

## Homely Remedy Information for Care Home Staff

### What is a homely remedy?

A homely remedy is a medicine that would normally be available at home for the short term management of a minor condition (e.g. paracetamol). These are often purchased from a pharmacy or local shop. A prescription is not required for these medicines.

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 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.

If the advice is sought at the time of need, 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.

See 'BSW MOCH Example of homely remedy agreement' document for an example of an advance agreement.

### Obtaining supplies

Homely remedies can be purchased from a community pharmacy, supermarket or other store. A record should be kept of purchases made (see appendix 2).

- Local agreements on payment vary, however it is usual practice for the pharmacy to invoice the home and to be paid from petty cash.
- 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).

For queries contact Medicines Optimisation in Care Homes teams via:

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Swindon- [BSWCCG.swindon.moch@nhs.net](mailto:BSWCCG.swindon.moch@nhs.net) or 01793 987667

Wiltshire- [BSWCCG.wiltshire.moch@nhs.net](mailto:BSWCCG.wiltshire.moch@nhs.net)

## 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.
- 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.

## Audit

The balance and expiry dates of the homely remedies must be checked regularly; it is good practice to check these monthly. Please note that some products may have a shorter shelf-life once opened, check the manufacturer's literature for details of this.

## Disposal

Expired stock should be disposed of in line with the care home's policy on the disposal of medication.

All Information obtained from PresQIPP:

<https://www.prescqipp.info/our-resources/bulletins/bulletin-72-care-homes-homely-remedies/>