

Good Practice Guidelines for Care Homes

Homely Remedies

When homely remedies are used within a care home, staff should be aware of the circumstances of when appropriate administration can be made, who can administer the homely remedy and what documentation is required. These guidelines can be used as a framework, to ensure the provision of safe and timely treatments for commonly presented minor conditions. Access to homely remedies should form part of the overall medicine policy within the care home. **These guidelines do not remove the need to seek additional medical advice where there is concern about the condition being treated.**

What is a homely remedy?

A homely remedy is a medicinal product for the short-term treatment of minor ailments such as cold symptoms e.g. sore throats and coughs, mild to moderate pain including headache and toothache, indigestion, occasional diarrhoea and constipation. They are obtained without a prescription and can be divided into 2 categories:

- GSL (General Sales List) – widely available in supermarkets, pharmacies and other stores
- P (Pharmacy only) – only available in pharmacies in the presence of a pharmacist

Why are homely remedies required in care homes?

There are many times when a resident may develop a minor ailment which needs to be treated. Just as people living in their own homes purchase medicines from the chemist or supermarket without consulting a doctor, care home residents should have the same access to medicines. Care home staff have a recognised duty of care to be able to respond to minor symptoms experienced by residents and it is important that they can respond in a timely way to help the resident feel well again.

Homely remedies process in care homes

Where a care home offers residents treatment for minor ailments with homely remedies, a process should be in place in the care home's medicines policy. The homely remedy protocol should include:

- Which medicinal products and for what indication they may be administered including which residents should be excluded from receiving particular homely remedies
- Dose, frequency and maximum daily dose of each medication
- Authorisation process and documentation
- Duration of use before referring resident to the GP (usually 48 hours)
- Obtaining supplies, storage and disposal of homely remedies
- Administration including documentation
- Audit of stock balance and expiry dates

Choice of medicine

The Homely Remedies Policy should contain a list of medicines which the care home will stock, in order to be responsive to minor conditions. Consideration should be given to stocking medicines from the following groups e.g. pain killers, remedies for indigestion, constipation and diarrhoea, medications for the relief of cold symptoms such as sore throat and cough. The specific medicines should be listed within the policy and only those which have been agreed in the Homely Remedies Policy can be administered. Any deviations from the list need to be approved by a healthcare professional.

Good Practice Guidelines for Care Homes

Which products are not suitable for homely remedies?

- Prescription Only Medicines (POMs)
- Invasive products such as suppositories and pessaries
- Products which take several days to work e.g. lactulose
- External preparations should be ideally used by an individual to avoid cross-contamination
- Vitamin supplements and herbal or homeopathic remedies, although these can be purchased by a resident themselves
- Dressings and other first aid items are not classed as homely remedies.

Authorisation prior to administration of a homely remedy

Each resident should be assessed for suitability for each homely remedy. Authorisation should be by an appropriate healthcare professional e.g. GP or a pharmacist. (See **Appendix 1** for an example of an authorisation form). When authorising a homely remedy, consideration should be given to;

- the resident's preferences
- current medications and drug history including allergies
- medical history
- weight
- kidney and liver function

Advice should be sought from the healthcare professional on the use of homely remedies for each resident, ideally (i) in advance or otherwise (ii) at the time of need.

- (i) If the advice is taken in advance, it should be documented and reviewed periodically, particularly if there has been a change to prescribed medication. This can be done when the resident goes into a care home and should be kept either with the care plan or the current MAR chart. It is up to healthcare professional's discretion whether certain drugs are excluded from the list.
- (ii) If the advice is sought at time of need, this must be done in a timely manner and there must be a robust process for doing so, which not only includes from whom the advice should be sought but also how the advice is to be documented.

How long should homely remedies be administered?

- The resident should be reviewed if the homely remedy is required beyond the agreed period (usually 48 hours but will depend on the medication e.g. 24 hours if diarrhoea symptoms persist and fluid intake is poor).
- If the GP agrees that the treatment can continue beyond 48 hours and the resident is not examined, the GP should confirm, preferably in writing, that treatment is to continue.
- If the homely remedy is required on a regular basis, a prescription should be provided.

Obtaining supplies

- Homely remedies should be purchased by the care home, from a community pharmacy, supermarket or other store.
- A record should be kept of the purchase on the Homely Remedies Record Sheet (see **Appendix 2** for an example).
- If a medicine has been prescribed and dispensed for a resident, it cannot be used as homely remedy stock, nor can it be given to another resident.

Good Practice Guidelines for Care Homes

Storage

- All homely remedies should be clearly identifiable as a 'homely remedy.'
- All homely remedies must be stored in their original packaging together with any information about the medicine use.
- Opened liquids should be marked with the date opened.
- A running balance of the stock must always be maintained, and stock replenished when required (see **Appendix 2** for Homely Remedies Record Sheet).
- Care homes should not store excessive quantities of homely remedies.
- Homely remedies should be stored in accordance with the manufacturer's instructions and kept in a locked cupboard or fridge and separated from the resident's prescribed medication.
- If the homely remedy is stored in a resident's room, it should be in a locked cupboard.
- Access to homely remedies should be restricted to care home staff with medicines responsibilities.

Administration

- Homely remedies can be administered by appropriately trained staff. Such staff members should be named and sign the 'Homely Remedies Staff Signature Sheet' (see **Appendix 3**) to confirm that they understand the Homely Remedies Policy, are competent to administer homely remedies and are accountable for their actions.
- The decision to administer a homely remedy can only be made by appropriately trained care home staff, who must establish the following:
 - the resident has no potentially serious symptoms
 - there have been no changes to the medication or the person's health since the homely remedies authorisation sheet was last reviewed
 - allergy status
 - what the resident has used in the past for these symptoms
 - whether the resident has any difficulties swallowing
 - the resident is aware that the medicine is not prescribed and has given their consent, or a 'best interests decision' is in place if the resident does not have capacity to make the decision.
- If there are any additional concerns about potential interactions or contra-indications, or if there is any other uncertainty, additional medical advice should be sought and the discussion should be documented.
- Administration of a homely remedy to a care home resident should be clearly documented. The MAR chart is ideal and the entry should be clearly marked as 'homely remedy'. See 'documentation' section below for details.
- If the resident self-administers the homely remedy, a risk assessment should be done as with other medicines and kept with the care plan.

Review of a homely remedy

Staff should regularly check with the resident that the homely remedy is effective/relieving symptoms. Further doses should be administered as necessary, treatment stopped, or additional advice sought, depending on how the resident is responding. In the rare event of an adverse reaction, the GP or pharmacist must be informed. If a life-threatening adverse reaction occurs then, if appropriate, emergency treatment must be carried out by trained staff and the resident referred to the nearest A&E department.

Good Practice Guidelines for Care Homes

Disposal

- Homely remedies should be disposed of when they are no longer fit for purpose.
- The expiry dates of the homely remedies should be checked regularly and out of date medicines should be disposed of in accordance with the care home's medicines policy.
- Liquids may have a shortened shelf-life once opened. They should be discarded as per the manufacturer's or the local medicines policy.
- The disposal of homely remedies should be recorded on the Homely Remedies Record Sheet.

Stock check

The balance and expiry dates of the homely remedies must be checked regularly as per the care home's medicines policy.

Documentation

Suggested documentation for the administration of homely remedies to residents of care homes.

Authorisation (see **Appendix 1** for example)

Authorisation for the administration of a homely remedy should ideally be given in advance, by a health care professional.

Administration

The administration of a homely remedy must be recorded in accordance with the care home policy. The resident's MAR chart is ideal. The entry should be marked 'homely remedy'. Information on the MAR should include:

- name, strength, form and dose of medicine
- date and time of administration and signature of staff member.

Receipt and disposal (see **Appendix 2** for example)

A record of the receipt and disposal of homely remedies should be recorded on the Homely Remedies Record Sheet A record of what has been administered should also be recorded

Staff signature sheet (see **Appendix 3** for example)

Any staff member administering a homely remedy should have signed the Homely Remedies Staff Signature Sheet to confirm that they understand the Homely Remedies Policy, are competent to administer homely remedies and are accountable for their actions.

Medicines information (See **Appendix 4** for an example).

As good practice, it is useful to have information about each homely remedy, which can be kept with the Homely Remedy Record Sheet. The package insert can also provide useful information.

Resources

The recommendations are based on information from:

[NICE SC1](#) – Managing Medicines in Care Homes 2014

[CQC](#) – Homely Remedies Guidance July 2018

[Regional Medicines Optimisation Committee \(RMOC\)](#) November 2018 – Homely Remedy Template Policy

[National Care Forum](#) – Safety of Medicines in Care Homes: Homely Remedies Guide 2013

Good Practice Guidelines for Care Homes

Appendix 1 - Example of homely remedy authorisation form

Care home name:	
GP practice name:	

I **[insert GP name / pharmacist]** agree that a suitably trained senior person on duty at **[insert care home name]** may administer the medication I have authorised in this form for the indications stated, at the dose stated to **[insert name of resident]**

This agreement does not remove the requirement that staff involved in the administration of homely remedies must ensure that the medicine to be administered is suitable for the resident's particular circumstances at the time of administration.

GP / pharmacist signature	
Please print name	
Date	
Care home manager/nurse in charge signature	
Please print name	
Date	
Review date:	

The homely remedy should not be used for longer than 48 hours without seeking medical attention.

Good Practice Guidelines for Care Homes

Minor condition requiring treatment	Product	Maximum dose (adult) to be taken at one time	Directions	Maximum daily dose	Additional information	Indicate which products have been authorised /excluded
Indigestion or heartburn	Gaviscon Advance oral suspension	5 – 10ml	After meals and at bedtime	40ml in divided doses	Sodium and potassium content should be taken into consideration if a highly restricted salt diet is recommended.	
Constipation	Senna 7.5mg tablets	1 – 2 tablets	Usually taken at night	2 tablets	May colour urine.	
Constipation	Senna 7.5mg/5ml syrup	5 – 10ml	Usually taken at night	10ml	May colour urine.	
Mild to moderate pain and / or fever	Paracetamol 500mg tablets (also caplets & capsules)	1 or 2 tablets (see additional information)	Every 4 to 6 hours (Maximum 4 doses in 24 hours)	Maximum 8 tablets in 24 hours.	Do NOT give with other paracetamol containing products. If body weight < 50kg , dose should be reduced to one tablet up to four times a day.	

Good Practice Guidelines for Care Homes

Minor condition requiring treatment	Product	Maximum dose (adult) to be taken at one time	Directions	Maximum daily dose	Additional information	Indicate which products have been authorised /excluded
Mild to moderate pain and / or fever	Paracetamol soluble tablets	1 or 2 tablets (see additional information)	Every 4 to 6 hours (Maximum 4 doses in 24 hours)	Maximum 8 tablets in 24 hours (see additional information)	<p>Do NOT give with other paracetamol containing products.</p> <p>If body weight < 50kg, dose should be reduced to one tablet up to four times a day.</p> <p>High sodium content. Consideration should be given if on a sodium restricted diet</p>	
Mild to moderate pain and / or fever	Paracetamol 250mg/5ml oral suspension	10 – 20ml (see additional information)	Every 4 to 6 hours (Max 4 doses in 24 hours)	80ml in 24 hours (see additional information)	<p>Do not give with other paracetamol containing products.</p> <p>If body weight < 50kg, dose should be reduced to 10mls up to four times a day.</p>	
Dry, irritating cough	Simple linctus sugar free	5 – 10ml	Up to 4 times a day	40mls in divided doses	Not suitable for productive coughs. Suitable for diabetics.	

Good Practice Guidelines for Care Homes

Minor condition requiring treatment	Product	Maximum dose (adult) to be taken at one time	Directions	Maximum daily dose	Additional information	Indicate which products have been authorised /excluded
Diarrhoea	Oral rehydration sachets	One reconstituted sachet	After each loose motion	Follow manufacturers product information	Do NOT exceed manufacturers recommended dose. Contact GP within 24 hrs if refusing to drink.	

For variable doses document the exact amount given, i.e. whether one or two tablets has been administered.

Good Practice Guidelines for Care Homes

Appendix 2 - Homely remedies record sheet

<p>Name and strength of homely remedy</p> <p>Please use one sheet per product</p>	
--	--

Date obtained	Quantity obtained	Date administered to resident	Name of resident	Dose administered	Administered by	Balance	Date, quantity and expiry date checked by	Quantity disposed	Date

NB

1. Note some products may have a shorter shelf-life once opened, check the manufacturer’s literature. Please record clearly the date of opening on the bottle.

Good Practice Guidelines for Care Homes

2. For residents who purchase their own home remedies, record separately to those purchased and stocked by the care home.

Good Practice Guidelines for Care Homes

Appendix 3 - Homely Remedies Staff Signature Sheet

All members of care home staff who are responsible for administering homely remedies should read the care home Homely Remedy Policy in full. Care home staff should complete the details below to confirm that:

- They have understood the homely remedies policy
- They are competent to administer homely remedies to residents
- They acknowledge accountability for their actions.

Only staff members who have signed below are authorised to administer homely remedies

Name	Signature	Initials	Manager authorisation	Date

Good Practice Guidelines for Care Homes

Appendix 4 - Medicines information sheet

PARACETAMOL

Medicines Information

Name/forms of Medicine <i>(document which form is administered to the resident)</i>	Paracetamol 500mg tablets Paracetamol 500mg soluble tablets Paracetamol 250mg/5ml sugar free suspension
Indication <i>(when it can be used)</i>	For the relief of mild to moderate pain and/or fever
Route	Oral
Dose	Over 50kg: One to two 500mg tablets (or 10ml to 20ml of 250mg/5ml suspension) Under 50kg: One 500mg tablet (or 10ml of 250mg/5ml suspension)
Frequency	Four to six hours between doses, up to maximum FOUR doses in 24 hours
Maximum dose in <u>24 hours</u>	Over 50kg: 4g (eight 500mg tablets or 80ml of 250mg/5ml suspension) Under 50kg: 2g (four 500mg tablets or 40ml of 250mg/5ml suspension)
Maximum duration of treatment as a homely remedy	Up to 48 hours, then seek advice
Do NOT give in these circumstances	If the resident is already receiving prescribed paracetamol or other medications containing paracetamol (e.g. co-codamol, co-dydramol, Solpadol, Zapain, Remedeine etc) Paracetamol intolerance Alcohol dependence Liver impairment/disease or any investigation of the liver Severe kidney impairment Hypersensitivity to any components of the preparation
Warnings/Adverse reactions (see product information for full details)	Rashes, blood disorders, liver damage following overdose