



# Review of The Administration of Antibiotic Medicines and Medicine Changes

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Assurance, Challenge and Improvement in Health and Social Care

## Introduction

As part of the business objectives last year, the pharmacist inspectors reviewed the procedures in place for the acquisition and administration of newly prescribed medicines in care homes. It was decided to focus on the management of antibiotics and medicine changes during the medicines management inspections.

These areas have been reported as causing concern and we have heard from relatives and providers about delays in starting or changing medicines. If medicines are not obtained in time the service user is not starting their treatment as quickly as possible. This could have an impact on their health.

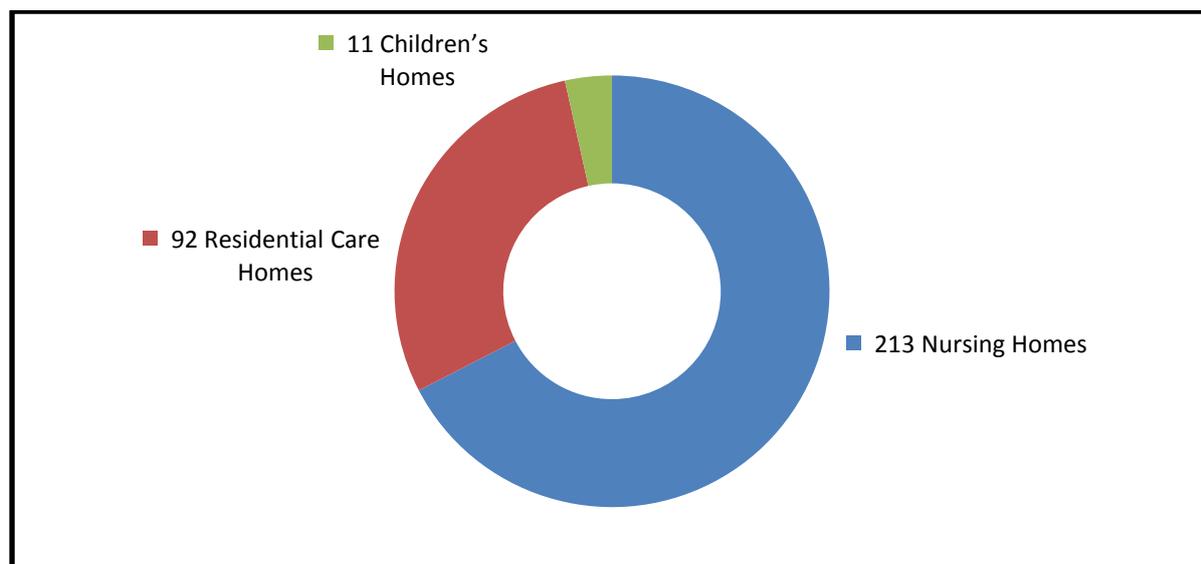
We wanted to find out if safe systems were in place to administer the service users' medicines as prescribed by the general practitioner and to be assured that good communication systems were in place. In addition, we also wanted to find out how quickly new medicines were obtained and commenced and how changes in medicine doses were managed, in order that prescribed medicines were administered or discontinued appropriately and in a timely manner.

## What we did

Throughout the inspection year, 1 April 2017 to 31 March 2018, pharmacist inspectors reviewed the administration of antibiotics and medicine dosage changes in the homes we inspected.

Table 1 shows the number of inspections we did where these medicines were prescribed.

**Table 1: Total number of homes**



We looked to see if records were in place regarding:

- when the General Practitioner (GP) was contacted or the service user was seen by the GP
- when the medicine was dispensed by the community pharmacy
- when the administration of the medicine was commenced
- if the administration of the medicine was as the GP had prescribed
- whether the service user was to continue with any long term antibiotic treatment
- if the personal medication record (PMR) had the correct details and had been written and signed by two staff
- if the medication administration records (MAR) had been completed; and if hand-written, these had been signed by two staff
- the accurate receipt of all incoming medicines
- if any discontinued medicines had been removed from use and safely disposed of and recorded appropriately
- if there were good stock control systems in place to ensure the service users' medicines were available for administration.

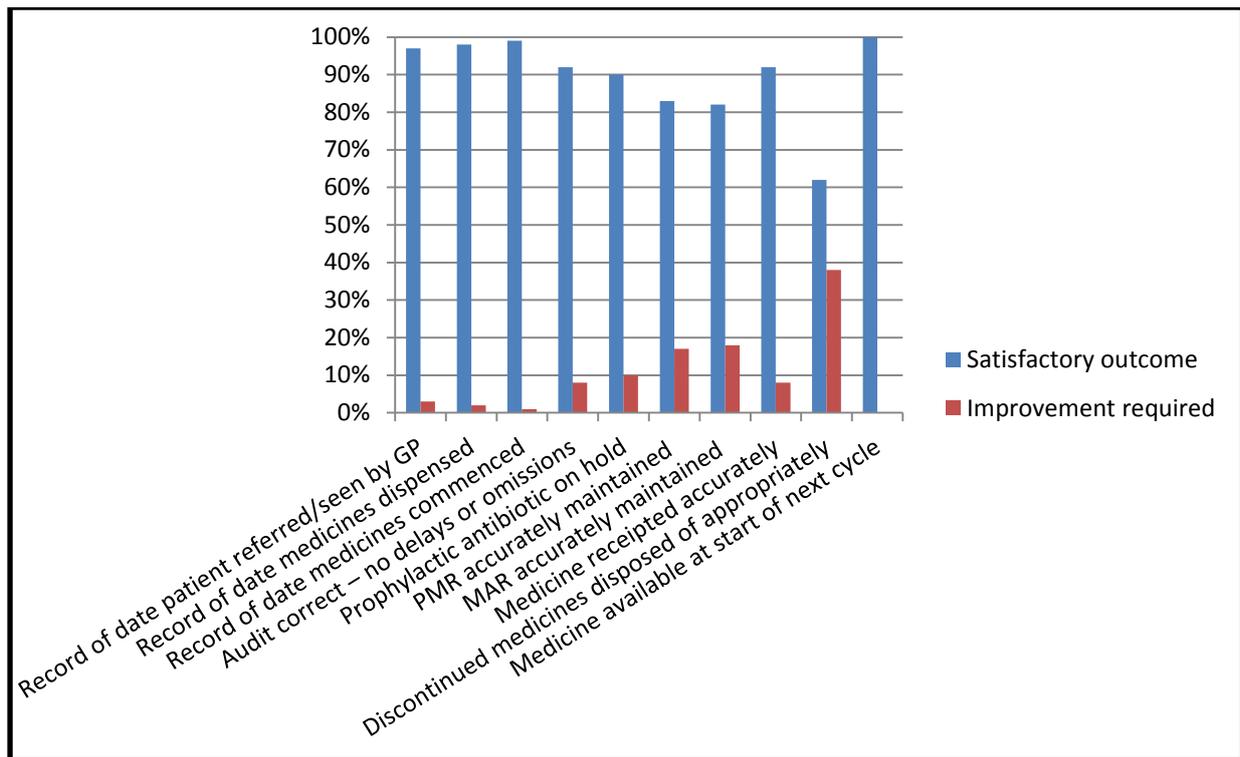
## What we found

### **Management of antibiotics**

The findings detailed in Table 2 show that antibiotics were being well managed in these homes. We found that most antibiotics were received and started on the same day as the GP had written the prescription, indicating that staff knew the importance of getting the prescription promptly. When a service user is taking a long term antibiotic, the majority of staff were aware that this must be discussed with the prescriber before commencing a different antibiotic.

We found that if a service user had difficulty swallowing their antibiotic, staff arranged for a liquid medicine to be obtained, so that they could continue with the antibiotic.

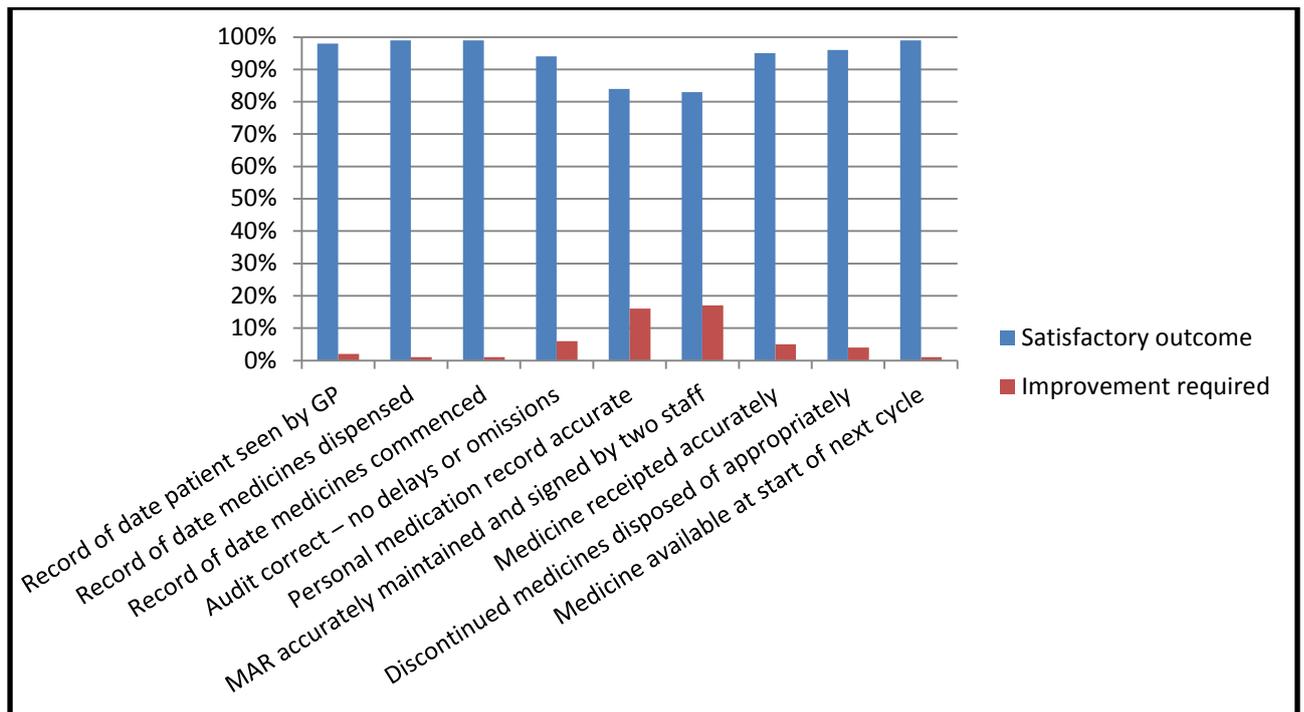
**Table 2: Management of antibiotics in care homes**



**Management of medicine changes**

We found that the majority of homes had robust arrangements in place for managing changes in prescribed medicines, as detailed in Table 3. Staff maintained records of the dates when service users had seen their GP and when the medicine change was commenced. Improvements were identified as being necessary in the completion of the personal medication and medicine administration records.

**Table 3: Management of medicine changes**



### Areas of good practice identified during inspections

- the use of separate administration records for antibiotics
- the development of care plans specific to antibiotics
- the recording of a running stock balance of the antibiotic
- the prescribing of antibiotics and changes to medicines was recorded in the written handover reports at each shift change and in the communication book, where available.
- the details of changes in medicines was discussed verbally with staff
- highlights/alerts were on the personal medication record and/or medication administration records to indicate the change.

### Areas for improvement identified during inspections

The main areas identified for improvement were in relation to record keeping and ensuring that records were fully and accurately maintained at all times.

### Conclusion

There were robust arrangements in place for the acquisition of antibiotics and newly prescribed medicines in the majority of nursing homes, residential care homes and children's homes. There were systems in place to make sure that medicines were administered as prescribed.

## **Appendix**

[Care Standards for Nursing Homes, April 2015 \(DHSSPSNI\)](#)

[The Nursing Homes Regulations \(Northern Ireland\) 2005](#)

[Residential Care Home Minimum Standards, updated August 2011 \(DHSSPSNI\)](#)

[The Residential Care Homes Regulations \(Northern Ireland\) 2005](#)

[The Children's Homes Regulations \(Northern Ireland\) 2005](#)

[Children Homes Standards - April 2014](#)



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