

Homely Remedies Guidance for Care Homes

What is a homely remedy?

Homely or household remedy is another name for a non-prescription or over the counter (OTC) 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. Where a non-prescription or OTC medicine is purchased by the resident or relatives, please see East and North Herts CCG good practice guidance document on [prescribing over-the-counter in social care settings](#).

Why stock homely remedies?

Many people living in their own home purchase remedies from the pharmacy 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.

Care homes should ensure that residents have access to homely remedies for the management of minor conditions—this recommendation is in line with Care Quality Commission (CQC [Homely Remedy Guidance](#) (updated July 2018), NICE Guidance ([Managing Medicines in Care Homes](#), NICE Good Practice Guidance, March 2014), National Care Forum ([Safety of Medicines in Care Homes: Homely Remedies Guide](#), 2013) and [NHS England OTC FAQ for people living in care homes](#)

Supporting people to self-care

East and North Herts CCG good practice guidance document [prescribing over-the-counter in social care settings](#), sets out the NHS East and North Herts CCG’s approach to the prescribing of over-the-counter (OTC) medicines for patients in receipt of any type of social care (care home and home care patients) with self-limiting conditions and to promote self-care where possible. The good practice guidance document has been developed in line with the East and North Herts CCG OTC policy.

The document provides guidance on the main pathways whereby a patient may obtain OTC medicines, one of which includes homely remedies.

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 and if required for longer than 48 hours, the GP would need to prescribe if there is a clinical need to continue this treatment beyond 48 hours.**

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- Where remedies are brought in by the relatives of a resident, they should be kept separate for the use of that resident only and not used as stock. The GP should be informed; see [prescribing over-the-counter in social care settings](#)
- **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.
- 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 vitamin supplements, herbal or homeopathic preparations for their own use long-term; however this should be discussed with the GP).

Managing Homely Remedies

Access to homely medicines should be enabled through a specific policy, which forms part of an overall medicines policy for the care home.

The homely remedy policy should describe how residents can access over-the-counter medicines that would commonly be available in any household. Advice should be taken from a healthcare professional, such as a GP, pharmacist or the care home nurse, on the use of homely remedies. **In a nursing home or where the home employs their own pharmacist, it is expected that the designated nurse/ pharmacist will complete the authorisation form.**

Each resident must be assessed **individually** by a healthcare professional for suitability for each remedy. This should include the medicine itself, and also the indication for which it will be used. It is recommended that this should be done using the 'Homely Remedies Authorisation Form' (**Appendix 2**).

The 'Homely Remedies Authorisation Form' should ideally be completed for the resident in advance of any remedies being required. However, remedies can also be authorised at the time of need. Any advice given by a healthcare professional must be clearly documented. This information should be kept with the Medicines Administration Record (MAR) charts so it is accessible to the staff administering medication.

It should be reviewed at least annually, and ideally at the medication review or care plan review, unless a change in circumstances or medicines prescribed indicates that there is a need for a review sooner.

An example of a homely remedy authorisation form is provided in Appendix 2. This includes a list of medicines suitable for use as homely remedies. Only those items which have been agreed to be kept, and listed in the Homely Remedies Policy, can be administered. Any deviations from this list need to be approved by a healthcare professional. Where authorisation forms have been completed by other healthcare professionals, 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

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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

Receipt and Storage

Homely remedies should be stored in a lockable cupboard or trolley and kept separate to residents prescribed medication. This could be the same location as other medicines, but the homely remedies must be separated and marked as homely remedies. 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.**

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 are no contra indications with any medicine being taken
- 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 there is any uncertainty the GP or pharmacist should be consulted and the discussion documented.

Records of administration of homely remedies should be kept, such as on the medicines administration record (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

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

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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.

NICE guideline on managing medicines in care homes recommends that 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. An example homely remedies staff signature sheet can be found in Appendix 4.

Record keeping

Records of administration of homely remedies should be kept, such as on the medicines administration record (MAR) chart and in addition care home providers may also choose to use a 'Homely remedies Stock Control' 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; providers may choose to use the 'Homely Remedies Stock Control Record' sheet (Appendix 3).

Disclaimer

- Responsibility for ensuring all homely remedies documentation and training is up to date lies with the lead person for medicines management within the care home.
- Responsibility that homely remedies are reviewed regularly lies with the lead person for medicines management within the care home.
- This policy has been written to support decision making and provide assurance regarding dealing with minor conditions. However, it cannot address individual situations, and if there is any concern or doubt, additional advice should be sought, e.g. from the GP, pharmacist, or NHS 111.

Acknowledgement

Adapted from Herts Valleys CCG Homely Remedies Guidance for Care Homes, v3.0, May 2019

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.
4. CQC. Treating minor ailments and promoting self-care in adult social care. November 2018
5. Regional Medicines Optimisation Committee. Homely remedies position paper. November 2018.
6. Regional Medicines Optimisation Committee. Homely Remedy template policy. November 2018.
7. [NHS England over the counter medicines frequently asked questions for people living in care homes.](#)

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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.

BULK PRESCRIBING	HOMELY REMEDIES
<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 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.</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.

Homely Remedies guidance document can be found at <https://www.enhertscg.nhs.uk/care-homes>

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Appendix 2- Example Homely Remedy authorisation form

Resident name:

Resident date of birth:

Care Home:

- Homely Remedies should only be administered in accordance with the manufacturer's directions and only to those residents whose healthcare professional has agreed to their use. The signed 'Homely Remedy Agreement Form' should be kept in the **individual** resident's medication profile. These medicines must not be administered indefinitely and maximum treatment duration should be agreed for each medication (generally 48 hours). If symptoms have not responded to treatment, additional advice must be sought.
- The administration of homely remedies must be recorded. At annual review homely remedies should also be reviewed, unless a change in circumstances indicates the need for a review sooner.
- **The exact dose administered must be documented, i.e. whether one or two tablets have been administered.**

I authorise the use of the following homely remedies (**delete as appropriate**) to the named resident:

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.

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Name Signature Designation (e.g. nurse) **Date**

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Appendix 3- Example Homely Remedies Stock Control Record Sheet

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

- 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.
- For residents who purchase their own homely remedies, record separately to those purchased and stocked by the care home.
- A separate sheet is required for each medicine, form and strength.
- Also record medication administered on the resident’s MAR chart and care plan

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Appendix 4- Example Homely Remedies Staff Signature Sheet

All members of care home staff that are responsible for administering homely remedies should read the 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 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

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