

Good Practice Guidance: Homely Remedies

Introduction

A homely remedy is a medicinal preparation used to treat minor ailments, which can be bought over the counter without a prescription. A stock of homely remedies can be kept at a care home with nursing (CHwN) for administration to service users. The medicine can be purchased from a pharmacy or brought in by a service user. This guidance outlines the legal and best practice considerations that need to be taken into account when homely remedies are used in CHwN.

All CHwN managers using homely remedies should identify the staff who are authorised to administer these medicines and record their names on an authorisation list. A template authorisation list is available in Appendix 1.

Record keeping

Nurses have a duty to communicate effectively with their colleagues, ensuring that they have all the information they need about the people in their care. Any assessment made or decision taken about the administration of a homely remedy should be documented in the service user's clinical notes⁷.

When homely remedies are obtained they should be recorded in a homely remedies register (a template is available in Appendix 2). Nurses should record:

- Which medicine has been received, including the name and strength of the medicine
- How much has been received
- The date the supply was received
- Where the supply was received from
- Batch number of medicine
- Expiry date of medicine
- Balance in stock

Nurses must document the administration of all homely remedies in legible handwriting in the following documents:

	Homely Remedies Register	Service user's MAR chart	Service user's clinical records
Medicine administered	✓	✓	✓
Date administered	✓	✓	✓
Time administered	✓	✓	✓
Service users name	✓	✓	✓
Reason for administration			✓
Dose given	✓	✓	✓
Consent obtained from service user			✓
Name and signature of nurse administering	✓	Signature only	✓
Manager/senior nurse signature	✓		
Balance remaining in stock	✓		

If a CHwN is currently using an electronic medicines administration system, then nurses should ensure that the administration of all homely remedies is entered on this system.

Obtaining homely remedies

Homely medicines can be purchased by the CHwN and stocked in advance of a request, although service users can also have their own supply of homely remedies. In this circumstance, the CHwN has a responsibility to:

- Ask to see the medicines
- Check that they are suitable for use
- Explain how and why they will / will not be used
- Establish if they are already prescribed

These medicines remain the service user's property and must only be used for that person. They must not be removed from the person without their permission³.

Storage

The CHwN manager has overall responsibility for the control and storage of homely remedies. Managers must ensure that all homely remedies are stored in a locked cupboard or trolley which is separate from any prescribed medicines. Suitable storage facilities must be available to ensure the safe storage of service users' own homely remedies. Only staff who are authorised to handle medicines should have access to them. All homely remedies should be stored:

- Under 25°C
- Away from damp and strong light
- In accordance with the patient information leaflet or any instruction on the label

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 month and when a new supply of the medicine has been received. The outcome of the stock check should be documented in the homely remedies register and any discrepancies should be reported to the CHwN manager.

Prior to administration

Before administering any homely remedy nurses should:

- Take into account the general physical condition of the service user
- Ensure they know the therapeutic use 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 drug
- Check that the medicine does not contraindicate / interact with any other medicines prescribed
- Check that the medicine is not contraindicated due to a pre-existing medical condition
- Consider the dosage, method and frequency of administration
- Check the expiry date
- Know the side effects of the medicine

If there is any doubt as to whether the medicine is suitable, nurses should refer to a pharmacist.

Consent

Consent must be obtained from the service user before administering homely remedies and this should be documented in their clinical records. Nurses should ensure that the decision to administer is in line with the Mental Capacity Act 2005⁶.

Handling of medicines

Nurses should wash their hands before and after handling medicines and avoid physically touching them. If this is unavoidable, gloves should be worn. If medicines are being applied directly to the skin, gloves must be worn both for your own protection and to prevent cross-infection. For hygiene reasons, tubes of cream should be obtained for use, rather than jars, and nurses should record the date of opening on the tube and dispose of it three months after opening. Creams should be used for one person only, with the person's name written on the label. Oral homely remedies must not be labelled for individuals as they can be administered to several service users.

Nurses must follow the directions on the medicine container and on the product information leaflet, and never exceed the stated maximum dose.

Self-administration

If service users are deemed able and competent and wish to self-administer their medicines, they should be supported in doing so and this activity should be supervised. CHwN are responsible for the initial and regular assessment of service users who are self-administering to ensure their continued competence, and to minimise any risk to the service user and others. The outcome of any assessment should be documented in the service user's clinical records. If a service user is self-administering their medicines it is good practice to state this on the MAR chart.

After administration

Nurses must:

- Make a clear, accurate and immediate record of all homely remedies administered to a service user
- Monitor the physical condition of the service user and the effect of the homely remedy (including any side-effects and adverse reactions)
- Contact the GP without delay if the service user develops a reaction to the homely remedy, or where assessment of the service user indicates that the homely remedy is no longer suitable
- Record any adverse reactions on the Yellow Card at the back of the British National Formulary (BNF) or online at www.yellowcard.gov.uk
- Seek advice from a pharmacist or GP if symptoms persist

If the GP authorises the continuation of the homely remedy past the agreed timescale, the CHwN should receive written confirmation of this and record it in the service user's clinical records.

Administration errors

If an administration error is made, nurses must:

- Take action to prevent any potential harm to the service user
- Inform and reassure the service user
- Report the incident immediately to the CHwN manager
- Complete an incident form as per local policy
- Document the incident in the service user's clinical records, recording any action taken and any advice given
- Contact a pharmacist or the GP for advice
- Observe and monitor the service user, documenting any reactions in their clinical records

Disposal of homely medicines

CHwN must dispose of all medicines in accordance with legislation³. Out of date medicines should be kept separately from all other medicines and either returned to the pharmacy (if the pharmacy holds a Waste Management License) or returned to a contracted waste management company for safe disposal. If the medicine is the property of a service user, consent should be gained prior to disposal.

If returning waste medicines to the pharmacy:

The CHwN must record the following information in a homely remedies register:
(a template is available in Appendix 4)

What to record	Property of CHwN	Property of service user
Date of disposal	✓	✓
Name and strength of medicine	✓	✓
Quantity disposed	✓	✓
Signature of the nurse returning the medicine	✓	✓
Signature of pharmacy staff receiving the medicine for disposal	✓	✓
The service user's name		✓
The service user's signature of consent (if able)		✓

If the homely remedy is the property of a service user, a record should also be made on their MAR chart.

If returning waste medicines to the waste management company:

The CHwN must record the following information in a homely remedies register:

What to record	Property of CHwN	Property of service user
Date of disposal	✓	✓
Name and strength of medicine	✓	✓
Quantity disposed	✓	✓
Signature of the nurse returning the medicine	✓	✓
The service user's name		✓
The service user's signature of consent (if able)		✓

If the homely remedy is the property of a service user, a record should also be made on their MAR chart.

Note: If the medicines were purchased by the CHwN for a specific service user and the service user dies, they should be retained for 7 days as they may be required by the coroner's office.

Appendix 3: GP Authorisation Form

This form can be used to record which homely remedies the GP authorises for use in the CHwN.

Care home with nursing name:

		For completion by the GP	
Homely remedy	Therapeutic use	Tick if authorising use	Maximum administration period before referring to GP
Paracetamol 500mg tablets / soluble tablets or 250mg/5ml liquid	Headache, mild pain, cold symptoms, general muscle aches and pains, pyrexia above 37.5C Adult dose: One or two 500mg tablets every four to six hours. Max. 1g in four hours or 4g in 24 hours		
Oral rehydration sachets	Diarrhoea Adult dose: Dissolve the contents of one sachet in 200ml of fresh drinking water and take after each loose motion.		
Senna 7.5mg tablets or 7.5mg/5ml liquid	Constipation Adult dose: One or two 7.5mg tablets at night. Max. 30mg in 24 hours		
Peptac [®] Liquid	Gastro-oesophageal reflux, dyspepsia (indigestion / heartburn) Adult dose: 10ml to 20ml after meals and at bedtime. Max. 80ml in 24 hours		
(Add another medicine if required)			
(Add another medicine if required)			
(Add another medicine if required)			
(Add another medicine if required)			

GP Name:

GP Signature

Date:

References

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10. Page M, editor. British Medical Association. New guide to medicines and drugs. 8th edition. London: Dorling Kindersley; 2011 June.
11. Summary of product characteristics for medicines: <https://www.medicines.org.uk/emc/>

Please note:

This guidance does not remove the professional or accountability of healthcare staff. It is the responsibility of each professional to practice only within the bounds of their competence and ensure they continue to keep their professional development up to date. Health care professional 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.

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Approved by	Medicines Management Steering Group	Date	26/07/2016