

## Homely Remedies Guidance for Care Homes

### What is a homely remedy?

Homely or household remedy is another name for a non-prescription medicine which is used in a care home for the short term management of minor, self-limiting conditions. Minor conditions will include conditions such as cold symptoms, headache, occasional pain or indigestion.

This guidance aims to ensure that access to treatment for minor ailments is as it would be for a patient living in their own home.

They can be obtained without a prescription and are usually purchased by the care home or sometimes by the resident.

### Why stock homely remedies?

Many people living in their own home purchase remedies from the chemist or the local shop and generally do this without involving the GP. Pharmacists will also provide advice on the best treatment and give advice on its use. For people living in a care home setting, which is their own home, we now refer to this approach as using homely remedies. These homely remedy products are kept in the home to allow access to products that would commonly be available in any household.

The NICE Social Care Guideline (SC1) Managing Medicines in Care Homes includes a recommendation that care home providers offering non-prescription medicines or other over-the-counter-products (homely remedies) for treating minor ailments should consider having a homely remedies process or policy.

The Care Quality Commission agrees that a small range of products may be kept in stock in a care home for residents for the treatment of minor ailments.

### Key points:

- This guidance serves as a template for Care Homes with or without nursing who agree to stock an approved list of products and treat minor ailments.
- **Homely remedies must be purchased by the care home** and should not be labelled for individual residents.
- **Homely remedies should only be given for a maximum of 48 hours before referring to the GP if symptoms persist. If required for longer than 48 hours, the GP would need to prescribe if there is a clinical need.**
- Remedies may be brought in by the relatives of a resident and they should be kept separate for the use of that resident only and not used as stock. The GP should be informed.
- **Homely remedies should not be requested on prescription from GPs or non-medical prescribers. Bulk prescribing is NOT a suitable way of obtaining stock of homely remedies.** Appendix 1 provides a summary of the differences between bulk prescribing and homely remedies. The Herts Valleys CCG bulk prescribing guidance can be found at <http://hertsvalleysccg.nhs.uk/publications/pharmacy-and-medicines-optimisation/care-homes>.
- Dressings and items for first-aid are not homely remedies, neither are vitamin supplements, herbal or homeopathic preparations. (This does not include residents who wish to purchase

<b>Version</b>	2.0
<b>Developed by</b>	Care Home Improvement Team Pharmacists, Pharmacy and Medicines Optimisation Team, HVCCG
<b>Date ratified</b>	v2.0 December 2017; v1.0 July 2017 (Medicines Optimisation Clinical Leads Group), v2.0 February 2018 (Primary Care Commissioning Committee); v1.0 July 2017 (Commissioning Executive)
<b>Review date</b>	July 2020

vitamin supplements, herbal or homeopathic preparations for their own use long-term; however this should be discussed with the GP).

### Managing Homely Remedies

**A list of medicines suitable for use as homely remedies is outlined in Appendix 2.**

The GP practice should be made aware when a homely remedies process is active in the care home.

### Obtaining supplies of homely remedies

Homely remedies can be purchased from the regular pharmacy supplier. They should be stored in the original packaging and includes information on:

- the recommended dose and strength of the medicine
- any warnings or contra-indications
- the expiry date

The Homely Remedies Stock Control Record Sheet (Appendix 3) should be used to record any purchases of homely remedies.

### Medicines not suitable as homely remedies

- Products requiring invasive administration e.g. suppositories
- Medicines that take up to 48 hours to work e.g. lactulose
- External preparations as these should only be used for individuals to avoid cross contamination
- Dressings and items for first aid
- Vitamins, herbal or homeopathic supplements
- Medicines being obtained via bulk prescription

### Storage

All homely remedies should be clearly identifiable as a 'homely remedy'. Homely remedies should be stored in a lockable cupboard or trolley and kept separate to residents prescribed medication. Access should be restricted to staff with medicines management responsibilities. If kept in a resident's room it should be stored in a lockable drawer or cupboard. All homely remedies **MUST** be stored in their original packaging together with any information supplied with the product about the medicine use. They should be stored in accordance with the instructions in the patient information leaflet.

Stocks and expiry dates should be checked monthly. Some liquids have a reduced shelf-life once opened therefore the date opened should be recorded on the bottle/label. The manufacturer's instructions should be checked for this information.

### Administration of homely remedies

Homely remedies should only be administered in accordance with the manufacturer's direction. **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.** Administration of the homely remedy should be documented on the resident's MAR chart. The entry should be annotated 'homely remedy' and should document:

- which homely remedy was administered
- dose, date and time of administration
- who administered, the reason for administration and the effect of the medication

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The reason for administration and the effect of the medication must be clearly documented.

The Homely Remedies Stock Control Record Sheet (Appendix 3) should be updated to indicate that the homely remedy has been administered to the resident.

**Administration should not continue for more than 48 hours before consulting the GP.** Care should be taken to ensure that residents are not taking non-prescribed medication that they have purchased, or have been given, in addition to the household remedies being administered by the home's staff.

Homely remedies are not for the use of anyone else i.e. family member or staff.

All care home staff using a homely remedies protocol should be named in it, and should sign to confirm they have the skills to administer the homely remedy and acknowledge that they will be accountable for their actions.

### Record keeping

All transactions involving homely remedies should be recorded in the Homely Remedies Stock Control Record sheet (Appendix 3).

### Disposal

Expired stock should be disposed of in line with the care home's policy on the disposal of medication. Disposal of homely remedies should be recorded in the Homely Remedies Stock Control Record sheet (Appendix 3).

### References

1. NICE Social care guideline SC1. Managing medicines in care homes. March 2014.
2. National Care Forum. Safety of Medicines in Care Homes. Homely remedies guide 2013.
3. PrescQIPP Bulletin 72. Care Homes- Homely Remedies. August 2014.

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## Appendix 1- Bulk prescribing vs homely remedies

The table below provides a brief summary of the differences between bulk prescribing and homely remedies and the benefits of each process.

<b>BULK PRESCRIBING</b>	<b>HOMELY REMEDIES</b>
<p>A bulk prescription is an order for two or more patients bearing the name of the care home in which at least 20 persons normally reside, at least ten of whom are registered with a particular GP practice.</p> <p>There are many care home residents taking medicines 'when required', which may present problems for the prescriber in determining the quantity to prescribe, as care homes work on a 28 day cycle. A bulk prescription allows care home staff to use the same supply of a medication for residents who are <i>clinically identified as suitable</i> for the prescribed medication.</p>	<p>A non-prescription medicine which is used in a care home for the short term management of minor, self-limiting conditions.</p> <p>Homely remedies should only be given for a <b>maximum of 48 hours</b> before referring to the GP if symptoms persist. If required for longer than 48 hours, the GP would need to prescribe if there is a clinical need.</p>
Involves FP10 prescription	No FP10 needed. Non-prescription medication that is available over the counter.
Prescription issued by practice and comes out of the prescribing budget.	<p>Purchased by the care home or sometimes by the resident (and/or relative).</p> <p>If purchased by the care home, these should not be labelled for individual residents.</p> <p>If purchased by the resident (and/or relatives), these should be kept separate for the use of that resident only and not used as stock.</p>
Stock requested by the care home on a monthly basis.	Only small packs/bottles of each authorised item should be held in the home.
This process would reduce the time taken by GP practices and care homes in determining quantities to prescribe on a monthly basis, for residents taking medicines on a 'when required' basis, where quantities may need to be varied every month on individual prescriptions. Not suitable for the acute requirements of medication.	By accessing a selected list of over the counter medicines, this would enable care home staff to respond to residents in a timely way when they feel unwell. By having these medicines available, an immediate need can be met.
Bulk prescribing is NOT a suitable way of obtaining homely remedies.	Homely remedies SHOULD NOT be bulk prescribed.

Both processes help reduce waste if implemented correctly BUT they are not the same and hence should not be confused.

Both guidance documents can be found at <http://hertsvalleysccg.nhs.uk/publications/pharmacy-and-medicines-optimisation/care-homes>.

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**Appendix 2- List of medicines suitable for use as homely remedies**

Product	Indication	Adult dose	Maximum daily dose	Additional information
Paracetamol 500mg tablets (also caplets & capsules)	For the relief of mild to moderate pain or raised temperature	1 or 2 tablets every 4 to 6 hours, up to a maximum of 8 in 24 hours.	4 grams (8 tablets) in divided doses	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.
Paracetamol 250mg/5ml oral suspension	For the relief of mild to moderate pain or raised temperature	10 – 20mls every 4 – 6 hours, maximum of 4 doses in 24 hours.	80mls in divided doses	Do not give with other paracetamol containing products. If body weight < 50kg, dose should be reduced to 10mls up to four times a day.
Senna 7.5mg tablets	For the relief of constipation	1-2 tablets daily, usually at bedtime	2 tablets	May colour urine
Senna 7.5mg/5ml syrup	For the relief of constipation	5-10mls daily, usually at bedtime	10mls	May colour urine
Peptac liquid (available in aniseed or peppermint flavour)	For the relief of heartburn or indigestion	10-20mls after meals and at bedtime	80mls in divided doses	
Oral rehydration sachets	For fluid and electrolyte loss associated with acute diarrhoea	One or two reconstituted sachets after each loose motion	20-40ml/kg	The solution should be made up immediately before use and may be stored for up to 24 hours in a refrigerator.

**The exact dose administered must be documented, i.e. whether one or two tablets has been administered.**

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**Appendix 3- Homely Remedies Stock Control Record Sheet**

<b>Name, Form and strength of homely remedy</b>  Please use one sheet per product	
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Date obtained/ destroyed	Quantity obtained/ destroyed	Date and time administered	Administered to [name of resident]	Dose administered	Administered by	Reason for administration/ or reason for disposal	Balance	Signature

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

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