



# Review of How Pain in Service Users is Managed in Nursing and Residential Care Homes

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## Introduction

There have been several studies and published articles which indicate that pain is experienced by a high percentage of service users in care homes (45-80 per cent). It is recognised as a common complaint of the elderly, due to age related illness, bone and joint disorders, cancer and many other chronic conditions.

The studies and articles state that pain management is overlooked and undertreated, particularly in those with cognitive impairment and/or where service users cannot or have difficulty verbally expressing pain. This evidence indicates that systems must be in place to identify and treat any pain to ensure that service users are as comfortable as possible.

The Regulation and Quality Improvement Authority (RQIA) reviewed the management of medicines prescribed for pain, during the routine medicines management inspections of nursing and residential care homes between 1 April 2015 – 30 March 2017.

The prescribing of these medicines is the responsibility of the service users' general practitioners 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.

## What we did

We wanted to ensure that when analgesics were prescribed to be administered "when required", they were administered appropriately by staff and their effect was monitored, to ensure that the medicines provided pain relief and that the service user was comfortable.

To do this we examined:

- how pain was assessed for service users when they were admitted to the home and thereafter how service users expressed pain
- staff knowledge of the service user and their need for pain relief
- staff awareness that any distressed reactions/behaviours may be due to pain and analgesia should be offered when appropriate
- if pain relieving medicines were administered as prescribed
- how pain management was recorded for individual service users – where applicable, we expected that the following records would be in place:
  - a care plan detailing how the service user's pain was addressed
  - pain assessment tool(s)

- a personal medication record stating the name of the medicine and the dosage regime
- a record of the administration of the medicine(s)
- a system to monitor any increased frequency of use of medicine(s).

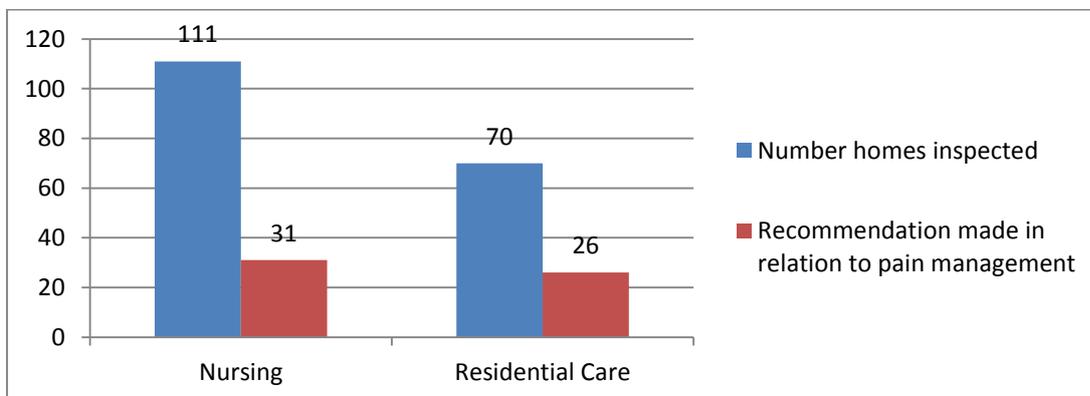
## What we found

The outcomes of our inspections indicated that most service users in care homes were prescribed pain relieving medicines, either on a regular basis or on a “when required” basis.

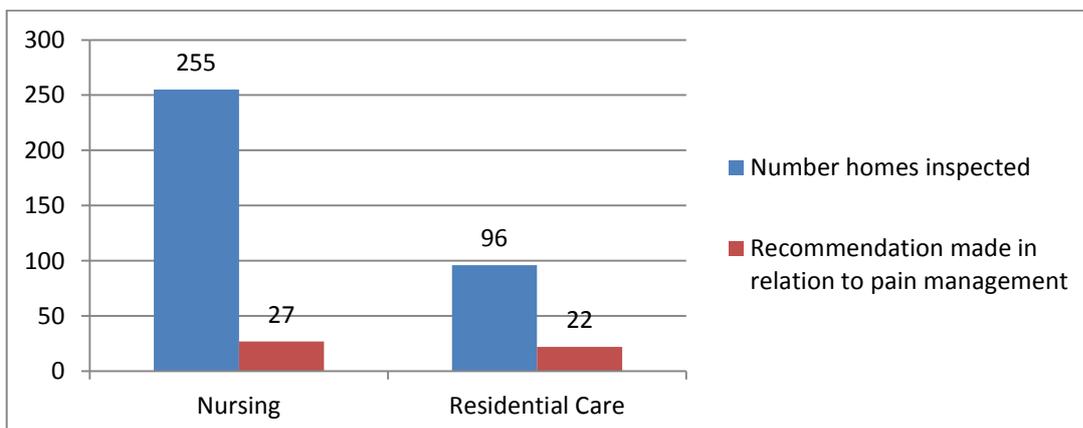
The information in Table 1 shows that areas for improvement in relation to pain management were identified in approximately 31 per cent of the nursing homes and residential care homes we inspected in 2015-16; but this percentage reduced to less than 14 per cent in 2016-17. During inspections we found that the use of care plans and pain management tools had improved, mainly as the result of staff training and advice given by care and pharmacist inspectors during inspections.

**Table 1: Management of pain in care homes**

### 2015-16



### 2016-17



We found during inspections that medicine records were generally well maintained and that pain relief medicines were administered as prescribed. There were largely satisfactory systems in place to monitor the service users' pain control.

### Areas of good practice identified during inspections

- The development of specific protocols for pain relief medicines which are prescribed on a "when required" basis.
- The recording of the reason for the administration of the medicine.
- The use of reminder alerts to ensure that pain control patches are administered on time.
- The recording of the location of where the patch is applied and a record of when the patch was removed.

These are examples of best practice and provide information for staff and other healthcare professionals regarding any changing needs of the service user.

### Areas for improvement identified during inspections

There is a need for staff in some care homes to further develop the protocols/care plans in use for the management of pain.

### Conclusion

We have identified improvements in practice over the two year period. This may be partly due to the increased focus on the subject during the medicines management inspections and those by the care inspectors which has raised the awareness of staff regarding good pain management for service users. The evidence seen during the period shows that that pain management in care homes is mostly well managed and that service users are administered their pain relieving medicines in accordance with the prescriber's instructions.

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

## **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 Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)