

Good Practice Guidance for Care Homes

Example Homely Remedies and Self-care Policy

Paracetamol will be kept by the home to be available to treat residents for acute onset mild pain or fever. This can be administered to residents as per pain protocol in [Appendix 1](#)

Senna will be kept by the home to be available to treat residents for occasional constipation. This can be administered to residents as per the constipation protocol in [Appendix 2](#)

Further information is available at:

http://www.rnha.co.uk/web_images/pdfs/mm%20Homely%20Remedies%20Guide%202013.pdf

The maximum duration of treatment should not exceed 48 hours for each particular medication without obtaining medical advice.

If symptoms persist beyond 48 hours, or give cause for concern, or the resident has repeated need, medical advice should be obtained as the symptoms may indicate a more serious underlying condition.

The home will administer patient specific self-care products to residents following a risk assessment and provided either a GP, nurse or pharmacist (having checked with current medication) advises use and provides information about how to use and when to seek further advice.

Recommendation for Self-Care Products -

<https://medicines.necsu.nhs.uk/download/recommendation-for-self-care-product/>

Supply

The home is responsible for the supply of homely remedies.

The home should agree with the resident/family as to who is responsible for the supply of self-care products. It is possible that service users, possibly with the help of their relatives, will buy or have supplied their own homely remedies.

The home will routinely ask the service users and their relatives to disclose and discuss if they are taking any additional medicines to their prescribed medicines so that the home, in exercising its duty of care, can add them to the residents medication administration chart, include them in reconciliation procedures and check that they are safe to use.

The home will discuss with the service user and those involved in the supply of this additional medication the importance of sharing the information so that any risks in their use can be assessed and controlled.

The home will confirm that the medication used is not illegal.

Administration

All staff must recognise and act within the parameters of safe practice. The care home manager is responsible for ensuring all staff involved in the administration of any medicines receives the

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appropriate on-going training and support to maintain and update their knowledge on the use and administration of the homely remedies and self-care products.

Administration of the homely remedies must only be undertaken by staff that have undertaken the appropriate medication training and signed the relevant form stating that they have read and understood and are named in this homely remedy policy

Homely Remedies Competency Assessment - <https://medicines.necsu.nhs.uk/download/homely-remedies-competency-assessment/>

Service users with capacity who insists on taking homely remedies against the home's medically based advice that they are unsafe, will be asked to sign a disclaimer stating that the home cannot be held responsible for any adverse outcome.

If service users are taking unsafe over-the-counter medication, when they appear to lack the mental capacity to appreciate the risks, the home will carry out a best interests' assessment with all those involved in their care and decide on the appropriate course of action. The home is mindful that if it imposes any agreed restrictive measures, which are considered in a service user's best interests, where they lack capacity, its actions might need to be authorised under deprivation of liberty safeguards' procedures.

Consent

Care home staff should ensure that they obtain the resident's consent before administering a homely remedy and confirm that the resident has no allergies to the remedy. If unable to obtain consent, or if in doubt, the resident's family or GP should be contacted.

Storage of Homely Remedies

A locked medicine cupboard or trolley is required for the storage of all homely remedies. They should be separated from all prescribed medicines and clearly marked as homely remedies

Storage of Self –Care products

Depending on the risk assessment, self-care products may either be stored in the residents own room or in the locked medicine trolley alongside the prescribed medication for the resident

Recording the administration

It is essential that all medicines that are given to residents are recorded to maintain accurate records and avoid possible overdosing. Administration of homely remedies and self-care products must be recorded on the appropriate resident's medication administration record (MAR) sheet. The reason for administration of homely remedies should also be recorded on the MAR sheet.

The MAR sheet should be annotated where residents are responsible for administration

Checking Stock

When the home receives a supply of homely remedies the stock should be booked in on a homely remedies stock sheet

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Homely Remedies Stock Sheet - <https://medicines.necsu.nhs.uk/download/homely-remedies-stock-sheet/>

When a dose of a homely remedy is given to a resident it must be logged out of the stock sheet and a running balance maintained so a clear audit trail of these items can be maintained.

Stock should be counted every week to maintain an audit trail of usage and to check expiry dates. A separate stock sheet should be held for each individual homely remedy stocked by the care home.

As all self-care products are booked in on the resident's MAR sheet. If the home is responsible for reconciliation of the product. A regular audit of the administration of all self-care products should be carried out to identify when a further supply is required.

Expiry Dates

The expiry dates of all the stocked homely remedies and self-care products must be checked regularly (at least every 6 months). All liquids and suspensions for internal use should have the date of opening recorded on the bottle. Some preparations such as eye drops and liquid medicines may specify a shorter expiry once opened

Training

Care staff should be aware from their medication training of the possible side-effects of all medications administered and watch out for such side-effects in any service user using the medicine, whereupon, they should report the matter so that medical advice can be sought

Carers trained and competent to administer homely remedies

Name	Position	Date

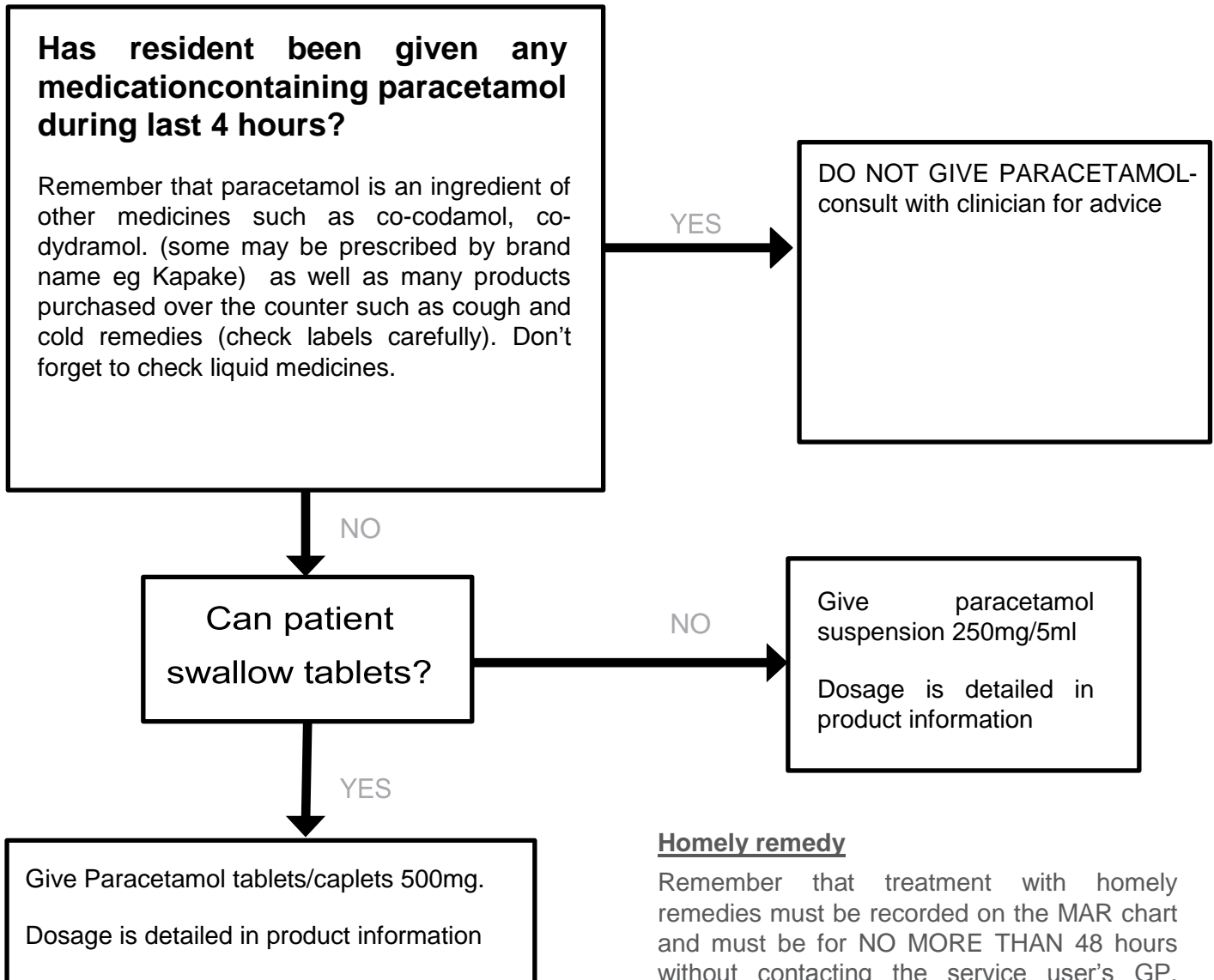
Appendix 1 - Guidance on Pain Protocol

Adapted from: http://www.rnha.co.uk/web_images/pdfs/mm%20Homely%20Remedies%20Guide%202013.pdf

Guidance for treatment of minor ailments with household remedies - PAIN such as headache and toothache

Flow chart for use when service user with symptoms of acute onset pain or mild fever

All cases of sudden onset severe pain must be referred.



Homely remedy

Remember that treatment with homely remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user's GP. Ensure the next shift is informed about any household remedies that have been given.

Communication of pain is not just verbal. Look for facial signs, sighing, groaning, calling out, aggression and withdrawal which is out of character.

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PRODUCTS NAMED IN FLOW CHART 1 – PAIN

Drug	Paracetamol (tablets)
Strength	500mg tablets/capsules/caplets
Dose	Two tablets up to four times a day If body weight is <39kgs, consider giving one tablet
Maximum dose	8 tablets (4g) in divided doses in any 24 hour period (maximum of two tablets or 1g, in any four hours) If body weight is <39kgs reduce to 6 tablets (3g) in divided doses.

Drug	Paracetamol (liquid) Sugar free is also available for diabetics.
Strength	250mg/5ml
Dose	Four 5ml spoonfuls (20ml) up to Four times a day If body weight is <39kgs, consider giving two 5ml spoonfuls (10ml)
Maximum dose	80ml (4g) in divided doses (maximum of 20ml or 1g, in any four hours) If body weight is <39kgs reduce to 60ml (3g) in divided doses

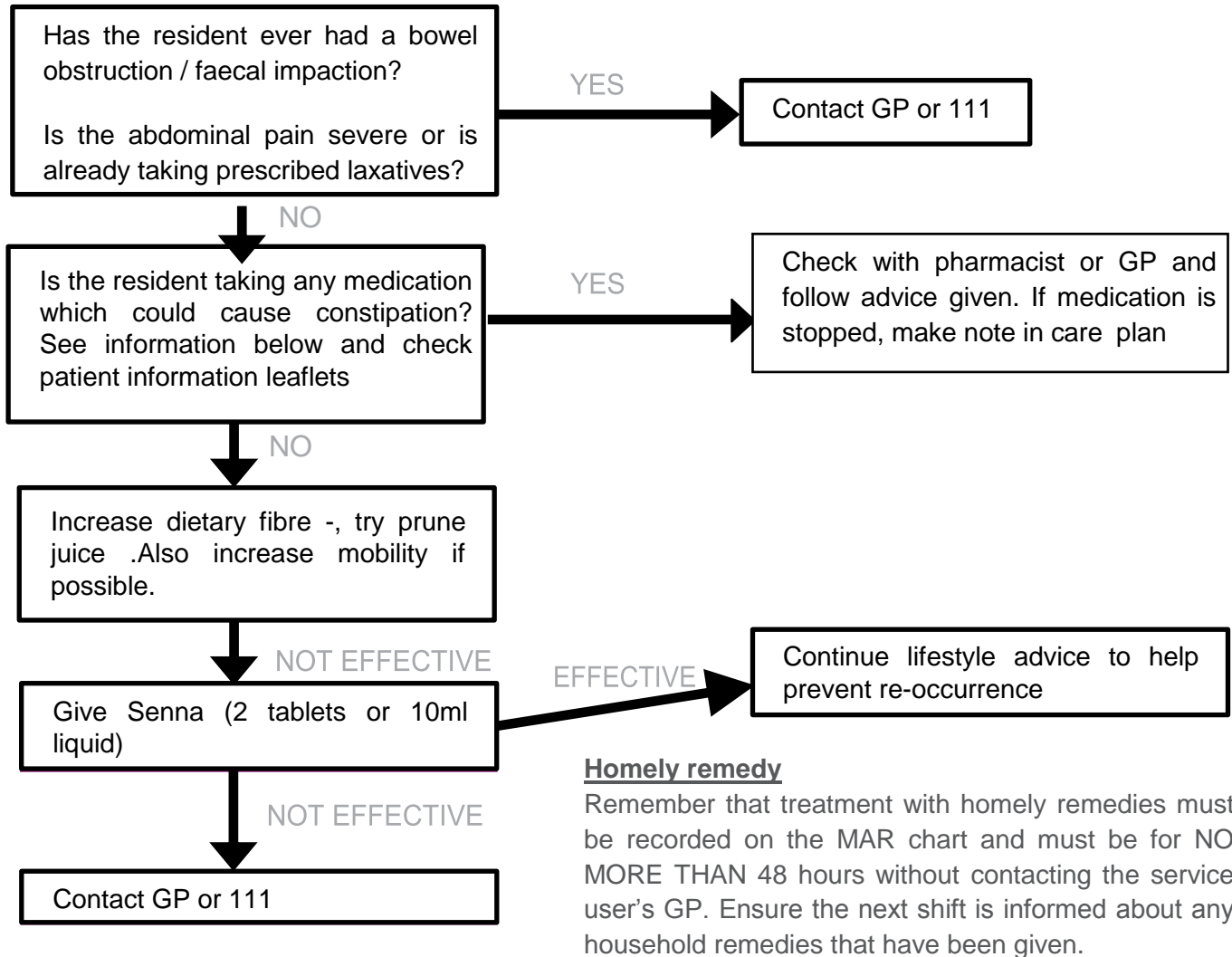
Further information for:	Paracetamol Tablets or Liquid
Indication for use	Relief of mild pain or mild fever
Maximum duration of treatment as homely remedy	Do not administer with other paracetamol containing products (check all current medication taken). Not suitable if history of severe liver disease or alcohol abuse If body weight is <39kgs, consider giving 10ml up to four times a day
Cautions	Many medicines also contain paracetamol. If in doubt check with pharmacist.
Additional resources	BNF 4.7.1 Patient leaflet https://www.medicines.org.uk/emc/

Appendix 2 – Guidance on Constipation Protocol

Adapted from: http://www.nha.co.uk/web_images/pdfs/mm%20Homely%20Remedies%20Guide%202013.pdf

Guidance for treatment of minor ailments with household remedies - CONSTIPATION

Initial changes in bowel habits should be reported to GP. Bowel charts should be kept in care plans for monitoring purposes. Constipation in the elderly is often due to insufficient fluid intake. Encourage drinking, little and often is more effective than large glasses of fluid.



Homely remedy

Remember that treatment with homely remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the service user's GP. Ensure the next shift is informed about any household remedies that have been given.

If constipation frequently re-occurs movicol/laxido may be prescribed on a PRN protocol.

Review need regularly to minimise use

Information

Some common drugs which can cause constipation: • Indigestion remedies containing Aluminium • Antidiarrhoeals eg loperamide (Imodium) • Antihistamines eg chlorphenamine (Piriton), promethazine (Phenergan) • Antipsychotics • Cough suppressants eg codeine and pholcodine • Diuretics eg bendroflumethiazide, furosemide (if dehydration occurs) • Iron and calcium supplements • Pain killers containing opiates eg codeine, dihydrocodeine, morphine, tramadol • Some antidepressants eg amitriptyline, dosulepin, imipramine

Some Parkinson's drugs eg levodopa • Some drugs to treat high blood pressure.

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PRODUCTS NAMED IN FLOW CHART 2 – CONSTIPATION

Drug	Senna tablets or Senna liquid for residents unable to swallow tablets
Indication for use	For relief of constipation
Strength	7.5mg tablets or 7.5mg/5ml Liquid
Dose	Two tablets or 10ml at night
Maximum dose in 24 hours	Two tablets or 10ml
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	If acute or persistent abdominal symptoms are present
Additional information	Can cause abdominal cramps Available as a liquid -Senokot syrup for those who cannot take tablets(consider sugar content if diabetic)
Additional resources	BNF 1.6.2 Patient leaflet https://www.medicines.org.uk/emc/