
Diabetes in Domiciliary Care Policy

This organisation believes that every person has the right to the highest possible quality of care in the management of their health needs.

This document is intended to set out the values, principles and policies underpinning this organisation's approach to the care of people who use services with diabetes.

This policy is designed to be compliant with the Diabetes National Service Framework (NSF).

Policy Background

This organisation understands that diabetes is a long-term condition in which the amount of glucose (sugar) in the blood is too high because the body does not produce enough insulin to be able to use it properly.

The organisation recognises that there are two main types of diabetes.

- Type 1 diabetes.
- Type 2 diabetes.

The organisation understands that type 1 diabetes is usually treated by insulin injections and changes to the diet while type 2 diabetes is treated with lifestyle changes such as a healthier diet, weight loss and increased physical activity, and medication and/or insulin to restore normal blood glucose levels.

Self-care of Diabetes

This organisation understands that a key component of the Diabetes NSF is the empowerment of people with diabetes to look after themselves as far as possible. This is a vital element in enabling those receiving domiciliary care to live with dignity, self-determination and independence. Domiciliary care staff working for the organisation will, therefore, be expected to support the self-caring capabilities of people who use services wherever possible.

Assessment

In this organisation, all diabetic people should be assessed for their capability in being able to self-care and to determine what support they require. Where a person develops diabetes during their care, an assessment will be conducted in partnership with their GP and with any specialist diabetes care services involved.

The initial assessment should be designed to elicit exactly how much support the person will need in coping with their diabetes and to identify who should do what in providing care. The results of the assessment should be entered into their plan of care.

The assessment should identify one of the following typical patterns of care people who use services who:

- may safely maintain control of their diabetes
- may be able to take partial control over some aspects of their diabetes care and who will need support and monitoring by care staff
- may need support on a temporary basis but who will be able to resume control as soon as possible
- are unable to take full control of their diabetes and for whom arrangements will need to be made for support and care to be provided by specialist diabetes care services.

Care Protocol for People with Diabetes

In this organisation, each person with diabetes can expect:

- to be encouraged to play an active role in their own care relative to their overall level of independence
- to have an individualised care plan which they themselves have played a key part in developing along with any members of their family and/or advocates that they wish to be involved
- to have an individualised dietary and nutritional plan agreed with them
- to have an annual review involving their GP and other essential members of the community health team
- access to community health professionals such as a community dietician, podiatrist and an optometrist
- access to consultant specialist care by direct referral from the GP or by an agreed community health professional.

Diabetes Care Planning

Domiciliary care staff should:

- deliver high-quality care in accordance with their plan of care to all people who use services
- support people's capacity for self-care in health matters

- be thoroughly familiar with and observe at all times the organisation's policies and procedures relating to the healthcare of the people who use its services
- report any change in the condition of a person immediately
- co-operate and work with any treatment plans provided by specialist services
- ensure that they have all necessary equipment and training in moving and handling in order to position and transfer the person safely in the home environment
- always ensure that the dignity of people suffering from long-term conditions is maintained at all times.

In this organisation, all care plans for diabetic people must include details of exactly how episodes of hypoglycaemia should be managed. They should also include details of how the person should be managed if they are unwell and unable to eat.

For people with diabetes, monitoring blood glucose is important when unwell, as diabetes can have an additional effect on the illness and the illness can impact on their diabetes. Blood glucose can rise quickly during illness, particularly in older people who are dehydrated. Extra monitoring and medication, or adjustment to insulin does may be prescribed, and additional support and monitoring needed.

Most people with diabetes take blood glucose levels at varying frequencies. The person will have their own blood glucose testing machine and test strips prescribed by their GP and should be given support in conducting their own tests at a frequency stated in their plan of care. People should be encouraged to maintain records of their blood glucose results and these should be monitored by care home staff during reviews.

New monitoring devices enable people to check their blood glucose without the need for finger pricks, called Flash Glucose Monitoring or Freestyle Libre.

A monitor is placed on the upper arm which uses a small needle as part of the sensor application process, however no needle is left in the site during the 14-day wear. Results can be obtained via a compatible smartphone, where the app can be downloaded and used to scan the sensor to see obtain readings. A small device called a reader, is also available to purchase for those who do not have a smartphone.

It has been found this may help older people with diabetes and memory loss more easily monitor and manage their blood glucose.

People with type 1 diabetes can get the FreeStyle Libre free of charge on the NHS and those with type 2 diabetes if they suffer recurrent or severe hypoglycaemia or have impaired hypoglycaemia awareness.

People with diabetes should have a regular review of their medication and their dietary plan conducted by an appropriate person who is responsible for their care, usually their GP or a community nurse. The appropriateness of their care plan will be regularly reviewed by the case manager, and reviewed in the light of any major changes in their condition.

Domiciliary care staff working for this organisation will be expected to comply with the provisions of any agreed plan of care and report immediately to their supervisor or to persons GP any changes in their condition or any concerns about their care.

Diabetes Training

This organisation believes that the education and training of staff in modern diabetic care is fundamental for the provision of high-quality care services, for the prevention of diabetic complications and early identification of problems, and for effective diabetic care.

All new staff should be encouraged to read this policy on diabetic care as part of their induction process as well as any associated policies and care protocols. Existing staff will be offered additional training covering diabetes care, foot care, eye care, wound care management and infection control.

Signed: _____

Date: _____

Policy review date: _____
