICY** | **YES** | **NO** |
| 5.1 | Do all residents with diabetes have a foot care plan which includes washing and inspecting their feet every day? |  |  |
| 5.2 | Is there documented evidence that feet are being inspected every day? |  |  |
| 5.3 | Does the foot care plan state if the feet are low risk, moderate risk or high risk of diabetic foot disease? |  |  |
| **Section 6: BLOOD GLUCOSE TESTING** | **YES** | **NO** |
| 6.1 | Is there documentation to show that all staff using blood glucose meters have had training on using these within the last 12 months? |  |  |
| 6.2 | For residents requiring capillary blood sampling are Single-Use Sterile Safety Lancets being used? |  |  |
| 6.3 | Are all blood glucose monitors (in use) being quality control tested according to manufacturer’s instructions and is this documented? |  |  |
| 6.4 | Are the quality control records being stored in line with best practice? Are battery changes & any maintenance being recorded?Is there a ‘date of opening’ recorded on the control solution that is used to quality control check the meter?Are staff aware of how to obtain the quality control solution and new meters? |  |  |
| 6.5 | Are blood glucose readings being recorded and are staff acting on these results in line with the care plan and best practice guidance? |  |  |

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| **Section 7: INSULIN STORAGE AND ADMINISTRATION** | **YES** | **NO** |
| 7.1 | Is unopened insulin stored in a temperature-controlled fridge, where the temperatures are checked every day? |  |  |
| 7.2 | Is insulin that is ‘in-use’ kept at room temperature? and is the date of opening clearly noted? |  |  |
| 7.3 | Are all insulin delivery devices (e.g. vials, pens) individually labelled with resident’s name? |  |  |
| 7.4 | Is there evidence that the site of insulin administration is rotated in line with best practice? |  |  |
| **Section 8: DIABETES ANNUAL REVIEW** | **YES** | **NO** |
| 8.1 | Is the date of the Diabetes Annual Review by the GP recorded in the Care Plan? |  |  |
| **Section 9: MUST SCORE & NUTRITION CARE PLAN** | **YES** | **NO** |
| 9.1 | Is the MUST score correct? (Ask the Home MUST champion whether MUST score is correct) |  |  |
| 9.2 | Does each resident have a nutrition care plan? Is this in line with both [Buckinghamshire MUST Management Guidelines](https://www.chilternccg.nhs.uk/wp-content/uploads/2017/05/MUST-How-to-treat-refer.pdf) and current advice on diabetes and diet in care homes? |  |  |

**Completing the Scoring of the diabetes audit**

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| --- | --- | --- |
|  | **Section** | **Yes Score = 1 point** |
| 1 | Diabetes policy | **/2** |
| 2 | Diabetes training | **/2** |
| 3 | Person-centred diabetes care plan for each resident with diabetes | **/2** |
| 4 | Hypo box and hypo identification | **/5** |
| 5 | Foot Care Policy, feet checked every day for all residents with diabetes | **/3** |
| 6 | Blood glucose testing | **/5** |
| 7 | Insulin storage, administration | **/5** |
| 8 | Diabetes Annual Review | **/1** |
| 9 | MUST Score & Nutrition Care Plan | **/2** |
|  | **Total Score =**  |  **/27 points** |

 **Overall percentage of compliance with standards of diabetes care in care homes = %**

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| Ratified by: | Medicines Management Sub-Committee – 12 October 2017 |
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