The Regulation and Quality Improvement Authority

Evaluation of the Administration of Prescribed Medicines in the Management of Distressed Reactions in Nursing and Residential Care Homes

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Assurance, Challenge and Improvement in Health and Social Care

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Introduction

Over the years, concerns have been raised in the media about the administration of prescribed medicines to service users, for the management of distressed reactions, in care homes. There is also an increasing awareness among health care professionals that in service users with dementia, pain may be the underlying cause of the distressed reaction. Service users living with dementia are often unable to verbalise their pain and it can be expressed through a distressed reaction. Due to a lack of understanding, anxiolytic and antipsychotic medicines may then be prescribed and administered.

The Regulation and Quality Improvement Authority (RQIA) decided that the management of prescribed medicines, prescribed for use "when required" (PRN) for the treatment of distressed reactions, would be specifically examined in the three year medicines management inspection cycle of nursing and residential care homes, commencing 1 April 2014.

What we did

When medicines were prescribed PRN for the management of distressed reactions, we checked that staff had the following records in place:

- A care plan explaining how staff managed the service user's distressed reaction and when the prescribed PRN medicines should be administered. The care plan should detail the symptoms shown by the service user and include details of how the service user may express pain so that, if necessary, analgesia medicines may be administered.
- A personal medication record stating the name of the medicine and the dosage regime.
- A record of the reason for the administration of the medicines and the effect of the administration. Staff may record this information in the daily care notes and/or on the medicine administration record.

At the end of the first year of this focus (March 2015), we developed guidance to support management and staff, "Advice on the Management of When Required Medicines to Service Users Displaying Distressed Reactions", which was placed on our website (see Appendix, December 2015).

We then continued to focus on these medicines during our inspections until the end of March 2017.

What we found

Table 1 relates to the number of inspections over the three year inspection period (1 April 2014 – 31 March 2017) and the number of homes where PRN medicines were prescribed.

Number of services inspected and number which had medicines prescribed on a 'when required' basis for the management of Distressed Reactions						
Type of service	**2014/2015**		**2015/2016**		**2016/2017**	
	Number of homes Inspected	**Number of homes where PRN medicines prescribed for distressed reactions**	**Number of homes Inspected**	**Number of homes where PRN medicines prescribed for distressed reactions**	**Number of homes Inspected**	**Number of homes where PRN medicines prescribed for distressed reactions**
Nursing	107	95 (89%)	112	108 (96%)	255	241 (94%)
Residential Care	67	54 (81%)	68	53 (78%)	97	75 (77%)
TOTAL	**174**	**149 (86%)**	**180**	**161 (89%)**	**352**	**316 (90%)**

Table 2 relates to the number of inspections over the three year inspection period (1 April 2014 – 31 March 2017) where a recommendation was made.

Number and percentage of services where PRN medicines were prescribed and which resulted in a recommendation being made						
Type of service	**2014/2015**		**2015/2016**		**2016/2017**	
	Number of homes inspected where PRN medicines were prescribed for distressed reactions	**Number (%) of inspections where a recommendation was made about the management of distressed reactions**	**Number of homes inspected where PRN medicines were prescribed for distressed reactions**	**Number (%) of inspections where a recommendation was made about the management of distressed reactions**	**Number of homes inspected where PRN medicines were prescribed for distressed reactions**	**Number (%) of inspections where a recommendation was made about the management of distressed reactions**
Nursing	95	69 (73%)	108	65 (60%)	241	86 (36%)
Residential Care	54	38 (70%)	53	26(49%)	75	29 (39%)

The information in Table 1 shows that anxiolytic/antipsychotic medicines were prescribed PRN to manage distressed reactions in the majority of the nursing homes and residential care homes we inspected.

The prescribing of these medicines is the responsibility of the service users' general practitioner and our inspections focused on the systems in place to support staff and service users in the safe and effective administration of these prescribed medicines. We confirmed whether staff had received training in the recognition and management of distressed reactions. We assessed the systems by reviewing a sample of the care plans, daily notes, medicine records i.e. personal medication records and medicine administration records. We also evidenced whether there was communication in place to ensure that the general practitioner was advised of any change in the frequency of administration.

We spoke with staff who had responsibility for administering medicines. They confirmed how they managed distressed reactions, and when they administered prescribed medicines. It was noted that although the vast majority of staff administered these medicines appropriately, and in line with the prescriber's direction and care plan, they did not always record the reason for or outcome of their actions in the service users' care plans or notes.

The findings of the inspections indicated that over the three year period, staff awareness in relation to this area of care gradually increased. In 2014-15, we identified areas for improvement in the management of PRN medicines in 72% of the homes where PRN medicines were prescribed. By 2016-17 this had reduced to 33%. Over this period we found increasing awareness among staff of the need to consider whether a service user was in pain and therefore having a distressed reaction. Improvements were seen in the standard of record keeping. This was evidenced by better documentation of the reasons for the administration of these medicines and care plans that directed staff to consider pain relief where appropriate. This is particularly important where service users have limited or no verbal communication and may not be able to articulate their feelings or their need for pain relief to the staff.

During the inspections areas for improvement were identified in relation to:

- The content of care plans to ensure that the relevant information was included.
- The details documented on the personal medication record to ensure these included the parameters for the administration of PRN medicines, the rationale for use, the prescribed minimum dosage frequency and maximum daily dose.
- The records kept of the reason for and the outcome of administration to ensure that the use of these medicines was explained.
- Communication with the general practitioners to ensure that they were kept informed of any increase in the frequency of administration of these medicines.

The frequency and focus of medicines management inspections changed during the period of the review. Previously, nursing homes were scheduled to be inspected once every three years. In 2016-2017 all nursing homes were inspected. As a result, some nursing homes were inspected both in the period 2014-2016 and again in 2016-2017. We evidenced during the 2016–2017 inspections that where an area for improvement had been identified in 2014–2016 about the management of these medicines, over 75% of them had been addressed.

Conclusion

We have identified improvement in practice for the management of distressed reactions. This is due to several factors. We focused specifically on this area for improvement during our inspections over a three year period. We produced advice for homes in December 2015. The DHSSPSNI standards for nursing and residential care homes (April 2015 and August 2011 respectively) (see Appendix) have specific standards which cover this aspect of care and our inspections have helped focus management attention on these.

During this period the Adult Safeguarding Operational Procedures were introduced. Following discussion with staff it was evident that these had raised staff awareness in relation to the administration of medicines. The procedures highlighted that “the improper administration of medication” is physical abuse. However, they acknowledged that their administration may be necessary but usually only after proactive and preventative strategies have been applied; or, if appropriate, pain controlling medicines have been administered.

A number of services have developed and established specific ‘PRN’ protocols which detailed the reason for the administration and the effect of the administration. This is an example of good practice and provides information for staff and other healthcare professionals regarding any changing needs of the service user.

There has been improvement in record keeping in relation to the administration of PRN medicines.

It can therefore be concluded that the administration of these medicines in care homes is well managed and that service users are only administered these medicines when appropriate.

We will continue to keep this area under review through both care and medicines management inspections.

Appendix

Advice on the Management of When Required Medicines to Service Users Displaying Distressed Reactions, December 2015 (RQIA) https://www.rqia.org.uk/RQIA/files/f1/f1221c9d-2b7e-4eb4-bee2-5c270950c0f6.pdf.

Care Standards for Nursing Homes, April 2015 (DHSSPSNI) https://www.rqia.org.uk/RQIA/media/RQIA/Resources/Standards/nursing_homes_standards_-_april_2015.pdf

Residential Care Home Minimum Standards, updated August 2011 (DHSSPSNI) https://www.rqia.org.uk/RQIA/media/RQIA/Resources/Standards/care_standards_-_residential_care_homes_August_2011.pdf

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