

Good Practice Guidance for Care Homes

Homely Remedies and self-care products

Background

A homely remedy is described as a non-prescription medicine that a care home can purchase over-the-counter (i.e. the medicines are owned by the care home) for the use of multiple residents.

Self-care products are also non-prescription medicines but are usually to meet the individual need of a specific resident following advice from a health care professional such as a pharmacist or nurse.

Homely remedies:

Care home staff have a recognised duty of care to be able to respond to minor symptoms experienced by residents. A homely remedy is a medicinal product for the short-term treatment of minor ailments such as indigestion, coughs, mild to moderate pain and constipation. They can be obtained without a prescription and are usually purchased by the care home.

The NICE Guideline Development Group (GDG) for the management of medicines in care homes agreed 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 homely remedy 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.

Have policies and procedures for homely remedies: NICE¹ recommend 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, which includes the following:

- the name of the medicine or product and what it is for
- which residents should not be given certain medicines or products (for example, paracetamol should not be given as a homely remedy if a resident is already receiving prescribed paracetamol)

¹ <https://www.nice.org.uk/guidance/sc1>

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- the dose and frequency and the maximum daily dose where any administration should be recorded, such as on the medicines administration record
- how long the medicine or product should be used before referring the resident to a GP or seeking further advice from a healthcare professional.

Care home staff who give non-prescription medicines or other over-the-counter products (homely remedies) to residents should be named in the homely remedies process with evidence of appropriate training and competencies.

They should sign the process to confirm they have the skills to administer the homely remedy and acknowledge that they will be accountable for their actions.

Consult with GP Practices.

Locally, GP practices and care homes may agree a list of medicines to be used as homely remedies to enable the care home to offer relief for defined symptoms for a defined number of doses. The care home must have a homely remedy policy and processes in place to support this.

Self-care products:

If the advice is sought at the time of need, and usually for an individual resident, 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.

Discuss any health needs and medicines with the resident and their family including:

- How minor ailments are managed for the individual resident. The care home cannot diagnose a minor ailment or recommend a self-care product.
- Who will be responsible for obtaining the self-care product.
- Any self-care product obtained should be used solely for that individual – name should be annotated to packaging
- Informing the care home when any self-care product is brought into the home (including if it is self-administered). If the care home is to administer, the home must have written authority from a pharmacist or GP
How consent to administer is recorded when a person lacks capacity to make decisions - the decisions may need to be made by the family or at a best interest meeting.

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Consult with Community Pharmacies

The NHS commissions “Community Pharmacy” to provide advice and where appropriate, recommend products for self-care of minor ailments.

NHS England advises patients to seek advice from community pharmacy for minor ailments before requesting a GP appointment and to purchase self-care products rather than requesting an NHS prescription.

People living in their own home will visit their pharmacy for advice and to purchase products either to treat a specific ailment, to keep in “just in case of an ailment “, or to promote a feeling of well-being such as vitamins and minerals. For people living in a care home it is equally important that they have access to these self-care products in the same way as people residing in their own homes.

Obtaining supplies

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

- Local agreements on payment vary, it is usual practice to buy homely remedies using the care home's petty cash although the pharmacy may offer to invoice the home.
- Bulk prescribing is not a suitable way of obtaining homely remedies.
- 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 best excluded from the homely remedy policy as they should ideally be used by an individual to avoid cross contamination.
- Dressings and items for first-aid are not homely remedies, neither are vitamin supplements, herbal or homeopathic preparations. (Note this does not include residents who wish to purchase vitamin supplements, herbal or homeopathic preparations for their own use long-term, this should however be discussed with the GP).

Storage

- All homely remedies should be clearly identifiable as a ‘homely remedy’. If purchased from a community pharmacy, they may label the product to indicate that it is 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.
- They should be stored securely in a lockable cupboard or trolley and kept separate to the residents prescribed medication.

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- 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.
- If the homely remedy is kept in a resident's room, it should be stored in a lockable drawer or cupboard.
- Access to homely remedies should be restricted to staff with medicines management responsibilities.

Administration

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. The resident's MAR chart is ideal if it is possible to do so; the entry should be annotated 'homely remedy'. It should be clear what was given, when it was given, who administered and why it was given it, as well as 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.
- The document used to record the purchase of the medicinal product should be updated to indicate that it has been administered to a resident (see attachment 2).
- **Homely remedies should be given for a limited period, usually 48 hours or the period stated in the medicines policy.**
- 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.

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Administration of a self-care product for an individual should be recorded on the MAR chart, usually with an annotation that this is a self-care product and not ordered via prescription from the doctor.

Audit

It is good practice to check the balance and expiry dates of the homely remedies on a regular basis. 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.

Template documents for management of homely remedies and self-care products in care homes are available on the NECS medicine optimisation website <https://medicines.necsu.nhs.uk/necs-good-practice-guidance-and-tools-for-care-homes/> including:

- Homely remedy staff competency assessment
- Homely remedy stock control sheet
- Recommendation for self-care product

Further information is available:

- NICE guidance: Managing medicines in care homes <https://www.nice.org.uk/guidance/sc1>
- Specialist Pharmacy Services: RMOC guidance Homely Remedies <https://www.sps.nhs.uk/articles/rmoc-guidance-homely-remedies/>
- PrescQIPP Homely remedies: [B72. Care homes - Homely remedies \(prescqip.info\)](https://www.prescqip.org/guidance/b72-care-homes-homely-remedies)
- CQC Over-the-counter medicines and homely remedies: <https://www.cqc.org.uk/guidance-providers/adult-social-care/over-counter-medicines-homely-remedies>

Development of this guidance was primarily based on the PrescQIPP guidance.

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