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## Important Update: Resource ThickenUp Clear Now in Larger Tin Size

We would like to let you know about an important change to Resource ThickenUp Clear which is the first choice of thickener in Hertfordshire, it is now being supplied in a **larger 215g tin**, replacing the previous 127g size. This change will take effect from this month.

**How Much to Order?** If you support a resident who needs thickened fluids based on for example 1600mls/day fluid intake the minimum quantities that should be ordered would be:

- **Level 1 (Slightly Thick)** – 430g = **2 x 215g tins**
- **Level 2 (Mildly Thick)** – 645g = **3 x 215g tins**
- **Level 3 (Moderately Thick)** – 1,075g = **5 x 215g tins**
- **Level 4 (Extremely Thick)** – 1,720g = **8 x 215g tins**



This ensures each resident has enough thickener to meet their hydration needs safely and consistently.

There have been reports of community pharmacies having difficulties in obtaining Resource ThickenUp Clear, or stating it is out of stock. This issue is solely due to the change in tin size, there is actually plenty of stock available so please ensure that residents are not switched to an alternative product.

Please share this information with your care teams, and update your monthly ordering.

## Paracetamol: Why Weight Matters

**REMINDER:** paracetamol doses should be adjusted according to the resident's weight. This should also be taken into account when administering homely remedies.

Product	Adult Dose	Maximum daily dose	Additional information
Paracetamol 500mg tablets (also caplets & capsules)	1 or 2 tablets every 4 to 6 hours, up to a maximum of 8 in 24 hours. Note: Dose varies according to weight	4g (8 tablets) in divided doses	Do not give with other paracetamol containing products. <b>If body weight is under 50kg, dose should be reduced to one tablet up to four times a day.</b>
Paracetamol 250mg/5ml oral suspension	10 – 20mls every 4 – 6 hours, maximum of 4 doses in 24 hours. Note: Dose varies according to	80mls in divided doses	Do not give with other paracetamol containing products. <b>If body weight is under 50kg, dose should be reduced to 10mls up to four times a day.</b>

## Hydration & Constipation

Constipation and dehydration have been found to be leading causes of care home residents being admitted locally to frailty wards via A&E. If not properly managed, constipation can lead to impaction, requiring invasive treatment and hospitalisation. To help prevent this, ensure residents stay hydrated: **women** should aim for **1600ml (3 pints)** and **men 2000ml (3½ pints)** daily, and more in hot weather. Offer drinks regularly that appeal to residents to encourage fluid intake. We have a new good practice guidance on [Maintaining good bowel health and preventing constipation](#) with some great ideas on how to increase hydration.



## Non-safeguarding and safeguarding reporting

When medication becomes routine, it can be easy to overlook mistakes but how you respond makes all the difference.

### Reporting Matters!

Medication errors and near misses must be reported, not to assign blame, but to help improve the care you provide. These reports highlight patterns, reveal training gaps, and enable support from the ICB, HCPA, or local council where needed.



- ♦ **Even small errors matter** - what might seem like a minor mistake can still have a real effect on a resident's health.
- ♦ **It's easy to become used to errors** - but when they start to feel normal, we are less likely to spot them or take action.
- ♦ **Everyone has a role to play** - whether you are a carer, nurse or manager you all share the responsibility for keeping medication practices safe.

What We Can Do:

- ♦ **Make time to Reflect** - Use team meetings to review and discuss errors without blame and focus on improvement.
- ♦ **Refresh Training** - Make medication competency training regular, scenario-based, and engaging.
- ♦ **Encourage Speaking Up** - Create a culture where all staff feel safe and supported when reporting mistakes or near-misses.

The updated form for reporting non-safeguarding medication errors in **Hertfordshire** can be accessed via the following link [Non-Safeguarding Medication Errors Form](#). The form helps monitor and improve care but is not for requesting immediate support. All submissions are shared with Hertfordshire County Council for quality assurance. Once submitted, you can download a copy via the three-dot menu on the acknowledgement page. This can be used for your audit trail and to support ongoing improvement.

If you notice any signs of abuse, neglect, or exploitation, please promptly report your concerns to ensure the safety and well-being of the residents you support.



To report an adult safeguarding in **Hertfordshire**, use this form:

[Safeguarding adults at risk form](#)

If it is urgent, call **0300 123 4042**. Lines are open 24 hours a day.



In **Essex** where there are non-safeguarding or safeguarding concerns whether they are organisational or for an individual this should be reported via the following link: [Adult Social Care - Safeguarding Concern](#)

**Remember if the resident is in immediate danger or a crime has been committed call the police on 999.**

## CD series - part 3

All unwanted or out-of-date controlled drugs should be separated from current stock and stored according to your policy. In care homes without nursing, these drugs should be kept in the controlled drugs cupboard separated from other stock and clearly marked as awaiting return to the community pharmacy until they can be returned for destruction.

**Care homes without nursing (Residential homes):** CDs should be returned to the relevant community pharmacy at the earliest opportunity for appropriate destruction unless the resident has died, then CDs should be kept for 7 days (If there is a coroner's enquiry they must be kept segregated and clearly marked until the enquiry closes). Care homes should record the name, form, and quantities of CDs they are returning, and the pharmacist /driver should sign for them in returns documentation. When CDs are sent for disposal a record must be made in the CD register and in the returns book.

**Care homes with nursing (Nursing home):** The care home will need to make arrangements for the collection of waste medication with a Waste Management Regulations licensed waste disposal company. CDs must be denatured before being handed to the waste disposal company, e.g. in specially designed denaturing kits. A T28 exemption will be needed in order to comply with the legislation that is overseen by the Environment Agency. For CDs supplied to individual residents, a registered nurse and a suitably trained and authorised witness should sign the CD register. A record of the waste transfer note needs to be made by the appropriate nursing care home staff.

For more information and to apply for a T28 exemption follow this link: <https://www.gov.uk/guidance/waste-exemption-t28-sort-and-denature-controlled-drugs-for-disposal>



Denaturing kits should be obtained from pharmacies or waste contractors by care homes. These kits come with different instructions depending on the brand supplied. Therefore, before destruction, an appropriately trained individual should review the guidance on the label for relevant instructions.

### Used Controlled Drug Patches

When removing transdermal patches containing controlled drugs such as buprenorphine or fentanyl, it is crucial to handle them with care and wear disposable gloves due to the residual active medicine they contain, which can be fatal if it accidentally touches or sticks to someone else's skin. After removal, fold the patch in half so the adhesive sides stick together and place the folded patch back into an empty packet.

- **Residential Homes:** Dispose of used patches via normal pharmacy returns.
- **Nursing Homes:** Place used patches into a Controlled Drug (CD) denaturing kit.

Please send details of any queries /requests for support to the team e-mail address [hweicbenh.pharmacycarehomes@nhs.net](mailto:hweicbenh.pharmacycarehomes@nhs.net) Emails are monitored Monday-Friday, 9am-5pm (exc Bank Holidays) and you will receive a response within three working days. Patient identifiable details should ONLY be sent from and to secure email addresses ( NHS.net to NHS.net). More information, guidance documents & newsletters can be found at our new website [Prescribing, Policies and Pathways \(hweclinicalguidance\)](#)

