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ABCD

Association of British Clinical Diabetologists

England-wide Care Home Diabetes Audit

Executive Summary, spring 2014

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Care Home Diabetes Audit 2012/13

Foreword

In many cases older people with diabetes in care homes are suffering unnecessarily and even dying prematurely. Up to one in four older people in these settings have diabetes and a similar proportion may have undiagnosed diabetes.

We know diabetes is associated with increasing age, family history, ethnicity, obesity and sedentary lifestyle. It causes premature morbidity, mortality and is a substantial health burden on individuals, health systems and society. It can be more difficult to manage in older people because of other linked disorders or diseases and their treatments. Thus, it is not a trivial disease and poses many significant challenges to health and social care professionals in their delivery of effective and safe care.

The initial findings from the first-ever England-wide Care Home Diabetes Audit have unfortunately revealed a lack of comprehensive assessment, monitoring and specialist care.

Improving diabetes care in residential and nursing homes is a major goal but unless there is a commitment by all healthcare professionals involved in diabetes care supported by social services, NHS and independent care home staff, the Department of Health, and other responsible agencies, change is unlikely to happen.

However, with the results for the National Care Home Diabetes Audit, an opportunity exists to introduce Care Quality Commission-backed quality standards. Standards that will make all of the stakeholders involved sit up and take notice. We should no longer have vulnerable people being treated by an unskilled workforce. It is time to act.

Yours sincerely

Professor Alan Sinclair, Director of the Institute of Diabetes for Older People (IDOP) and lead for the National Care Home Diabetes Audit

Dr Chris Walton, Chair of the Association of British Clinical Diabetologists (ABCD)

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Summary and Key Findings

The Institute of Diabetes for Older People (IDOP), in collaboration with The Association of British Clinical Diabetologists (ABCD) and other leading organisations, undertook an audit of diabetes care in residential and nursing homes across England. Responses were obtained from around 1 in 4 of the applicable homes. Analysis on these data has allowed us to see a much clearer picture of the state of diabetes care and support. It has helped us to identify some common issues and challenges that the sector faces. It has also helped us to understand the typical shortfalls in service and should help us develop responses to support the creation of better care standards and to provide positive help and training to the sector.

This executive summary covers the background to the audit, the partnerships developed to undertake the study, the demographics of the audit's target population and outlines some of the key findings.

These findings paint a picture of a care home sector often ill-equipped to meet the rising challenge of diabetes. This is demonstrated by a dearth of diabetes-specific policies and procedures, untrained staff and ineffective linkages with NHS services.

The key conclusion of this work suggests that improvements to the current regulatory framework are necessary and that the development of new standards to cover diabetes in care homes should be done as a matter of urgency. It also suggests positive next steps around training and recognising excellence in diabetes care.

This summary should be a wakeup call to the care home sector and a prompt for further action to improve diabetes care.

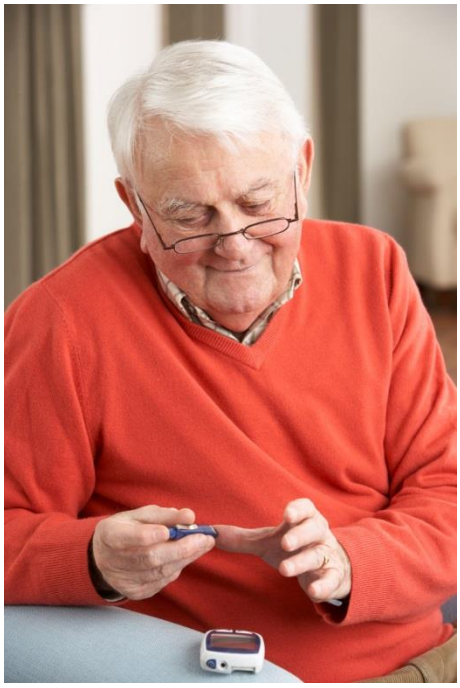
Introduction

The Institute of Diabetes in Older People (IDOP) in collaboration with The Association of British Clinical Diabetologists (ABCD) sought to undertake an audit of diabetes care in care homes throughout England. This was a national initiative led by Professor Alan Sinclair, Director of the Institute of Diabetes for Older People (IDOP). It had the full support and collaboration of multiple stakeholders including:

- Diabetes Health Intelligence
- The Royal College of General Practitioners
- Age UK
- NHS Diabetes
- The Royal College of Nursing
- Care England
- Diabetes UK

The survey commenced on 10th September, 2012, and continued into late 2013. In total, 2043 responses were received from the approximately 9,000 care homes for elderly residents operating in England. This represents a response rate of around 23%. Of those that responded 1541 (75.43%) reported that they currently had residents with diabetes.

Background



Diabetes has a marked and increasing prevalence in care homes[1] with as many as 27% of care home residents having diabetes, whether diagnosed or undiagnosed. It is essential that we deliver quality care for older people with diabetes, many of whom will have other significant medical conditions.

The Diabetes UK publication "Good Clinical Practice Guidelines for Care Home Residents with Diabetes" 2010 created comprehensive guidelines for the care of older people with diabetes. The working party that developed this document was led by Professor Sinclair of IDOP and involved a range of key partners with a broad range of expertise. One of the main recommendations of this work was to call for a national care home audit. This audit was successfully piloted in Bedfordshire and Hertfordshire (summary appended p 20) in 2011 and was then rolled out nationally in 2012/2013. The full guidelines can be found at: http://www.diabetes.org.uk/Documents/About%20Us/Our%20views/Care%20recs/Care-homes-0110.pdf

Demographics

The numbers of residents that care homes report as having diabetes is clearly at odds with earlier research and something for further investigation is to better understand whether this disparity is about problems with diagnosis, recording of key medical data or perhaps staff awareness of the condition. The headline demographics as reported for our project show that:

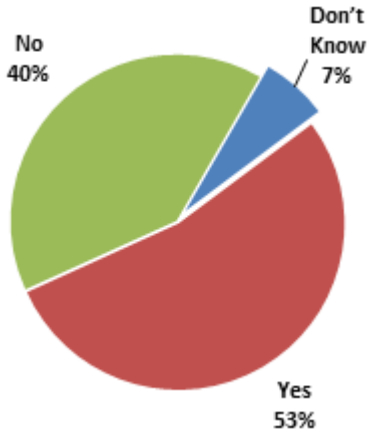
- Care Homes that have residents with *reported* diabetes: **1541** out of **2043** respondents
- Total residents with *reported* diabetes: **5087** out of **48978** (10.4%)
- Care home residents are predominantly made up of older age groups with almost 60% (58.44%) being over 85 years old and almost half of these (27.03%) being over 90
- Almost three-quarters of those care home residents are women (72.57%)

Key Findings from the Audit

The following outlines key findings from the audit. The main focus is on the headline issues that are clear causes for concern. Some of the answers to the audit questions indicate inconclusive results or will prompt further study but to produce a concise and effective report we have kept our focus on the key issues. The full set of audit questions can be found as an appendix to this report.

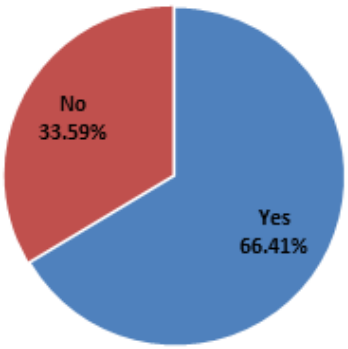
Do you assess a resident's knowledge of hypoglycaemia (low blood sugar) using a standard protocol?

Only half (53%) of those homes that responded said that they assess a residents knowledge of hypoglycaemia (low blood sugar) using a standard protocol. It clearly shows that staff are not routinely following a protocol as part of a high standard of care.



Without having a standard protocol of knowledge assessment, vital information can be missed and it would be difficult to design a care plan suitable to the individual's need.
This result clearly demonstrates the need for management staff to develop detailed protocols and then to train clinical staff to follow them correctly [2].

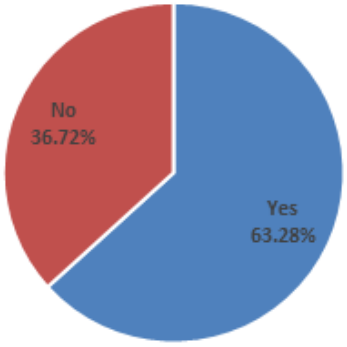
Do you ask your residents with diabetes if they know the symptoms/signs of hypoglycaemia?



Over a third of homes (34%) reported that they do not assess whether their residents know about the signs and symptoms of hypoglycaemia. The patient's own knowledge and awareness of the symptoms of hypoglycaemia is crucial to insure that this important side effect of treatment does not remain undetected.

Hypoglycaemia can be more difficult to detect in older people. If undetected, it can have fatal consequences. Hypoglycaemia is one of the most important complications that affect older people with diabetes. It is a key factor in hospitalisation[3] of older people with diabetes and it is also associated with falls[4] and decreased cognitive function[5]. If reported it can usually be minimised by changing the patient's medication or diet.

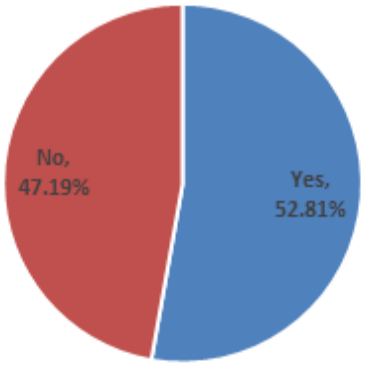
Do you have a written policy for managing hypoglycaemia (low blood sugar)?



Well over a third of care homes (37%) admitted that they do not have a written policy for managing hypoglycaemia. Hypoglycaemia is a medical emergency and a clear written policy is in the interest of the care home, the staff and the residents. The management of hypoglycaemia should include identifying risk factors in patients that are known to have diabetes. Further prevention of hypoglycaemia[6] should be implemented by regularly reviewing patient's medication, diet and treatment goals. Staff should be trained on how to suspect, diagnose and treat hypoglycaemia.

Are you aware of the 'Guidelines of Practice for Residents with Diabetes in Care Homes' available at the Diabetes UK website?

Nearly half (47%) of homes said that they were unaware of the Diabetes UK Care Home Guidelines. This demonstrates that not only are guidelines not being followed, but many care homes are completely unaware of them.

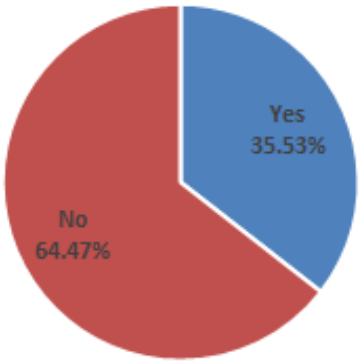


This problem needs to be addressed urgently. Regulating bodies should make care homes aware of the guidelines as part of their routine inspection of care homes and should commend the homes that are able to follow and implement the guidelines as part of quality diabetes care.

The **Good clinical practice guidelines for care home residents with diabetes** were launched in 2010 and could form the cornerstone of good diabetes care in care homes in the UK.

Do you have a policy for 'Screening for Diabetes' in your care home?

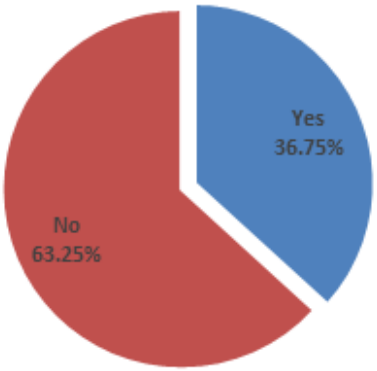
Almost two thirds (65%) of care homes reported that they have no policy on screening for diabetes. This means that patients could be admitted to, or residing in, a care home with undiagnosed diabetes.



Diabetes affects the quality of life of older people[7] and as diabetes is more prevalent in the older population, they could be a potential target group for screening for diabetes[8]. Undiagnosed diabetes means that residents may miss out on opportunities to receive early treatment and this may adversely affect their overall health and quality of life.

Do you have a nominated member of staff with a designated responsibility for diabetes management?

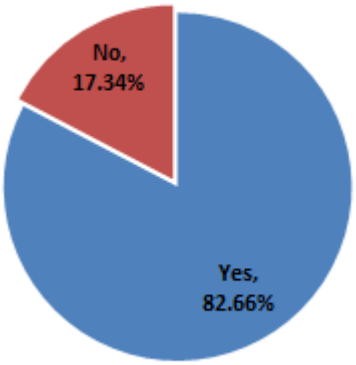
Nearly two thirds (63%) of homes say that they do not have a designated member of staff with responsibility for diabetes management. This means that this very prevalent disease may not be a management priority.



The foundation of quality diabetes care in any care home would be to have the correct protocols, policies and guidelines in place. The managerial role is a key aspect in this approach[9] and a designated person will be of great value to provide leadership and to take responsibility for the quality of care.

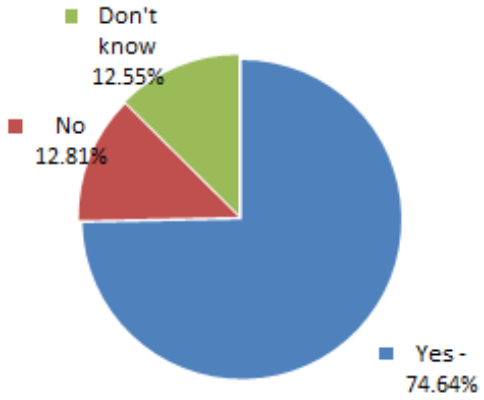
Do you have a system to check that those who self-medicate take their medication?

17% of care homes admitted that they have no system to check whether those who self-medicate for diabetes, have taken their medication. Some residents will be able to self medicate when admitted to a care home. It is however very important to evaluate a patient's ability to self medicate on admission as well as at regular intervals, or if there is a change in circumstances.



Failure to do so could mean that patients are left either untreated or exposed to complications as a result of medication errors. Hypoglycaemia is a particular risk that can be the result of patient medication errors in those with diabetes [10].

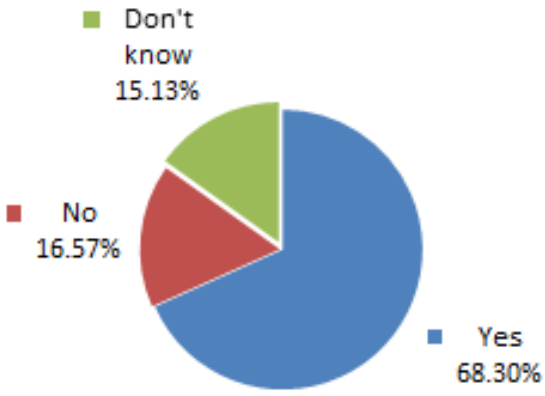
What number of your residents with diabetes has a documented test of cognition in the previous 12 months?



Responding care homes reported that a quarter of residents (25%) have not had a documented test of cognition in the last 12 months. This means that there is no up to date record of the patient's current cognitive state.

A patient's cognitive ability[11] is very important in order to assess the level of care that they need in a care home setting, their ability to self medicate and their ability to report symptoms of hypoglycaemia or pain. It is particularly important to monitor cognitive function[12] in patients with diabetes, as they appear to have an increased risk of losing their cognitive ability and of developing dementia.

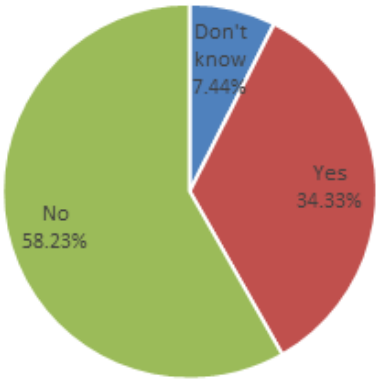
What number of your residents with diabetes has a documented test of mood status in the previous 12 months?



Only two thirds (68%) of homes were able to report that their residents had a documented test of mood status in the previous 12 months. This means that resident are not adequately assessed regarding their current mood status. Older patients with diabetes are at an increased risk of developing low mood and depression[13]. This could impact on their ability and motivation to self-medicate and to achieve a worthwhile level of health status.

Do you receive an annual review report on each of your residents with diabetes?

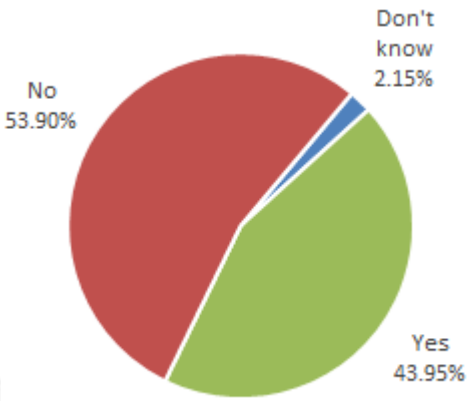
Only 34% of care homes were able to confirm that they received an annual review report for each of their residents. It is therefore evident that important information including medication, glycaemic control and treatment targets are not readily available to the care home.



This is one of the most important areas of improvement highlighted by this report as it can be easily rectified. Improved care pathways to share information could benefit each patient as well as improve health systems as a whole.

Do you keep documented evidence of the latest HbA1c estimation carried out by the general practitioner for each resident with diabetes?

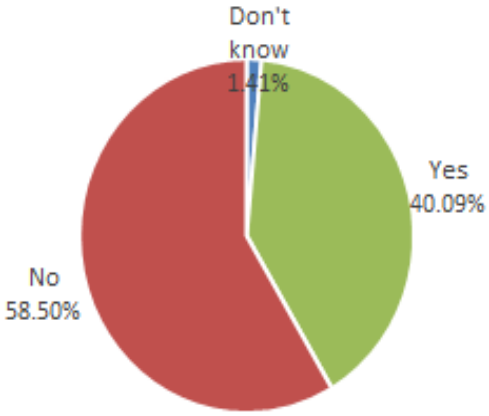
Only 44% of care homes keep documented evidence of the latest HbA1c estimation from the GP. This means that the care home is not aware of the patient's glycaemic control and would not be able to correlate this with the patient's ability to self-care and to self-medicate.



As the care home is a key partner in providing the patient's medication, diet and lifestyle choices, it would be very valuable if they could be regularly informed regarding the patient's HbA1c levels[14] as a measure of glycaemic control.

A low HbA1c (<7.0%) may indicate overtreatment and increase the risk of hypoglycaemia, whilst undetected poor glycaemic control (HbA1c > 9.0%) can increase the risk of skin and urine infections and lead to hospital admission.

Do you keep documented evidence of the latest test of kidney function (e.g. eGFR) carried out by the general practitioner for each resident with diabetes?

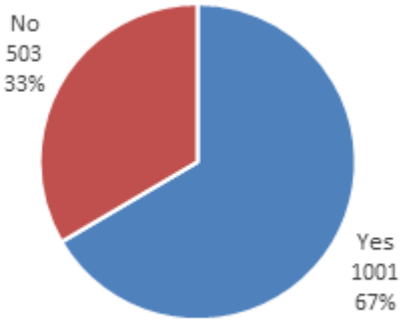


Only 40% of care homes reported that they keep documented evidence of the latest test of kidney function carried out by the GP. This means that almost half of care homes would not have documented evidence of the onset or worsening of renal failure in patients.

Patients with diabetes have an increased risk of developing renal failure and regular screening is therefore essential[15]. It has implications for the choice of medication and can be useful information when dehydration is suspected.

Do your staff currently have access to any PCT-linked, or NHS provider-linked, or local hospital-based local training and education courses in diabetes?

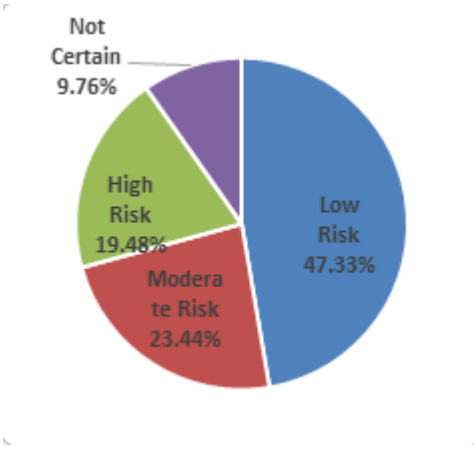
One third (33%) of homes admitted that they do not have direct access to any NHS training input to support their diabetes care. This means that these members of staff with inadequate access to training are less likely to deliver quality care or deal with emergencies like hypoglycaemia efficiently.



Staff training and providing training access form the foundation of quality diabetes care[16]. Staff training should focus on providing ongoing quality care as well as dealing with emergencies such as hypoglycaemia.

How would you classify the risk of foot disease for your residents?

More than half (53%) of care home residents with diabetes may be at moderate or high risk of foot disease. This means that patients could be at risk of developing a foot ulcer[17] that could result in amputation. Care home staff may be unaware of this risk and the potential speed of deterioration that may occur – this is a subject that needs to be stressed in any protocol and training.



Foot assessment should be done as part of a daily routine, the development of a foot ulcer should be seen as a medical emergency. Prompt identification and treatment of an ulcer is the key to avoiding preventable amputations.

Table of key findings

Diabetes in a care home setting is a highly prevalent disease with almost 60% of those with diabetes being over 85 years old and almost half of these (27%) being over 90. Almost three quarters of those care home residents with diabetes are women (72%).
The prevalence of diabetes in English care homes was under-reported at 10.4%
More than a third of care homes admitted to having no written hypoglycaemia policy
Over 60% of care homes have no diabetes screening policy
Whilst almost all residents with diabetes (97%) were reported to have had an annual review with a GP, only 36% of care homes stated that they held annual review reports: this was part of a spectrum of poor communication channels with primary care
Approximately half of all care homes appeared to be unaware of the 2010 Diabetes UK national guidelines of diabetes care for care homes
A third of care homes admitted that they do have direct access to diabetes education and training for their care home staff
More than half (53%) of care home residents with diabetes may be at moderate or high risk of foot disease.

Conclusions

These findings highlight several areas of urgent concern around the safety of residents and their day to day health. There are areas where significant improvements could be made in terms of quality of life issues for residents and where linkage with NHS services could be greatly enhanced. We are beginning to understand that there may be more to learn if we drill deeper into the data to uncover patterns based on geographical areas or the age and ethnicity of residents, therefore IDOP and its partners will be undertaking further analysis of the National Audit data to highlight other areas of concern.

In the area of clinical care, important shortfalls occurred in the areas of hypoglycaemia and foot disease and these should be addressed urgently as these clinical conditions can result in medical emergencies. Disease monitoring was lacking in the areas of mood and cognitive assessment and these are important factors to ensure the best quality of life for patients and will also have an impact on their care plans. Communication with primary care was found to be lacking. The availability of clinical results and medical reports are vitally important to ensure continuity of care.

The foundation of quality care is formed by robust policies, protocols, management and training and this audit found much room for improvement in all these areas.

In collaboration with the Joint British Diabetes Societies (JBDS) we are engaging with the Care Quality Commission (CQC) to press for a strengthening of the regulatory framework around diabetes in care homes. At present the CQC is under considerable challenge from several quarters so we are realistic in seeing this approach as a medium to long term one.

At IDOP we are working with ABCD and other partners to develop an accreditation system backed up with training resources to give care homes the chance to voluntarily improve their diabetes care.
We are highlighting these serious issues throughout the specialist and general media to encourage attention on diabetes care in care homes and to inspire real improvements in the delivery of diabetes care.

Our aim is to re-audit these findings on a two-yearly basis and to extend the England Wide Audit to home care agencies and other care settings.

Key Recommendations

Key recommendations in the area of:

Clinical care

- Each care home should have an implementable policy on the management of hypoglycaemia and need to ensure that all staff members have the skill and training to deliver care according to the policy.
- Each care home should have a 'hypoglycaemia treatment kit' available for staff to use
- Foot assessment should be done as part of a daily routine, foot risk detected early and foot disease treated promptly.

Monitoring of health-related aspects

- Patients who self medicate should be monitored and their ability to self medicate should be assessed at regular intervals, and if there is a change in their circumstances.
- Cognitive function should be assessed on admission and at regular intervals or when a resident develops signs of dementia.
- Mood status should be evaluated on admission and at regular intervals or when a resident develops signs of depression.

Communication with primary care

- Care homes should establish good communication with primary care. Liaising with GP's and community teams to ensure annual reviews and other scheduled checks take place and inform diabetes care practice.
- Care homes should document the HbA1c levels received from primary care so that they can take a more active role in disease management and have the information available in case of an emergency
- Care homes should document the kidney function test results received from primary care so that they are aware of the implications and will have the information available in case of an emergency

Policies

- All care homes should be aware of the Diabetes UK Good Clinical Practice Guidelines for care home residents with diabetes and should base their care and policies on the guidelines as far as possible.
- All care homes should develop a screening policy for diabetes to be used when new residents are admitted.
- Knowledge assessment of patients, especially regarding hypoglycaemia is a key element in order to develop an effective diabetes care plan

Management

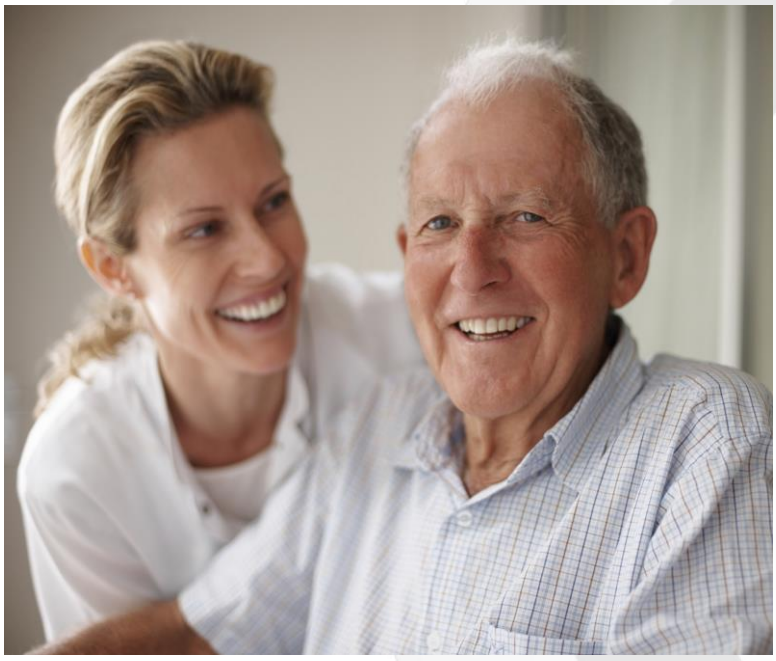
- Each care home should have a designated member of staff responsible for diabetes management.

Training and education

- Care home staff should be given access to training and education on diabetes.

Next steps arising from this audit

- The results will be shared with all the audit stakeholders
- Greater awareness of the Diabetes UK Good Clinical Practice Guidelines for care home residents with diabetes is needed, and an awareness campaign developed during 2014.
- IDOP and the JBDS will campaign for the guidelines to be taken into account during inspections and evaluations carried out by CQC.
- Quality diabetes care can be enhanced by a well-designed and credible diabetes education programme for Health Care Assistants
- Care homes that deliver quality diabetes care should receive recognition, possibly in the form of an accreditation award.
- IDOP will undertake a campaign during 2014 to raise public awareness regarding the level of diabetes care that they should expect and to ensure that they have information available on care home performances in respect of diabetes care.



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Appendix 1 – Beds & Herts Audit Summary

The Institute of Diabetes for Older People

The Beds & Herts Care Home Diabetes Pilot – a summary

The Bedfordshire & Hertfordshire Diabetes Care Home audit was carried out by a multi-agency group (the Institute of Diabetes for Older People, ABCD, NHS Diabetes, Diabetes UK, the Royal College of Nursing, the Royal College of General Practitioners and the Care Quality Commission). It was based on the recommendations of the Diabetes UK national diabetes guidance for care homes.

Provisional results show:

- Variations in service provision across both geographical counties.
- Lack of accurate recording of some demographic data.
- Lack of empowerment and knowledge of diabetes among residents.
- High rate of hospitalisation.
- Lack of awareness of key diabetes publications in the area by care home managers.
- Lack of a written diabetes care policy in one-third of care homes and in those with a policy, a lack of information about hypoglycaemia and annual review procedures.
- Lack of screening procedures for diabetes on admission.
- Hack of a nominated member of staff responsible for diabetes.
- Lack of knowledge about diabetes amongst care home staff and a lack of access to training and education for care home staff.
- High call out rates to Diabetes Specialist Nurses (DSNs) for infection and hypoglycaemia.
- More than half of all residents with a HbA1c of <7.0% increasing the risk of hypoglycaemia.
- Lack of records of retinal screening, peripheral pulse, peripheral nerve, urine albumin testing or influenza immunisation in residents (m) high rate of QoF exception reporting.

These finding indicate considerable evidence of likely shortcomings in quality diabetes care within care homes. The Diabetes UK national guidance should go some way to addressing these concerns but work by the Older People Diabetes Network (OPDN) will assist in disseminating best clinical practice. A partnership between the Institute of Diabetes for Older People (IDOP) and the Association of British Clinical Diabetologists (ABCD) and others will lead to a national audit of diabetes care within care homes being undertaken in 2012.

Appendix 2 – Audit questionnaire

(1) Care Home details and basic demographics for your residents with diabetes

1. Type of Care Home:

☐ Residential (standard) ☐ Residential (EMI) ☐ Dual Registered (EMI)
☐ Nursing (Standard) ☐ Nursing (EMI) ☐ Learning Difficulties
☐ Dual Registered (Standard)

2. How many Health Care Assistants (HCAs) and nursing staff work at your care home?

a) HCAs *number* _____ b) Care Workers *number* _____ c) Qualified Nursing staff *number* _____

3. Characteristics of residents at your home:

Total number of residents Ethnicity:

a) White (British, Irish or other white background) *number* _____ b) Black or Black British *(includes African, Caribbean, or other Black background) number* _____ c) Asian or Asian British *number* _____

d) Other (e.g. Chinese) *number* _____ e) *Number* of residents with diabetes _____

4. Gender of residents:

a) Male *number* _____ b) Female *number* _____

5. Age of residents:

a) < 65 years *number* _____ b) 65-74 years *number* _____ c) 75-84 years *number* _____
d) 85-90 years *number* _____ e) >90 years *number* _____

6. Duration of admission:

☐ < 1 month ☐ 1-2 years
☐ 1-12 months ☐ >2 years

(2) Residents' data

1. Do your residents have a routine nutritional assessment on admission to your care home?

☐ Yes ☐ No

2. Do you ensure that dietary advice is available on request to residents (and their carers/family) with diabetes?

☐ Yes ☐ No

3. Do some of your residents self-medicate?

☐ Yes ☐ No

4. Do you have a system to check that those who self-medicate take their medication?

☐ Yes ☐ No

5. How many of your residents have diabetes requiring insulin?

Number _____

6. Of the residents on insulin, please indicate who is responsible for administering the insulin?

a) Resident(s) *number* _____ b) External care professional *number* _____
c) Staff member *number* _____ d) Other arrangements *number* _____

7. Do you assess a resident's knowledge of hypoglycaemia *(low blood sugar)* using a standard protocol?

☐ Yes ☐ No ☐ Don't know

8. Do you ask your residents with diabetes if they know the symptoms/signs of hypoglycaemia?

☐ Yes ☐ No

9. Are you aware of those residents who are at increased risk of hypoglycaemia?

☐ Yes ☐ No ☐ Don't know

(3) Policies

1. **Are you aware of the launched 'Guidelines of Practice for Residents with Diabetes in Care Homes' available at the Diabetes UK website?**
   ☐ Yes ☐ No
2. **Do you have a documented policy on diabetes management for your care home?**
   ☐ Yes ☐ No
3. **Does each resident with diabetes have a documented individualised diabetes care plan?**
   ☐ Yes ☐ No
4. **Do you have a policy for 'Screening for Diabetes' in your care home?**
   ☐ Yes ☐ No
5. **Do you have a written policy for managing hypoglycaemia *(low blood sugar)*?**
   ☐ Yes ☐ No
6. **Do you have a nominated member of staff with a designated responsibility for diabetes management?**
   ☐ Yes ☐ No

(4) Procedures

1. **Do you ensure that each resident with diabetes has an annual review arranged with their GP?**
   ☐ Yes ☐ No
2. **How many of your residents with diabetes are classed as:**
   a) Low risk of foot disease *number* _____ b) Moderate risk of foot disease *number*_____
   c) High risk of foot disease *number* _____ d) Not certain ☐
3. **How often do your residents with diabetes at moderate/high risk for diabetic foot disease receive a foot review by a podiatrist?**
   ☐ Monthly ☐ Annually ☐ Not certain
4. **How many of your current residents with diabetes have a foot ulcer?**
   Number _____
5. **What number of your residents with diabetes received an accredited diabetic retinopathy retinal screening in the last 15months?**
   Number _____ ☐ Not certain
6. **What number of your residents with diabetes has a documented test of cognition In the previous 12 months?**
   Number _____ ☐ Not certain
7. **What number of your residents with diabetes has a documented test of mood status In the previous 12 months?**
   Number _____ ☐ Not certain
8. **How many of your residents with diabetes receive an annual flu vaccination?**
   Number _____

(5) Diabetes Information Sharing with Primary Care

1. **Do you receive an annual review report on each of your residents with diabetes?**
   ☐ Yes ☐ No ☐ Don't know
2. **Do you keep documented evidence of the latest HbA1c estimation carried out by the general practitioner for each resident with diabetes?**
   ☐ Yes ☐ No
3. **Do you keep documented evidence of the latest test of kidney function *(e.g. eGFR)* carried out by the general practitioner for each resident with diabetes?**
   ☐ Yes ☐ No
4. **Are you aware of any of your residents with diabetes that have been exception-reported *(through the QOF mechanism)* by their GP?**
   ☐ Yes ☐ No ☐ Don't know

(6) Staff Knowledge

1. Do your staff currently have access to any PCT-linked, or NHS provider-linked, or local hospital-based local training and education courses in diabetes?

☐ Yes ☐ No

If 'Yes', is this free?

☐ Yes ☐ No

2. How many of your care staff have received formal training and education in diabetes during:

a) The last 12 months?

i) HCAs *number* _____

ii) Care workers *number* _____

iii) Nursing staff *number* _____

b) More than 12 months ago?

i) HCAs *number* _____

ii) Care workers *number* _____

iii) Nursing staff *number* _____

3. How many of your care staff have had training in recognising and dealing with hypoglycaemia? ***(low blood sugar)***

Number _____

4. How many of your care staff have had training in the dietary needs of residents with diabetes?

Number _____

5. How many of your care staff have had training in the exercise requirements of residents with diabetes?

Number _____

National Diabetes Care Home Audit Report
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