Good Practice Guidance: Homely Remedies in Care Homes

Introduction

A homely remedy is a medicinal preparation used for the short term treatment of minor, ailments, which can be bought over the counter without a prescription. A stock of homely remedies can be kept at a care home for administration to residents. This guidance outlines the legal and best practice considerations that need to be taken into account when homely remedies are used. It is to be read in conjunction with the care home's medicines policy where reference to this guidance should be made.

Authorisation

It is considered good practice to have an individualised homely remedy plan for each resident. An individualised homely remedy plan should be authorised by a GP, Pharmacist or an appropriately qualified prescriber. A homely remedy plan should expire one year after the date of authorisation and should be reviewed whenever deemed necessary due to changes in the patient's condition.

Obtaining homely remedies

Homely medicines can be purchased and stocked in advance of the need to use them. A record should be made of all supplies in the homely remedies register (see Appendix 2). Residents can also have their own supply of homely remedies.
If the homely remedy is obtained by the family of a resident, the medicine must remain the service user's property and must only be used for that person.
According to the NICE guidelines (2014)'*Managing medicines in care homes'*, If the medicines were purchased by the care home for a specific service user and the service user dies, they should be retained for 7 days as they may be required by the coroner's office.

The care home may obtain the preparations listed in the authorisation form (Appendix 3) or add other medicines to the authorisation form following agreement with the professional who will authorise the patients homely remedy plan.

Storage

Homely remedies should be stored in a locked medicines cupboard or trolley, separate from prescribed medicines. Suitable storage facilities must be available to ensure the safe storage of service users' own homely remedies.

Stock checks

A running total of all homely remedy stock should be kept to ensure there is an audit trail of when and to whom the medicines were given. A stock check should be performed once a month and when a new supply of the medicine has been received. (See appendix 2)

Administration

Homely remedies should only be administered by competent staff who have received medication training and are authorised to administer medicines by the Care Home. Care home managers should identify the staff who are trained, competent and authorised to administer homely remedies and record their names on an authorisation list. A template authorisation list is available in Appendix 1.

Any assessment made or decision taken about the administration of a homely remedy should be documented in the resident's care plans.

Before administering any homely remedy the care home staff should:

- Check that a GP, Pharmacist or an appropriately qualified prescriber has agreed to the use of the homely remedy (see Appendix 3)
- Take into account the general physical condition of the service user
- Ensure they know the indication of the medicine they want to administer
- Check that the service user is not allergic / intolerant to the medicine or any ingredient in it
- Check that the service user is not already taking a prescribed medicine containing the same active ingredient(s)
- Consider the dosage, method and frequency of administration
- Confirm that the maximum administration period before referral has not been breached
- Check the expiry date
- Know the side effects of the medicine

If there is any doubt as to whether the medicine is suitable, advice should be sought from a GP or pharmacist or an appropriately qualified prescriber.

It is expected that staff read the information and follow the directions on the medicine container and on the patient information leaflet, and never exceed the stated maximum dose.

Self-administration

If service users are deemed able and competent and wish to self-administer their medicines, they should be supported in doing so and this activity should be supervised. Care homes are responsible for the initial and regular assessment of service users who are self-administering to ensure their continued competence, and to minimise any risk to the service user and others. The outcome of any self-administration assessment should be documented in the service user's clinical records. If a service user is self-administering their medicines it is good practice to state this on the MAR chart. If a service user self-administers a homely remedy, a risk assessment would need to be completed and kept with their care plans.

After administration

- Make a clear, accurate and immediate record of all homely remedies administered to the resident in the homely remedy book and MAR chart.
- Monitor the physical condition of the service user and the effect of the homely remedy (including any side-effects and adverse reactions)
- Contact the GP without delay if the resident develops a reaction to the homely remedy, or where assessment of the service user indicates that the homely remedy is no longer suitable
- Seek advice from a pharmacist or GP if symptoms persist

A GP, pharmacist or an appropriately qualified prescriber would need to be contacted to obtain agreement to continue administration of any authorised homely remedy past the agreed maximum administration period before referral.

If a GP, pharmacist or an appropriately qualified prescriber authorises the continuation of the homely remedy past the maximum administration period, request written confirmation of this and record it in the resident's care plan.

Appendix 1: Staff authorisation

Care home :

The following staff are authorised to administer homely remedies:

Date	name	Signature of manager

Appendix 2: Homely remedies register of administration and stock check

This template can be used to record when homely remedies are obtained and administered to service users.

Care home:

Medicine name, strength and form:

Date	Time	Pharmacy obtained from	Batch no & expiry date	Dose given / amount received	Balance in stock	Service user receiving medicine	Name of nurse	Signature of nurse	Signature of manager/Senior nurse

Appendix 3: Homely Remedy Authorisation Form

Name of resident: **Residents Date of Birth:**

Residents NHS Number:

Name of authorising professional: **Name of GP practice:**

Professional's registration number (GMC/GPhC):

This agreement expires one year after being authorised.

		For completion by GP, pharmacist or an appropriately qualified prescriber		
Homely remedy	**Indication and Dose**	**Authorising signature**	**Date of authorising signature**	**Maximum administration period before referring**
Paracetamol 500mg tablets/caplets / soluble tablets	Headache, mild pain, cold symptoms, general muscle aches and pains, temperature above 37.5°C **Adult dose:** One or two 500mg tablets/caplets every four to six hours. Maximum 4g in 24 hours Some patients may be at increased risk of experiencing toxicity at therapeutic doses, particularly those with a body-weight under 50 kg and those with risk factors for hepatotoxicity. Clinical judgement should be used to adjust the dose of oral paracetamol in these patients.			
Paracetamol oral liquid 250mg/5ml	Headache, mild pain, cold symptoms, general muscle aches and pains, temperature above 37.5°C **Adult dose:** 10mL to 20mL every four to six hours. Maximum 4g in 24 hours Some patients may be at increased risk of experiencing toxicity at therapeutic doses, particularly those with a body-weight under 50 kg and those with risk factors for hepatotoxicity. Clinical judgement should be used to adjust the dose of oral paracetamol in these patients.			

		For completion by GP, pharmacist or an appropriately qualified prescriber		
Homely remedy	**Indication and Dose**	**Authorising signature**	**Date of authorising signature**	**Maximum administration period before referring**
Oral rehydration sachets	Diarrhoea **Adult dose:** Dissolve the contents of one sachet in 200mL of fresh drinking water and take after each loose motion. Various brands are available. Please follow the manufacturer instruction for maximum daily dose and storage following powder reconstitution.			
Senna 7.5mg tablets	Constipation **Adult dose:** One or two 7.5mg tablets once daily			
Senna liquid 7.5mg/5ml liquid	Constipation **Adult dose:** 5ml to 10ml once daily.			
Gaviscon® liquid or Peptac® Liquid *	Indigestion / or heartburn **Adult dose:** 10ml to 20ml after meals and at bedtime, up to four times a day. *This dose does not apply to the more concentrated product Gaviscon Advance®			
(Add another medicine if required)				
(Add another medicine if required)				
(Add another medicine if required)				

References:

1. Care Quality Commission. Guidance for providers: Over the counter medicines and homely remedies. [Accessed 20 September 2020]. Available from: https://www.cqc.org.uk/guidance-providers/adult-social-care/over-counter-medicines-homely-remedies.
2. Department of Health. The Medicines Act 1968. The Stationery Office Limited
3. Department of Health. The Misuse of drugs Act 1971. The Stationery Office Limited.
4. Department of Health. The Mental Capacity Act 2005. The Stationery Office Limited.
5. Nursing and Midwifery Council: The Code:https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf
6. BMJ Group/Pharmaceutical Press. British National Formulary 62. London: Royal Pharmaceutical Society of Great Britain/BMJ Group.
7. Page M, editor. British Medical Association. New guide to medicines and drugs. 8th edition. London: Dorling Kindersley.
8. NICE guidelines (2014): Managing Medicines in Care Home: https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-pdf-61677133765.

Please note:

This guidance does not remove the professional or accountability of healthcare staff. It is the responsibility of each professional to practice only within the bounds of their competence and ensure they continue to keep their professional development up to date. Health care professional working to this guidance should follow their own company procedures and protocols as well as nationally recommended guidance such as the NMC guidance and their competence should be confirmed by an appropriate authorising manager who is taking responsibility for authorising healthcare professionals to operate under this guidance.