



## Protocol for Homely Remedies

### What is a homely remedy?

A homely remedy is a medicine that is usually available at home for short term management of minor conditions.

Care homes must be able to respond quickly and effectively to support residents with symptoms of self-limiting ailments. This reduces the burden placed on GPs, community matrons and non-medical prescribers from minor illness which can be resolved quickly and easily whilst putting patient welfare first. *GPs do not prescribe for minor illness where self-care is appropriate.*

To ensure safe and effective use of self-care /homely remedies;

- Staff using a Homely Remedies policy must be trained to do so and a signed list of all trained staff should be kept by the home manager and regularly reviewed and updated
- A suitable record keeping method should be in place for the receipt, administration and disposal of homely remedies.
- Care homes are responsible for purchasing homely remedies/medicines for self-care.
- A written document should be kept with each patients care plan or MAR chart stating which Homely Remedies are suitable.
- No medication will be given without approval from the local pharmacist, nurse or GP.

### Administration

All staff must recognise and act within the parameters of safe practice.

The manager is responsible for ensuring adequate training and support is available to staff involved in the administration of homely medicines.

1. A trained member of staff assesses the resident's symptoms and their duration.
2. Phone your usual pharmacy supplier Pharmacist and discuss the best course of action.
3. Staff member confirms all current medication on MAR chart with the usual pharmacy supplier.
4. Record pharmacist's name, registration no: and recommendations on the MAR chart.
5. Pharmacist should record medication recommendations on the patient's computer PMR.

Treatment should not exceed 48/72 hours; (clarify length of time with pharmacist) if symptoms still persist the GP should be contacted. If symptoms worsen during treatment or you have any concerns you should contact the GP or out of hours service immediately for further advice.



When a member of staff is administering a homely remedy or non-prescription item accurate records must be kept in the care plan and on the patients MAR chart to ensure the homely remedy is administered at the appropriate intervals. The records must contain:

- The resident's reason for needing the homely remedy (signs and symptoms),
- The resident's consent to receiving the medication.
- Name of the pharmacy, pharmacist and their registration number.
- Name of drug given.
- Dosage, strength, formulation given.
- Time administered.
- Date and signature of the carer.

### **Storage**

Homely Remedies can be stored in the same cupboard as other medication; however they should be placed in a separate box or basket in original packaging with any patient information leaflets. The container should be clearly labelled as "Homely Remedies" showing they are not resident specific and at all times kept separate from residents' medication.

Care homes should not store excessive quantities of homely remedies; an audit trail should be kept recording the purchase, administration and disposal of homely remedies. This should be checked monthly to ensure there is a sufficient supply of homely remedies available. Check expiry dates and the running stock balance is accurate and all medication is accounted for.

Here is an example of a Homely remedy recording book - <http://www.medipost.co.uk/medipost-homely-remedy-book-p-6309.html?zenid=p849sdsbrc76jacsrnci5rss33>

### **Homely remedies purchased by patient or relative**

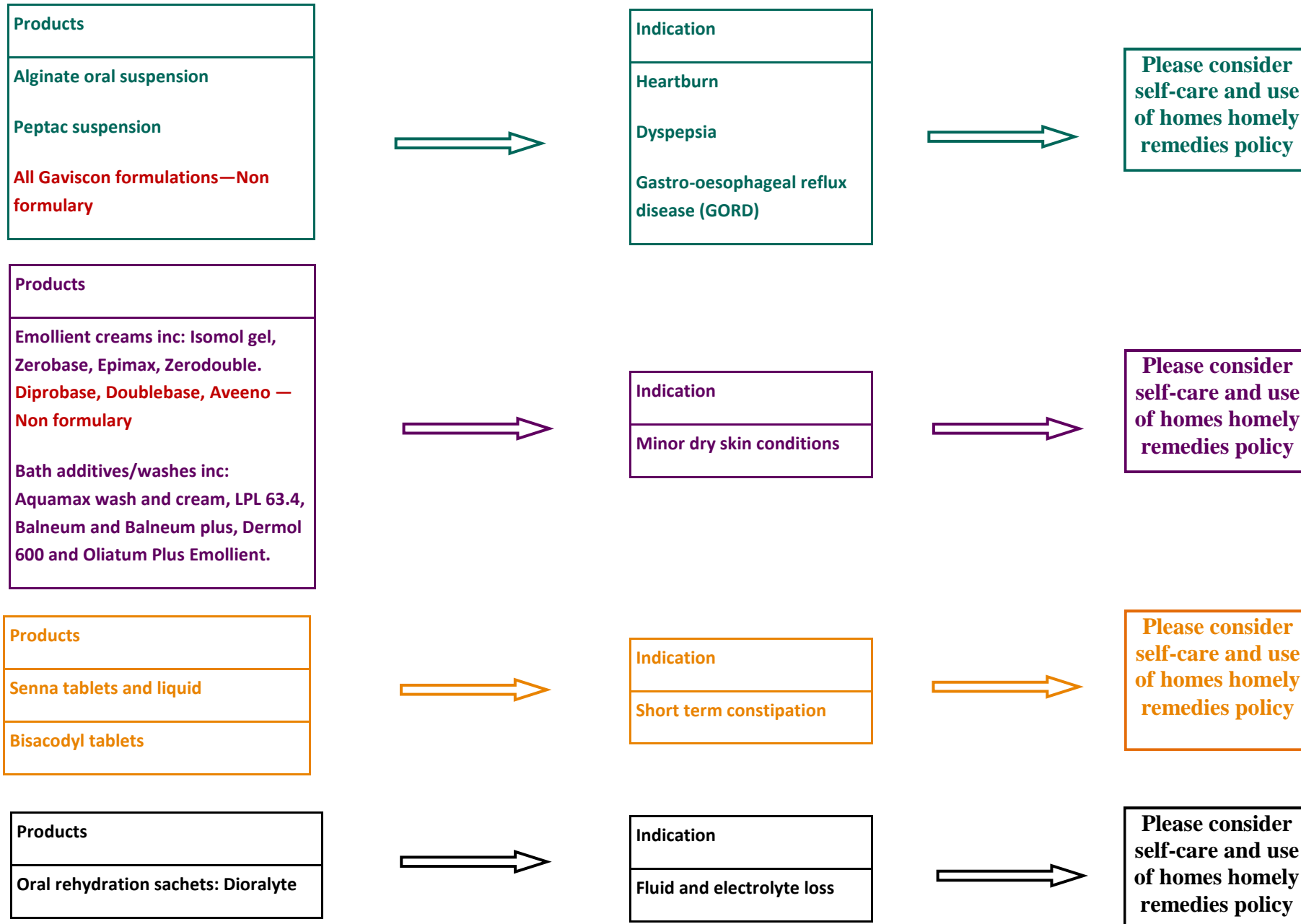
If a resident or relative chooses to purchase their own homely remedy for occasional use, the relevant staff should be informed and the medicine should be kept in a safe place. This should be kept separate from other 'stock' homely remedies as it cannot be shared. The supplying Pharmacist should be contacted to check for potential interactions with prescribed medication and other contraindications. All details should be clearly documented in the residents care plan

### **Can we use a different homely remedy list?**

This homely remedy list serves as a guideline for care homes in North East Essex. If individual care homes wish to use alternative medication this should be discussed with the regular supplying Pharmacist and/or residents GP then documented accordingly before use in the care home.



## Self-Care/Homely Remedies Reminder





## Self-Care/Homely Remedies Reminder

<b>Products</b>
Paracetamol formulations
Ibuprofen formulations



<b>Indication</b>
Short term mild to moderate pain or raised temperature



**Please consider self-care and use of homes homely remedies policy**

<b>Products</b>
Cetirizine all formulations
Loratidine all formulations
Sodium cromoglycate eye drops
Fluticasone nasal spray
Beclometasone nasal spray



<b>Indication</b>
Hay fever



**Please consider self-care and use of homes homely remedies policy**

<b>Products</b>
Olive oil ear drops



<b>Indication</b>
Ear wax removal/softener



**Please consider self-care and use of homes homely remedies policy**

<b>Products</b>
Simple linctus sugar free
Pholcodine linctus sugar free

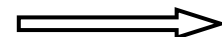


<b>Indication</b>
Dry irritating cough

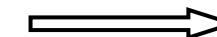


**Please consider self-care and use of homes homely remedies policy**

<b>Products</b>
Flexitol products



<b>Indication</b>
Hard/cracked skin



**Please consider self-care and use of homes homely remedies policy**



### Homely Remedy stock recording example

Name.....*Hall House*..... (Care home)

Example: Accountability log for ...*Paracetamol 500mg tablets*..... (Name of Homely Remedy)

Notes	Date and time	Resident	Quantity received in	Quantity given	Quantity left in stock	Staff signature
<i>Quantity received / carried forward</i>	<i>3/4/10 2pm</i>	<i>N/A</i>	<i>32</i>	<i>N/A</i>	<i>32</i>	<i>as</i>
	<i>14/4/10 9am</i>	<i>A Patient</i>	<i>N/A</i>	<i>2</i>	<i>30</i>	<i>as</i>
	<i>14/4/10 4pm</i>	<i>A Patient</i>	<i>N/A</i>	<i>2</i>	<i>28</i>	<i>BM</i>
	<i>28/4/10 8pm</i>	<i>J Bed</i>	<i>N/A</i>	<i>2</i>	<i>26</i>	<i>TC</i>
<i>Stock check</i>	<i>1/5/10 9pm</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>26</i>	<i>as</i>



### MAR sheet recording example

		Week 1 1 <sup>st</sup> January 2016						Week 2						Week 3						Week 4									
	Commencing	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Medication	Dose time																												
Aspirin Tabs 75mg One tablet to be taken each Morning	08.00 1	as	as	as	R	as	TG	as	as																				
	12.00																												
	16.00																												
	20.00																												
Sig	Quantity 28	Date Balance carried forward returned																											
Commenced 09.10.14	Route O																												
Ramipril 10mg caps One capsule to be taken at Night	08.00																												
	12.00																												
	16.00																												
	20.00 1	TG	as	as	R	as	TG	as	R																				
Sig	Quantity 28	Date Balance carried forward returned																											
Commenced 12.11.15	Route O																												
<i>Senna 7.5mg tablets Take Two tablets at night for constipation.</i>																													
	20.00 2	→						as	TG	as	Course complete 8/1/15 as/SD																		
<b>Home Remedies</b>																													
Advised by S Pill - Pharmacist Reg No: 765430, 05.01.16 11.05 am																													
Sig as/SD	quantity	Date Balance carried forward returned																											
Commenced 05.01.16	Route Oral																												

This policy is intended for use in care homes to reduce the delay in treating residents with minor ailments and support how residents would treat themselves if they were able. Care homes should seek advice from a pharmacist in the first instance before administering any of the agreed list of remedies and ensure robust recording procedures are in place. The pharmacist should be consulted before the start of each new episode of treatment to determine the best course of action for each resident.

This document supports the NEECCG self-care policy and self-care patient leaflet <http://www.neessexccg.nhs.uk/Library/Prescribing%20Information.html>



and NICE guidance recommendations for care homes <https://www.nice.org.uk/guidance/sc1/chapter/1-Recommendations>

The CQC supports the use of homely remedies in accordance with NICE guidance;

### **16. Non-prescription and over-the-counter products**

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 (e.g. paracetamol should not be given as a homely remedy if a resident is already receiving prescribed paracetamol),
- the dose and frequency,
- 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

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. 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.