

Good Practice Guidance:

The use of Homely Remedies in Care Homes

The aim of this guidance is to:

- Support and advise care homes in the development of a homely remedy policy that adheres to the NICE good practice guidance recommendations.
- Support GP practices and Community Pharmacies with Bury CCG's self-care agenda.
- Highlight the roles of all stakeholders responsible for using medicines safely and effectively in care homes.

This guidance has been developed in collaboration between Bury CCG's Medicines Optimisation Team, Bury GP Federation and Bury MBC Adult Services



Be Self Care *Aware*

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What is a homely remedy?

A homely (or household) remedy is a medicinal product for the short-term treatment of minor ailments such as indigestion, mild to moderate pain and constipation. These products can be obtained without a prescription and are usually purchased over the counter by the care home or sometimes by the resident. Having a homely remedy policy in place ensures that access to treatment for minor ailments is as it would be for a patient living in their own home.

Background

NHS Bury Clinical Commissioning Group (CCG) in collaboration with Bury Council is committed to raising self-care awareness amongst the population of Bury and launched a campaign called 'Be Self Care Aware' in 2015.

Homely remedies are clinically effective and do provide a clear health benefit. However, in view of the need for quick commencement and because the remedies are readily available OTC and because Bury expects patients and their representatives to be health care aware, it is our reasonable expectation that such remedies are not prescribed in the first instance.

With this in mind, the CCG has developed a 'Prescribing for Clinical Need' (PFCN) policy (available on Bury CCG's website-www.buryccg.nhs.net) that aims to standardise the products that are available on a GP NHS prescription in Bury.

As part of that launch and in order to support the PFCN policy, all care home providers were asked to support the self-care agenda by considering implementation of a 'homely remedy' policy as highlighted in 'Managing medicines in care homes'. NICE good practice guidance published in March 2014 (www.nice.org.uk/guidance/sc1)

These guidelines have been:

- Developed to support local care homes with the implementation of their own homely remedy policy that is in accordance with regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3). (www.legislation.gov.uk).
- Shared with all GP member practices within Bury CCG
- Discussed with Care Quality Commission

Care home's responsibility:

- To ensure that all staff members are suitably trained in line with NICE guidance on the proper and safe use of medicines.
- To be able to demonstrate if required to do so (i.e. during periods of inspection) that the homely remedy policy is adhered to in a safe and effective manner.
- To undertake regular review of policy to ensure in line with current guidance.

Care home manager's role:

- 1) To ensure relevant staff are trained to assess minor ailments, including when and whether it is appropriate to treat a resident using a homely remedy.
- 2) To have a written policy in place which includes the following:
 - Procedure for:
 - Obtaining consent from the resident (to include how to gain consent if the resident lacks capacity)
 - Ensuring that the resident being given a homely remedy isn't taking any medication purchased by themselves, relatives or friends.
 - Ensuring medication purchased by resident, relative or friend is recorded
 - How receipt, administration and disposal of medicines will be recorded.
 - The names of all care home staff administering homely remedies and signatures to confirm that they have the skills to administer them with an acknowledgement that they are accountable for their actions.
 - List of homely remedies available to be administered and for what indication it may be administered. This list to include:
 - the dose and frequency in accordance with manufacturer's direction
 - the maximum daily dose in accordance with manufacturer's direction
 - Where administration of homely remedy should be recorded (i.e. MAR chart)
 - List of residents who are excluded from receiving specific homely remedies (e.g. paracetamol not to be given to a resident who is already prescribed paracetamol or paracetamol containing medicines)
 - How long the homely remedy should be used before referring the resident to GP (i.e. 48 hours).
 - What action to take if resident's condition does not respond to the homely remedy or if condition worsens within the 48 hour maximum period.
- 3) Purchase of homely remedies

Community Pharmacy role:

(i.e. the pharmacy that supplies medication to the home)

- Provide advice on:
 - Use
 - Doses
 - Possible interactions with prescribed medicines (and non-prescribed medicines where applicable)
 - Shelf life of products once opened

Clinician's* role:

- To be aware and supportive of these guidelines.

*Clinician is the patient's GP or other clinician (practice nurse or practice pharmacist) with responsibility for the patient. The terms 'GP' and 'clinician' can be used interchangeably within this document.

Key points to include when developing a homely remedy policy

1. Agreement

- The policy should apply to all residents; for those residents who lack capacity who have made a Lasting Power of Attorney, an agreement should be made with the appointed Attorney(s). If no attorney has been appointed, the care home may wish to hold a 'best interests' meeting with the next of kin and/or resident's GP.
- It is good practice to discuss and agree the use of homely remedies with the resident and family on admission to the care home.
- Ensure that all residents' GPs are aware that the care home has a 'homely remedy' policy in place and has agreed in principle to their use for their registered patients.

2. Administration

- Homely remedies should:
 - Only be administered in accordance with the manufacturer's directions.
 - Not be used for more than the period stated in the policy. It is recommended that administration should not continue more than 48 hours before consulting the resident's GP.
 - Administration must be recorded on the resident's record (the preferred option being utilisation of the back of the medication administration record sheet (MAR) clearly annotated with 'homely remedy) stating:
 - Medication & dose
 - Date & time
 - Administered by & reason for administration
- 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 community pharmacist should be consulted in the first instance and the outcome of that discussion documented.
- Ensure that other members of staff are aware of when the last dose of a homely remedy was given to monitor effectiveness and avoid overdosing particularly at staff handover.
- If the resident self-administers the homely remedy, a risk assessment would need to be completed and kept with that resident's care plan.

3. Review

- The resident should be reviewed if the homely remedy is required beyond the period stated in the policy, (i.e. 48 hours or 24 hours if symptoms of diarrhoea are present and fluid intake is poor).
- The GP should be informed of the administration of a homely remedy at their next visit, and also of frequent usage of a remedy. If the homely remedy is required for regular treatment, a prescription should be provided.

4. Storage and record keeping

- On receipt into the care home homely remedies should:
 - Be recorded to provide an audit trail of administration, allow stock balance checks and expiry date checks.
 - Be stored within the secure medication storage area, but separated from prescribed medication and clearly identifiable as 'homely remedies'
- All homely remedies **MUST** be stored in their original packaging together with any information supplied with the product about the medicine use (i.e. patient information leaflet)
- Access to homely remedies should be restricted to staff with medicines management responsibilities within the care home.
- Balance and expiry dates of the homely remedies must be checked on a regular basis but at least monthly.
- Date expired stock should be disposed of in line with the care home's policy on the disposal of medication.

Frequently asked questions	
The GP has instructed me to purchase a specific product to treat a minor ailment for a particular resident. This product is not on our list of homely remedies shouldn't the GP be issuing a prescription?	No – this is no different than a person treating themselves in their own home. The product can be purchased, provided that you document the GP's verbal instructions in the resident's individual care plan.
How can we ensure that residents' relatives/friends aren't purchasing over the counter products and giving them without our knowledge?	By having the conversation with the resident and family on admission, that the home has a homely remedy policy in place and explaining how important it is for the safety of the resident that the staff who administer medication know if that resident is taking any over the counter medication.
How long do I need to keep records of administration of a homely remedy for?	The recommendation is to use the reverse side of the MAR chart to record administration of a homely remedy, so that record will be kept for the length of time a MAR chart has to be retained.
What should I do if a resident has a regular need for a particular homely remedy?	If a resident develops a regular or repeated need for the same homely remedy, then the GP should be informed.
Why aren't products like emollients and barriers creams included in the list of recommended homely remedies?	These are classed as general nursing care items and should either be kept as stock in care homes providing defined nursing care for use as part of nursing care. In the case of residential care homes they should be purchased over the counter to be used as part of residents' personal care.
Why aren't there any external preparations included in the list of homely remedies?	External preparations are excluded as they should be for individual use only to avoid cross contamination.
I have a resident who requires the homely remedy for longer than 48 hours, does the GP need to provide me with a written note to allow me to continue to administer?	No –this is outside the scope of the policy.

Appendix 1 Example of Homely Remedy Policy

Homely Remedy Policy - *EXAMPLE*

This policy applies to (insert *name of Care Home*)

<p>Definition</p>	<p>A homely (or household) remedy is a medicinal product for the short-term treatment of minor ailments such as indigestion, mild to moderate pain and constipation. These products can be obtained without a prescription and are usually purchased over the counter by the care home or sometimes by the resident. Having a homely remedy policy in place ensures that access to treatment for minor ailments is as it would be for a patient living in their own home.</p>
<p>Scope</p>	<ul style="list-style-type: none"> • The use of this policy allows residents to be treated with the homely remedies from the list of products for the relief of specific symptoms (See appendix 2 for list). • Members of staff administering a homely remedy must understand that these remedies can only be given to a resident for whom they are suitable. • Only members of staff who have been trained in the use of homely remedies are allowed to administer treatment under this policy. The list of trained staff is attached to this policy. • Appropriate measures must be taken to ensure that the resident to be given the homely remedy: <ul style="list-style-type: none"> ○ Does not have any contraindications to that remedy. ○ Are not already taking the remedy as prescribed medication. • Only those conditions stated in the policy may be treated and may only be treated using the specified products and doses. • Administration of a homely remedy should not continue more than 48 hours before consulting the resident's GP. • If the homely remedy is required for regular treatment, a prescription should be provided.
<p>Inclusion</p>	<p>This policy is restricted to those residents:</p> <p>Who have agreed to their use. For those residents who lack capacity who have made a Lasting Power of Attorney, an agreement should be made with the appointed Attorney(s). If no attorney has been appointed, then a 'best interests' meeting with the next of kin and/or resident's GP is needed.</p>

<p>Agreement</p>	<ul style="list-style-type: none"> • Explain to resident and/or family that the home has a homely remedy policy (for new residents this is part of admission process). This conversation should include the need for the staff to know if any medication is purchased by or on behalf of the resident as safety, storage and recording issues would then need to be discussed. • Once agreement is gained by the resident and/or family, ensure a record of the agreement is documented in the resident's medication file. <p>N.B. There is no requirement for a GP give written authorisation for the administration of a homely remedy unless it is outside the scope of this policy.</p>
<p>Administration:</p>	<ul style="list-style-type: none"> • If a resident displays symptoms of indigestion, mild pain or constipation inform the senior carer on duty. • Senior carer assesses the resident and checks in conjunction with homely remedy treatment chart (see appendix 2): <ul style="list-style-type: none"> ○ The general condition of the resident – no potentially serious symptoms ○ What if anything the resident has previously used for these symptoms ○ The medicine is not contra-indicated or interact with other prescribed medicines or with a pre-existing condition (if unsure contact <i>insert name of pharmacist</i> for advice) ○ The resident is not allergic or intolerant to the medicine or any ingredient. ○ The resident is not already taking prescribed medicine containing the same drug(if unsure contact <i>insert name of pharmacist</i> for advice) ○ Obtain and document verbal consent from the resident who is aware that the medicine is not prescribed. • Once assessment completed and decision is made to administer the senior carer will: <ul style="list-style-type: none"> ○ Follow the directions on the medicine container and product information. ○ Record administration on the reverse of the resident's MAR chart stating: <ul style="list-style-type: none"> • Name of medication given • dose given • time given • date given

	<ul style="list-style-type: none"> • who administered by • reason for administration <ul style="list-style-type: none"> ○ Regularly monitor the resident to assess their response to the medication and to be aware of any side effects or adverse reactions. ○ Refer to the GP: <ul style="list-style-type: none"> ○ If symptoms do not improve or side effects/adverse reactions are noted. ○ If resident's condition deteriorates ○ If symptoms persist for more than 48 hours. ○ If symptoms of diarrhoea present ○ Ensure that other members of staff on duty are aware of when the last dose of a homely remedy was given to monitor effectiveness and avoid overdosing. This is particularly important at staff handover. <ul style="list-style-type: none"> • If the resident wishes to self-medicate ensure that a risk assessment has been completed and recorded.
<p>Review:</p>	<ul style="list-style-type: none"> • The GP should be informed of the administration of a homely remedy at their next visit, and also informed of frequent usage of a remedy.
<p>Storage and record keeping:</p>	<p>The homely remedies used in this home are purchased from <i>insert name of pharmacy</i>.</p> <ul style="list-style-type: none"> • Upon receipt fill in the homely remedy record chart (see appendix 3) this is to ensure that an audit trail of administration is recorded. • Ensure the homely remedies are stored in the secure medication area in the cupboard marked 'homely remedies', and are not stored with prescribed medication. • Ensure the homely remedies are stored in their original packaging together with any information supplied with the product about the medicine use (i.e. patient information leaflet) • Once a liquid is opened ensure the date is marked on the bottle to ensure that it isn't used past its shelf life. • A monthly check must be carried out to: <ul style="list-style-type: none"> ○ Check balances; any discrepancies to be reported to the manager as soon as possible. ○ Check expiry dates; date expired stock should be disposed of in line with the care home's policy on the disposal of medication. ○ Check dates on opened liquids

I can confirm that I have undertaken and successfully completed the homely remedy training provided by *insert name of care home*.

I am able to administer homely remedies in accordance with this policy

Name of staff member	Signature	Date	Name of manager	Signature	Date

EXAMPLE

INDIGESTION/HEARTBURN – discomfort or burning pain in the central chest region. When this burning rises up towards the throat it is referred to as Heartburn.

If pain mild see below.

In cases of acute or severe pain refer immediately

Homely Remedy to be used:
PEPTAC

Lifestyle Advice	<ul style="list-style-type: none"> • Eat small, regular meals • Chew food well • Avoid bending or stooping after meals • Reduce or stop smoking, alcohol, caffeine • Avoid spicy foods • Avoid clothing that is tight around the waist
Directions for use:	<ul style="list-style-type: none"> • Dose: 10–20 mL after meals and at bedtime • Max total use in 24 hours 80mls in divided doses (4 doses of 20ml) • Shake well before use
Consider	<ul style="list-style-type: none"> • Is the resident taking any medication that may cause indigestion? • Is the resident taking any medication that carries a warning to avoid antacids or indigestion remedies?
When to refer	<ul style="list-style-type: none"> • If there is any doubt that the symptoms are caused by indigestion? • If there is increased shortness of breath, excessive sweating, if the pain radiates down the arm or the resident is generally unwell – CONTACT NHS DIRECT 111 OR 999
Cautions	<ul style="list-style-type: none"> • Should not be used in patients who are severely debilitated or suffering from kidney failure. • Antacids inhibit the absorption of tetracyclines and vitamins and should not be given at the same time – leave at least TWO hours between doses • This product contains a high level of sodium salt and is not recommended where a low sodium diet has been recommended for a patient. • Leave gap of 2-3hrs hours between administration of Peptac and other oral drugs.
Medicines that commonly cause Indigestion	<ul style="list-style-type: none"> • Anti- inflammatory medicines e.g. aspirin, ibuprofen, diclofenac, naproxen • Oral corticosteroids e.g. prednisolone

CONSTIPATION – initial changes in bowel habit should be reported to the GP.

Bowel charts should be kept in care plans for monitoring purposes.

Constipation in the elderly is often due to insufficient fluid intake

– large glasses of fluid should be avoided; little and often is more effective

Homely Remedy to be used:
BISACODYL TABLETS 5MG

Lifestyle Advice	<ul style="list-style-type: none"> • Constipation can be due to insufficient fluids – water little and often more effective than large glasses of water • Increase dietary fibre, try prune juice • Increase mobility if possible
Directions for use:	<p>Dose: 1-2 tablets before bedtime Maximum dose in 24hours: 2 tablets</p>
Consider	<ul style="list-style-type: none"> • Is resident taking any medication which could cause constipation? • Is constipation recurrent?
When to refer	<ul style="list-style-type: none"> • Any initial changes in bowel habit
Cautions	<ul style="list-style-type: none"> • Antacids should not be given one hour after taking the tablets.
Medicines that commonly cause constipation	<ul style="list-style-type: none"> • Indigestion remedies containing Aluminium • Antidiarrhoeals e.g. loperamide • Antihistamines e.g. chlorphenamine, promethazine • Antipsychotics e.g. risperidone, promazine • Cough suppressants e.g. codeine and pholcodine • Diuretics e.g. bendroflumethiazide, furosemide • Iron and Calcium Supplements • Pain killers containing opiates e.g. codeine, dihydrocodeine, morphine, tramadol • Some antidepressants e.g. amitriptyline, dosulepin, imipramine • Some drugs used to treat Parkinson's e.g. levodopa

MILD PAIN, E.G. HEADACHE, GENERAL MUSCLE ACHES AND PAINS, TOOTHACHE FEVER (ABOVE 37.5C)		Homely Remedy to be used: Paracetamol 500mg tablets/250mg/5ml liquid
Lifestyle Advice	Communication of pain is not just verbal – look for facial signs, sighing, groaning, calling out, aggression and withdrawal which is out of character.	
Directions for use:	Dose: 1-2 tablets up to FOUR times a day (MAX 2 tablets every 4-6 hours and 8 tablets in 24 hours) Liquid 250mg/5ml DOSE: 10ml – 20ml up to FOUR times a day (MAX 20ml every 4-6 hours and 80ml in 24 hours)	
Consider	<ul style="list-style-type: none"> • Has the resident been given any medication containing paracetamol in last 24 hours? • Consider giving ONE tablet or 10ml liquid if weight <39 Kg • If using liquid in diabetic resident ensure it is SUGAR FREE 	
When to refer	<ul style="list-style-type: none"> • Resident has liver impairment, suspected liver impairment • Headache is as a result of an injury/trauma • Resident has a previous history of self-poisoning with paracetamol • Resident has a history of alcohol abuse • Resident has a rash, vomiting, is intolerant to light or has a temperature that does not respond to first dose of paracetamol 	
Cautions	<ul style="list-style-type: none"> • Anticoagulants – warfarin dosage may need adjustment if paracetamol is taken regularly at maximum doses • Carbamazepine – may accelerate the rate at which paracetamol is metabolised by the body • Colestyramine – reduces the absorption of paracetamol • Metoclopramide / Domperidone – increase the rate at which paracetamol is absorbed by the body. • Many medicines contain paracetamol – if in doubt check with the pharmacist 	
Medicines that contain paracetamol	<ul style="list-style-type: none"> • Paracetamol • Co-codamol • Co-dydramol • Over the counter cough and cold remedies 	

Appendix 3 - Homely Remedies Record of Receipt and Administration for *Insert name of Care Home*

To record when homely remedies are obtained and administered.

Insert name of homely remedy including Strength Form (i.e. paracetamol tablets 500mg)

Date	Time	Pharmacy Obtained From	Batch No/Expiry Date	Amount Received	Amount Administered	Balance In Stock	Resident Receiving Medication	Name Of Carer	Signature Of Carer