

BRAIN BOOSTER

BY FUSION

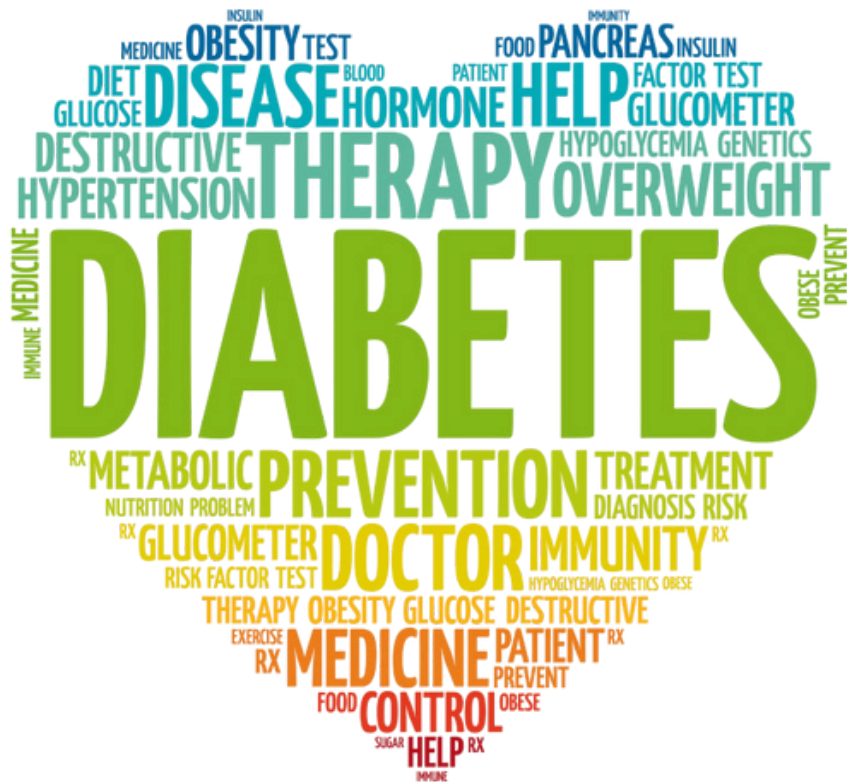
DIABETES MANAGEMENT

fusion
Care Software

Empowering Outstanding Care Through Technology

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DIABETES MANAGEMENT



By 2050 the number of people aged 85+ will be over eight million in the UK. The number of older people living with diabetes is set to rise, with a growing population requiring care in their older age. One in four people in care homes have diabetes. (Diabetes UK, 2025)

Diabetes is a common long-term condition that affects how the body regulates blood sugar (glucose). People with diabetes either do not produce enough insulin (Type 1 diabetes) or cannot use insulin effectively (Type 2 diabetes). Care home residents with diabetes require careful monitoring and support to maintain their health and prevent complications.

Why Diabetes Matters in Care Homes

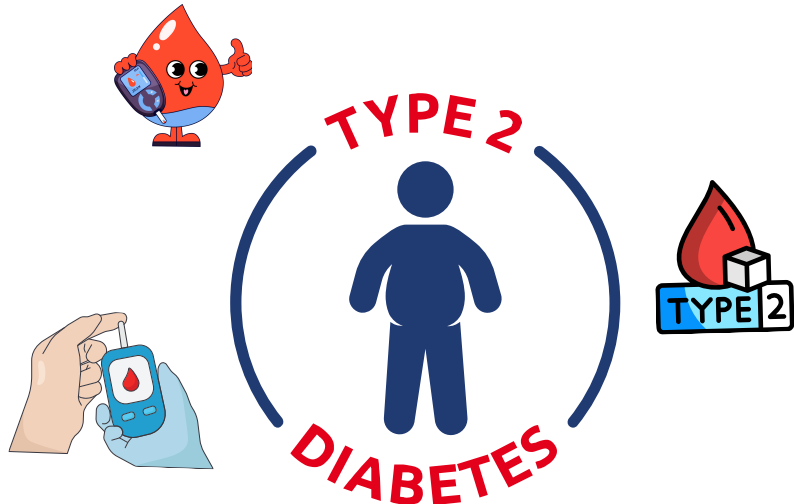
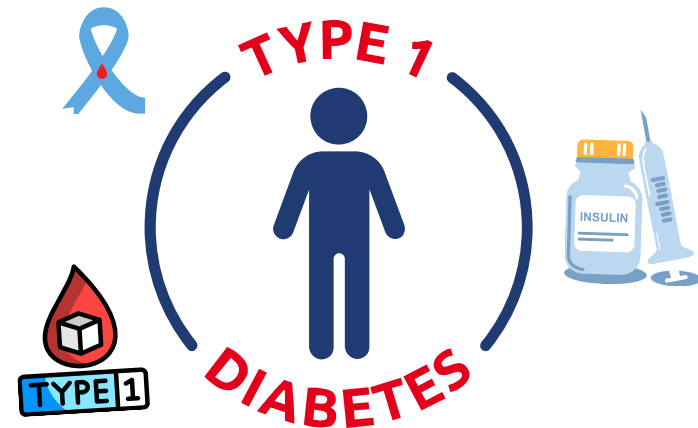


- Older adults are at higher risk of Type 2 diabetes.
- Many residents may have additional health conditions, making blood glucose management more complex.
- Effective support helps prevent serious complications such as heart disease, kidney problems, nerve damage, foot ulcers, and vision loss.

Types of Diabetes

● Type 1 Diabetes

- The body cannot produce insulin.
- Usually diagnosed in childhood or early adulthood.
- Requires daily insulin injections.



● Type 2 Diabetes

- The body does not use insulin effectively.
- Often linked to age, lifestyle, and genetics.
- Managed with diet, exercise, oral medications, or insulin.

Key Care Considerations

Monitoring Blood Sugar:

Residents may require regular blood glucose checks.



Medication Support:

Staff may need to assist with insulin or oral medications.



Diet and Hydration:

Balanced meals and adequate fluid intake are essential.



Recognising Hypoglycaemia and Hyperglycaemia:

| Issue | Signs | Action |
|--------------------------------------|---|--|
| Low blood sugar (Hypoglycaemia) | Shaking, sweating, confusion, irritability, hunger | Give fast-acting carbohydrate (juice, glucose gel), then a snack if appropriate; call nurse/management if severe |
| High blood sugar (Hyperglycaemia) | Thirst, frequent urination, tiredness, nausea | Encourage fluids, monitor blood glucose, report to nurse/management if persistent |

Getting it Right

● Tips for Safe Care

- › Always follow the individual's person-centred care plans.
- › Keep accurate records of blood glucose readings and incidents.
- › Be aware of changes in behaviour, appetite, or mobility—they can signal blood glucose issues.
- › Encourage residents to participate in their care as much as possible.

● Preventing Complications

- › Encourage regular movement where possible.
- › Monitor foot health and report any injuries or red/sore areas promptly.
- › Support adherence to medication and dietary plans.
- › Keep accurate records of blood glucose readings, and any incidents.

Over to you:

- Are all staff aware of residents they support that are living with diabetes and the treatment they receive?
- Do all residents living with diabetes have a person-centred care plan in place on Fusion?
- Does the care plan fully outline the resident specific indicators for hypo/hyperglycaemia
- Do all residents living with diabetes receive foot health checks and regular visits from a registered foot-health professional?
- Are staff aware of the treatment required for hypo/hyperglycaemia?



Summary

Understanding diabetes is vital for care home staff to ensure residents' safety, wellbeing, and independence. With careful monitoring, supportive care, and early recognition of problems, complications can be minimised, allowing residents to live comfortably with diabetes.