Alcohol managemen in care home

A good prac ice g ide for care a–

ACKNOWLEDGEMENTS

We o ld like o hank all re iden , rela i e and a– ho ook par in he d .

Thi g idance i ba ed on independen re earch f nded b he Na ional In i e for Heal h and Care Re earch School for Social Care Re earch. The ie e pre ed are ho e of he a hor and no nece aril ho e of NIHR SSCR, NIHR, Depar men of Heal h and Social Care or CQC.

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INTRODUCTION

Thi g ide aim o help care aff deli er a high andard of care in rela ion o alcohol.

I i ba ed on he nding of a re earch d hich ga hered he ie and e perience of care a–, people li ing in care home , heir familie and CQC in pec or .

I ake acco n of legi la ion, andard for care e o b CQC and code of cond c for ad l ocial care orker and n r e .

BEING ALERT FOR ALCOHOL DEPENDENCE

Occa ionall , people ,/ i h ndiagno ed alcohol dependence mo e in o a home. l i impor an ha a– are able o recogni e alcohol i hdra al mp om .

The first signs and symptoms can begin within a few hours of the last drink. If people experience these signs and symptoms, medical advice should be sought from a doctor or local alcohol service. You can call NHS 111 for urgent advice out of hours.

TYPICAL SIGNS AND SYMPTOMS OF **ALCOHOL WITHDRAWAL** INCLUDE:	
Hand tremors ('the shakes')	Depression
Sweating	Anxiety
Shaking and shivering	Irritability
High temperature and / or chills	Unpleasant vivid dreams
Nausea and / or vomiting	Restlessness
Headaches	Di□cult sleeping
Abdominal pain	Confusion
Loss of appetite	Intense cravings for alcohol

The most severe symptoms of alcohol withdrawal are called delirium tremens ('DT's). Severe symptoms occur in around 3%-5% of people experiencing withdrawal. The signs and symptoms of delirium tremens include:

TYPICAL SIGNS AND SYMPTOMS OF **DELIRIUM TREMENS** INCLUDE:	
Severe disorientation and confusion	Seizures
Extreme agitation	Fever
Visual and / or auditory hallucinations	High blood pressure
Se ere i hdra al effec can be life hrea ening and o ho ld eek ad ice from a medical profe ional immedia el	

Minimi ing ri k Safel oring alcohol

When alcohol a lef na ended in comm nal area , ome care home had enco n ered problem . In one ca e a per on i h a hi or of alcohol dependence a able o acce he drink rolle and a admi ed o ho pi al i h alcohol poi oning.

In another, a home had an open bar where people could help themselves to alcohol. But one lady who had a brain injury was unable to keep track of her drinking and became very intoxicated. While these incidents are rare, to keep everyone safe, we recommend that alcohol is not left unsupervised or unlocked in communal areas.

The research found that some care homes would not allow residents to keep alcohol in their room in case another resident who couldn't safely drink alcohol found it. Care homes should consider carefully whether this is proportionate or whether there is a less restrictive option such as asking the resident to keep their alcohol in a locked drawer or cupboard in their room.

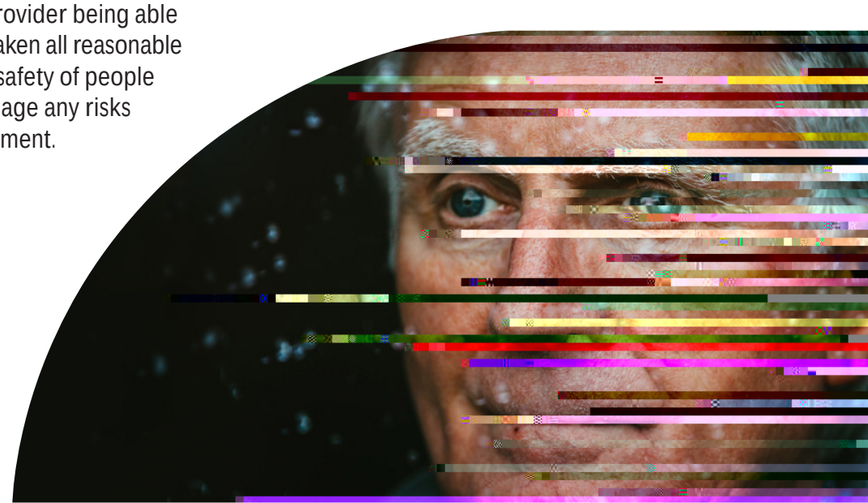
Concern abo ge ing i rong

The re earch fo nd ha ome care aff ere concerned abo he ac ion CQC migh ake if ome hing en rong in rela ion o alcohol. Thi ome ime mean heir prac ice a oo ri k a er e and placed di propor iona e re ric ion on re iden ' drinking.

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states that providers must prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

CQC understands that there are inherent risks in carrying out person-centred care and treatment. The focus is therefore on the provider being able to demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage any risks that arise during care and treatment.

Every case is different, so it isn't possible to say for sure what incidents would or would not lead to action. However, as the examples of good and poor practice below illustrate, the important thing is that attempts are made to assess and mitigate the risks, ensure that decisions are recorded and communicated to other staff and to learn when things do go wrong so that future harm can be prevented. Examples in the following sections are not based on real people but are informed by the findings of the research.



MINIMISING RISKS

If a person is drinking moderately and no specific risks are identified, it is unlikely to be necessary to monitor and record every thing they drink or prevent them keeping alcohol in their room. Staff should be vigilant for changes in alcohol use (e.g. an increase in drinking) or increasing risk of harm (e.g. if a person is becoming more reliant on their fees). If a person's alcohol use is increasing, it is important to explore this and support them with any underlying issues such as loneliness or depression.

One lady likes to have a brandy before she goes to bed and maybe a year or so ago she used to have that brandy in her chair but got a little wobbly on the way to bed, so now she has it when she gets into bed... She's over 100 years old, we're not going to say no.
Care staff

A man liked to go to the pub in their electric wheelchair and wanted to do this alone. With the person's permission, staff at the care home spoke with the pub and gave them details of how to contact them if there was a problem. They purchased a mobile phone for him and had the care home's number saved in case he needed it. The staff escorted the person to the pub and back over several weeks, so the person knew the best, safest route to take. The person successfully attended the pub for a pint a couple of times a week independently.
Care staff

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CARING FOR PEOPLE WITH ALCOHOL DEPENDENCE

If someone is drinking heavily or is alcohol dependent, alcohol consumption should be reduced with permission from a healthcare professional or alcohol service.

It can be difficult for a person to acknowledge that they are dependent on alcohol. Because people with alcohol dependence find it difficult to control their alcohol use, it may be necessary to monitor and keep a record of what they are drinking. Explain that you are concerned about their health and welfare. It is important that discussions are supportive and non-judgemental.

If the person doesn't want to discuss or change their alcohol use, you should not try to force the issue. A person's motivation to change is not fixed. You can always leave the door open for further discussion at a later date.

If the person gives their permission, you can ask someone from your local alcohol service to come to the home to talk to them. The alcohol service can carry out a comprehensive assessment, provide talking therapy and arrange a detox if necessary.

You can get advice from a GP, the local alcohol service or the national alcohol helpline - 0300 123 1110 (weekdays 9am–8pm, weekends 11am–4pm).

If the person has stopped drinking, it is important that they are supported to maintain their abstinence. There should be activities available in the home that don't include alcohol.

DEMENTIA AND COGNITIVE IMPAIRMENT

People li ing i h demen ia or o her condi ion hich ma a–ec heir capaci o make or comm nica e deci ion , do no nece aril ha e o op drinking. The per on' pre io choice ho ld be re pec ed and he principle of he Men al Capaci Ac ho ld be applied. Remember, he goal i o nd a balance be een minimi ing ri k and ma imi ing q ali of life.

Find a balance be een minimi ing ri k and ma imi ing q ali of life
Just because a person may not have capacity to make some decisions does not necessarily mean they lack capacity to make a decision about alcohol.
Everything practicable should be done to support the person to make a decision (e.g. simplifying information, presenting non-verbal information, giving them time to understand).
A decision made under the Mental Capacity Act must be made in the person's best interest.
A best interest decision should be made in consultation with others involved in their care, for example relatives and health care professionals.
Anyone making a decision on behalf of someone who lacks capacity must consider whether there is a less restrictive option. For example, reducing the strength or amount of alcohol, ensuring alcohol use is served and monitored by sta .
People have the right to make unwise decisions, and a person should not be treated as unable to make a decision just because it doesn't seem to be a sensible one.

If a person is unable to drink alcohol, they should be o ered an alcohol-free alternative when others are drinking.

For those living with dementia, what I find is they (sta) will always go for the safe option. But there have been a couple of people that I've o ered a very small glass of wine to with their meal, and seeing their faces light up and make it feel a bit more social, as if they're with their friends, and that's been really quite nice to see.

Care staff

Where we're celebrating something, we've let them look at what we're o ering other residents, or smell it, or even just have a sip. And if they sort of shake their head, or make a noise that they don't like it, then we take it away. But we give them a choice through like smell and taste, representing it, telling them what it is. If say, we were to give them a little bit, they'd let us know if they didn't like it by spitting it out or they wouldn't want to drink it. And then we're like "Okay, she doesn't. Let's try a cup of tea or a Diet Coke or something instead.

Care staff

CONCLUSION

For man older people, drinking alcohol bring plea re and rela a ion. For ome, i bring ri k o ing o he a ha alcohol affec o r bodie a e age, heal h condi ion e ha e and he medica ion e ake.

Care homes should manage the use of alcohol primarily through the lens of personalised care and risk-based assessment, with regard to safety, mental capacity and human rights.

People should be supported to have maximum choice and control of their lives and supported in the least restrictive way possible and in their best interests.

We hope this guidance has helped you to feel more confident in delivering care in relation to alcohol.