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| **Good Practice for Care Homes** |
| **Homely Remedies Competency Assessment** |

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| --- | --- |
| Name of Carer | Date |
| Care Home | |
| Policy Document  Read and Understood | Sign |

1) Which medicines may be administered to service users under the Homely Medicines Policy ?

Complete details in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| Drug Name | Indication | Dose Range | Frequency |
|  |  |  |  |
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2) What follow up action would you take after administering a medication under the homely remedy protocol?

3) What advice would you give the service user?

4) Where would you record the administration?

5) What would you write on the chart?

6) What would you include in the service users care plan?

7) Under what circumstances would you not administer Paracetamol to a service user?

8) Under what circumstances would you not administer a laxative to a service user?

**Assessment reviewed and ……………………………… deemed competent to administer Homely Remedies**

**By: Date:**