

Covid-19 : Homely Remedies in Care Homes

Introduction

A homely remedy is a medicinal preparation used for the short term treatment of minor, ailments, which can be bought over the counter without a prescription. A stock of homely remedies can be kept at a care home for administration to residents. Most care homes have a homely remedy policy in place and are familiar with the concept. This guidance has been developed to build on existing homely remedy policies in order to support the management of patients during Covid-19. It outlines the legal and best practice considerations that need to be taken into account and is to be read in conjunction with the care home's medicines policy where reference to this guidance should be made.

Authorisation

It is generally considered good practice to have an individualised homely remedy plan for each resident. An individualised homely remedy plan should be authorised by a GP, Pharmacist, ANP or an appropriately qualified prescriber. A homely remedy plan should expire one year after the date of authorisation and should be reviewed whenever deemed necessary due to significant changes in the patient's condition.

Given the current unprecedented circumstance it may not always be possible to have a written authorisation in place for each individual. It is therefore acceptable for the products contained in this policy to be administered via a verbal authorisation of a clinician, ANP, pharmacist or via telemed. It would also be deemed appropriate when acting under the instructions of a clinician to commence treatment for a group of individuals.

Obtaining homely remedies

Homely medicines should be purchased and stocked in advance of the need to use them. A record should be made of all supplies in the homely remedies register (see Appendix 2).

In the first instance homes should try to obtain these via their usual pharmacy. If any homes are experiencing difficulties obtaining supplies the CCG will help homes secure stocks of the medicines in this policy.

Storage

Homely remedies should be stored in a locked medicines cupboard or trolley, separate from prescribed medicines.

Stock checks

A running total of all homely remedy stock should be kept to ensure there is an audit trail of when and to whom the medicines were given. A stock check should be performed once a week and when a new supply of the medicine has been received. (See appendix 2)

Homes are responsible for ensuring they have on-going stocks of necessary products.

Administration

Homely remedies should only be administered by competent staff who have received medication training and are authorised to administer medicines by the Care Home. Care home managers should identify the staff who are trained, competent and authorised to administer homely remedies and record their names on an authorisation list. A template authorisation list is available in Appendix 1. Any assessment made or decision taken about the administration of a homely remedy should be documented in the resident's care plans.

Before administering any homely remedy the care home staff should:

- Check that an appropriately qualified prescriber, pharmacist, ANP or GP has agreed to the use of the homely remedy **This could be a verbal instruction to commence treatment** (see Appendix 3)
- Take into account the general physical condition of the service user
- Ensure they know the indication of the medicine they want to administer
- Check that the service user is not allergic / intolerant to the medicine or any ingredient in it
- Check that the service user is not already taking a prescribed medicine containing the same active ingredient(s)
- Consider the dosage, method and frequency of administration
- Confirm that the maximum administration period before referral has not been breached
- Check the expiry date
- Know the side effects of the medicine

If there is any doubt as to whether the medicine is suitable, advice should be sought from an appropriately qualified prescriber.

It is expected that staff read the information and follow the directions on the medicine container and on the patient information leaflet, and never exceed the stated maximum dose.

After administration

- Make a clear, accurate and immediate record of all homely remedies administered to the resident in the homely remedy book and MAR chart.
- Monitor the physical condition of the service user and the effect of the homely remedy (including any side-effects and adverse reactions)
- Contact the prescriber without delay if the resident develops a reaction to the homely remedy, or where assessment of the service user indicates that the homely remedy is no longer suitable
- Seek advice from a pharmacist, nurse practitioner or GP if symptoms persist

An appropriately qualified prescriber would need to be contacted to obtain agreement to continue administration of any authorised homely remedy past the agreed maximum administration period before referral.

If an appropriately qualified prescriber authorises the continuation of the homely remedy past the maximum administration period, request written confirmation of this and record it in the resident's care plan.

Appendix 3: Homely Remedy Authorisation Form

Name of resident:

Residents Date of Birth:

Residents NHS Number:

Name of authorising professional:

Name of GP practice:

Professional's registration number if applicable (GMC/GPhC):

This agreement expires one year after being authorised.

Verbal Authorisation
may be given
remotely

Homely remedy	Indication and Dose	Authorising Individual	Date of authorising	Maximum administration period before re-referring
Paracetamol 500mg tablets/caplets / soluble tablets	General muscle aches and pains, Fever / temperature above 37.5°C Adult dose: Two 500mg tablets/caplets every four to six hours. Maximum 4g in 24 hours (check not already taking paracetamol containing products)			48 hours
Simple linctus	Management of cough : 10mls four times daily			48 hours
Codeine linctus 15mg/5ml	Management of severe cough or cough unresponsive to simple linctus 15mg (5ml) four times daily			48 hours
Senna 7.5mg tablets	Constipation Two 7.5mg tablets once daily			48 hours

References:

1. Care Quality Commission: Residential adult social care services March 2015
http://www.cqc.org.uk/sites/default/files/20150327_asc_residential_provider_handbook_appendices_march_15_update_01.pdf
2. Care Quality Commission. Professional Advice: The administration of medicines in care homes. No date.
3. Nursing and Midwifery Council. Standards for medicines management 2009:
<http://www.nmc.org.uk/standards/additional-standards/standards-for-medicines-management/>
4. Department of Health. The Medicines Act 1968. The Stationery Office Limited. [Online]. 1968 Oct 25 [Accessed 2011 Nov 19]. Available from URL:
<http://www.legislation.gov.uk/ukpga/1968/67/contents>
5. Department of Health. The Misuse of drugs Act 1971. The Stationery Office Limited. [Online]. 1971 May 27 [Accessed 2011 Nov 19] Available from URL:
<http://www.legislation.gov.uk/ukpga/1971/38/contents>
6. Department of Health. The Mental Capacity Act 2005. The Stationery Office Limited. [Online]. 2005 Apr 7 [Accessed 2011 Nov 19]. Available from URL:
<http://www.legislation.gov.uk/ukpga/2005/9/contents>
7. Nursing and Midwifery Council: The Code
<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>
8. Royal Pharmaceutical Society of Great Britain. The Handling of Medicines in Social Care. [Online]. 2007 Oct 16 [Accessed 2011 Nov 19]. Available from URL: <https://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf>
9. BMJ Group/Pharmaceutical Press. British National Formulary 62. London: Royal Pharmaceutical Society of Great Britain/BMJ Group; 2011 Sep.
10. Page M, editor. British Medical Association. New guide to medicines and drugs. 8th edition. London: Dorling Kindersley; 2011 June.
11. NICE guidelines (2014): Managing Medicines in Care Home: [Accessed January 2019]. Available from URL: <https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-pdf-61677133765>
12. Regional Medicines Optimisation Committee (RMOC) (Midlands and East) Homely Remedies Position Statement November 20018 and Homely Remedy Template Policy November 2018 Accessed 1st March 2019 via <https://www.sps.nhs.uk/articles/rmoc-guidance-homely-remedies/>

Please note:

This guidance does not remove the professional or personal accountability of staff. It is the responsibility of each individual to practice only within the bounds of their competence and ensure they continue to keep their professional development up to date. Health care professionals or carers working to this guidance should follow their own company procedures and protocols as well as nationally recommended guidance such as the NMC guidance and their competence should be confirmed by an appropriate authorising manager who is taking responsibility for authorising healthcare professionals to operate under the this guidance.

Author(s)	PL Medicines Management Team		14/04/2020
Approved by	Dr Vanessa Warren – Clinical Lead for EoL	Sig.	14/04/2020
Authorised by	Dr Mark Dziobon – Medical Director	Sig.	14/04/2020