

## Homely Remedies - Good Practice Guideline for Adult Residents Users in Care Homes

This good practice guidance is intended to be used as a framework for care home managers to adapt when writing their own Homely Remedy Policy.

Definition - A homely remedy is a medicinal preparation used to treat minor ailments, which can be bought over the counter and does not require a prescription.

The NICE Guideline Development Group (GDG) for the managing of medicines in care homes SC1 guidance, agreed that where a care home provider offers resident's treatment for minor ailments with homely remedies, a process for use should be in place and this should be recorded in the care home medicines policy. Advice from a healthcare professional, such as a GP or pharmacist, on the use of homely remedies should be taken for each resident in advance, or at the time of need. The GDG recommended that all care home staff using a homely remedies protocol should be named in it and that they should sign to confirm they are competent to administer the medicinal product, acknowledging that they will be accountable for their actions.

There is a recognised duty of care by care staff to be able to make an appropriate response to symptoms of a minor nature e.g. toothache.

A small stock of preparations may be held at the care home for administration to care home residents with minor ailments. Giving homely remedies should help to prevent any unnecessary GP visits for minor ailments listed below.

- Only stock purchased by the care home for administration under the 'Homely Remedy Policy' may be used.
- Only the named preparations listed in the policy may be administered without a prescription.
- Products labelled for a particular resident (i.e. for whom a prescription has been issued) must not be given to another resident as a homely remedy.
- Bulk prescribing cannot be used for homely remedies.

This guidance covers the treatment of mild pain, constipation, heartburn, dry coughs and diarrhoea. However, following discussion and agreement with the prescriber, care homes may wish to incorporate or remove conditions and remedies in their individual homely remedy policies.

No products requiring invasive administration e.g. suppositories should be included, nor is it appropriate to include products that take up to 48 hours to work, e.g. lactulose. External preparations are also best excluded from the homely remedy policy as they should ideally be used by an individual to avoid cross contamination.

Approved by Rotherham CCG Medicines Management Committee October 2020  
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## Appendices

Appendix 1 - Homely Remedies - Good Practice Guidance - Authorisation for Administration

Appendix 2 - Homely Remedies – Good Practice Guidance for General Practice

Appendix 3 - Homely Remedies - Good Practice Guidance for Care Home

Appendix 4 - Record of Homely Remedies Administration and Audit

## References

Sheffield CCG Good Practice Guidance on Homely Remedy Policy for Adult Service Users in Care Homes

[https://www.intranet.sheffieldccg.nhs.uk/Downloads/Medicines%20Management/Care%20Homes/Homely\\_remedy\\_guidance.pdf](https://www.intranet.sheffieldccg.nhs.uk/Downloads/Medicines%20Management/Care%20Homes/Homely_remedy_guidance.pdf)

Homely Remedy Guide: for local adaptation to fit within individual care home medication policies

<http://www.nationalcareforum.org.uk/documentLibraryDocument.asp?ID=264>

Managing medicines in care homes. NICE good practice guideline SC1. March 2014

<https://www.nice.org.uk/guidance/sc1>

PrescQIPP Care Homes Homely Remedies:-

<https://www.prescqipp.info/our-resources/bulletins/bulletin-72-care-homes-homelyremedies/>

NHSE Guidance on conditions for which over the counter items should not routinely be prescribed in primary care: FAQs People living in care homes <https://www.england.nhs.uk/medicines/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-implementationresources/faqs/#where-can-i-find-more-information-about-the-use-of-otc-medicines-in-care-homes>

**Appendix 1 Homely Remedies - Good Practice Guidance - Authorisation for Administration**

I authorise residents under the care of..... (Practice name) to receive any of the listed products in-line with your Homely Remedy Policy for Adult Care Home Residents. This policy states that only senior members of staff may administer these preparations in accordance with the instructions below.

**Homely remedies should be given for a limited period, no more than 48 hours. If symptoms persist for more than 48 hours (or 24 hours if symptoms of diarrhoea are present), the resident's GP / Out of hours must be consulted for review.**

Homely Remedy	Indication	Instructions	Maximum Dose in 24 Hours	Additional Information	Authorised/ Excluded
Acidex / Gaviscon Acidex Advance Suspension	For the relief of heartburn or indigestion	5ml to 10 ml after meals and at bedtime.	Maximum 40mls in 24 hours	Sodium and potassium content should be taken into consideration if a highly restricted salt diet is recommended.	
Paracetamol 500mg tablets ( also Caplets and Capsules)	Headache Relief of cold symptoms Muscle aches Toothache Raised Temperature	One to Two tablets to be given 4-6 hourly if required for pain relief.	Maximum of 8 tablets in 24 hours.  One tablet where the resident's weight is less than 50kg. Maximum 4 tablets per 24 hours.	Do not give with other paracetamol containing medicines. e.g. co-codamol / zopain	
Paracetamol 250mg/5ml Suspension	Headache Relief of cold symptoms Muscle aches Toothache Raised Temperature	10mls to 20mls to be given 4-6 hourly if required for pain relief.	Maximum of 80mls in 24 hours.  Where the resident's weight is less than 50kg Maximum 40mls in 24 hours.	Do not give with other paracetamol containing medicines. e.g. co-codamol / zopain	

Senna 7.5mg tablets	Relief of Constipation	Two to Four tablets at Night	Maximum 4 tablets in 24 hours.	May darken urine (red-brown colour).	
Senna 7.5mg/ml Solution	Relief of Constipation	10 to 20mls at Night	Maximum 20mls in 24 hours.	May darken urine (red-brown colour).	
Oral Rehydration Sachets	For treatment of fluid and electrolyte loss associated with acute diarrhoea	Make up sachet according to the instructions on the pack; drink the contents after each episode of diarrhoea.		The solution may be refrigerated for up to 24 hours after which it should be discarded. <b>Do not give for more the 24 Hours</b> Do not use if the resident has any of the following (consult GP immediately): Persistent vomiting Diabetes Low sodium / potassium diet	
Sugar Free Simple Linctus	Dry, Irritating Cough	5ml to 10ml up to 4 times a day		Suitable for Diabetics Not suitable for productive coughs.	

Listed below are care home residents who should **NOT** be given any of the above homely remedies

Name of Resident

Reason for not administering homely remedy

.....

.....

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.....

.....

.....

Signed by GP ..... Date ...../...../.....

**Please return the completed form to the care home**

## Appendix 2 Homely Remedies – Good Practice Guideline for General Practice

The NICE Guideline Development Group (GDG) for the management of medicines in care homes states that where a care home provider offers residents treatment for minor ailments with homely remedies, advice from a healthcare professional, such as a GP or pharmacist on the use of homely remedies should be taken for each resident in advance, or at the time of need.

If the advice is taken in advance it should be clearly documented and reviewed periodically (especially if there is a change to the prescribed medication). The patient record should identify which homely remedies are appropriate for individual residents.

### Authorising homely remedy administration

- The GP is asked to approve and authorise (appendix 1) a list of homely medicines and indications for use. This list should be limited to reduce the risk of adverse reactions and interaction with prescribed medication. It is at the GP's discretion that homely remedy medicines may be added to or omitted from the list (appendix 1).
- The GP may consider excluding a resident from being administered a homely remedy. The names of these residents should be listed on this form.
- When a new care home resident registers with the care home the GP should consider whether this person is to be included to be administered homely remedies
- Authorisation of homely remedies should be reviewed intermittently, for example at medication review, or when the care home residents condition changes.

### Continuing treatment beyond 24/ 48 hours

Homely remedies should be given for a limited period, no more than 48 hours. If symptoms persist for more than 48 hours (or 24 hours if symptoms of diarrhoea are present), the resident's GP / Out of hours must be consulted for review.

### Appendix 3 - Homely Remedies - Good Practice Guideline for Care Home Staff

The homely remedy medicines should be agreed locally with the GP and restricted to a limited list to reduce the risk of adverse reactions and interaction with prescribed medication. It is at the GP's discretion that homely remedy medications may be added to or omitted from the list (see appendix 1).

- Homely remedies can only be administered to care home residents if the GP has signed an authorisation form held at the care home. This form identifies which homely remedies can be administered to residents in that home (see appendix 1)
- Where possible, it is good practice to request the GP to endorse their agreement to the care homes individual homely remedy policy and procedure
- The decision to give a homely remedy should be made by a senior member of staff in response to a resident's need.
- It is the responsibility of the senior member of staff to check that administration of the homely remedy is appropriate. If there is any uncertainty, the usual dispensing pharmacist should be consulted as the pharmacy that supplies the resident's medication will have a record of medication dispensed, and will be able to advice on the appropriateness of the homely remedy.

If the advice is taken in advance it should be clearly documented and reviewed periodically (especially if there is a change to the prescribed medication). The record should identify which homely remedies are appropriate for individual residents.

- This can be done when the resident initially goes to reside at the care home. This should be kept either with their care plans or with their current medicine administration record (MAR) chart.
- It is left to the healthcare professional's discretion whether certain drugs are excluded from the list.

If the advice is sought at the 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 advice would be sought, but how the advice is to be documented.

The use of the homely remedy should be reviewed periodically, at least every 6 months or earlier where there are changes to the medication regimen or episode of hospitalisation for an individual care home resident.

In the rare event of any adverse reaction to any of the homely remedies administered the GP/ Out of Hours doctor is informed immediately.

## 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 supplied with the product about the medicine use.

Excessive quantities of homely remedies should not be stored by care homes.

Homely remedies should be stored securely in a lockable cupboard or trolley and kept separate to the residents prescribed medication.

Homely remedies should be stored:

- At temperatures below 25°C (unless stated otherwise on the medicine information).
- Away from damp and strong light.
- In accordance with the patient information leaflet or any instruction on the packaging.
- Once opened, all liquids should have the date opened recorded on the container. Note some products may have a shorter shelf-life once opened, check the manufacturer's literature.

If the homely remedy is kept in a resident's room it should be stored in a lockable drawer or cupboard separate to the residents prescribed medication.

Access to homely remedies should be restricted to staff with medicines management responsibilities.

## Administration

Prior to administering the homely remedy, where possible establish:

- this remedy is not already prescribed for the resident
- that the resident has no potentially serious symptoms
- past medical and drug history
- any known allergies
- what medicines the resident has used in past for these particular symptoms
- that the resident or their advocate consents to the treatment
- that the resident or their advocate is aware that the medicine is not prescribed, but has been agreed by the GP and/or dispensing pharmacist
- the maximum duration of treatment allowed

**Homely remedies should be given for a limited period, no more than 48 hours. If symptoms persist for more than 48 hours (or 24 hours if symptoms of diarrhoea are present), the resident's GP / Out of hours must be consulted for review.**

The administration of a homely remedy can be either in response to a request from the resident or from a member of care home staff.

It is the responsibility of the senior carer or duty nurse to check that the administration of the homely remedy is appropriate. If there is any uncertainty the GP or pharmacist should be consulted and the discussion documented.

If the resident self-administers the homely remedy a risk assessment would need to be completed and kept with their care plans.

The administration of homely remedies must be recorded according to the care home policy and procedures, and ideally on the residents MAR chart. If the MAR chart is used, the entry should be annotated 'homely remedy'.

The documented record of administration should clearly state:

- which medicine was given
- when it was given
- who administered
- why it was given
- the effect of the medication

This is particularly important so other members of care staff are aware of when the last dose was given to monitor effectiveness and avoid overdosing.

Only items listed on the signed agreement (Appendix 1) may be given as a homely remedy.

### **Obtaining supplies**

Products labelled for an individual resident, i.e. for whom a prescription has been issued, must not be given to another resident as a homely remedy. Nor should those purchased by a resident or their representative), for their personal use be administered to other residents.

Bulk prescribing is not a suitable way of obtaining homely remedies.

Homely remedies can be purchased from a community pharmacy, supermarket or other store. A record should be kept of purchases made.

### **Audit**

The running balance and expiry dates of the homely remedies must be checked regularly (it is good practice to check these monthly). Note some products may have a shorter shelf-life once opened – check the manufacturer's literature.

### **Disposal**

Expired stock should be disposed of in line with the care home's policy on the disposal of medication.



**Appendix 4 Record of Homely Remedies Administration and Audit**

**Name of homely remedy  
Medication**

**Strength**

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

1. The administration of homely remedies must also be recorded, ideally on the resident’s MAR chart. The entry should be annotated ‘homely remedy’.
2. 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.
3. For residents who purchase they own homely remedies, document a running balance of these separately to those purchased and stocked by the care home.