

CM13 - Homely Remedies Policy and Procedure

Category: Medications Management Sub-category: Medications Management







 **Policy Review Sheet**

Review Date: 04/04/17 Policy Last Amended: 04/04/17

Next planned review in 12 months, or sooner as required.

Note: The full policy change history is available in your online management system.

Business Impact:	Low	Medium	High	Critical
		X		
Changes are important, but urgent implementation is not required, incorporate into your existing workflow.				

 Reason for this review:	New Policy
 Were changes made?	Yes
 Summary:	Annual review and updated content. This content was previously part of the CM02 Medications Policy and Procedure.
 Relevant Legislation:	<ul style="list-style-type: none"> The Care Act 2014 Medicines Act 1968
 Underpinning Knowledge - What have we used to ensure that the policy is current:	<ul style="list-style-type: none"> RPSGB, (2007), <i>The Handling of Medicines in Social Care</i>. Royal Pharmaceutical Society of Great Britain NICE, (2014), <i>Managing Medicines in Care Homes Social Care Guideline [SC1]</i>. [Online] Available from: https://www.nice.org.uk/guidance/sc1 [Accessed: 08/02/2017]
 Suggested action:	<ul style="list-style-type: none"> Notify relevant staff of changes to policy Share key facts with professionals involved in the service Share key facts with people involved in the service Training sessions Discuss in team meetings Discuss in supervision sessions Confirm relevant staff understand the content of the policy

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1. Purpose

1.1 To enable Service Users to have access to non-prescription medicines that are available over the counter from pharmacies.

1.2 To support in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
SAFE	S4: How are peoples medicines managed so that they receive them safely?
EFFECTIVE	E1: How do people receive effective care, which is based on best practice, from staff who have the knowledge and skills they need to carry out their roles and responsibilities?
EFFECTIVE	E2: Is consent to care and treatment always sought in line with legislation and guidance?
CARING	C2: How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support?
RESPONSIVE	R1: How do people receive personalised care that is responsive to their needs?

1.3 To meet the legal requirements of the regulated activities that is registered to provide:

- | The Care Act 2014
- | Medicines Act 1968



2. Scope

2.1 The following roles may be affected by this policy:

- | Registered Manager
- | Nurse
- | All staff trained and competent to administer medicines.

2.2 The following Service Users may be affected by this policy:

- | All service users

2.3 The following stakeholders may be affected by this policy:

- | Family
- | Representatives
- | GP
- | Pharmacist



3. Objectives

3.1 To safely use 'homely remedies' to manage minor ailments on a 'when required' basis over a short defined period of time.

3.2 To identify the medicines that can be purchased for use as a homely remedy, similar to how people would obtain the medicines for use in their own home.

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4. Policy

4.1 The NICE Guidance for the Managing of Medicines in Care Homes states that where a care home provider offers Service User's treatment for minor ailments with homely remedies, a procedure for use should be in place, i.e. a Homely Remedy Policy and procedure.

4.2 will agree locally what homely remedies it will stock and administer. Local GPs and Community Pharmacists may be consulted to compile the list.

4.3 Management of Homely Medicines

- | All homely remedies for use in the service are listed at the end of this policy
- | Staff must only use these items that have been agreed and authorised by the GP's responsible for the medical care of the Service User, this list details each homely remedy, the dosage and what ailments it can be used for
- | The homely remedy policy should be signed by the GP who is overall responsible for the medical care of the Service User
- | If a Service User's GP has not authorised the list, then staff must not administer homely remedies to them
- | Service Users must not be given any of the staff's own medicines
- | Staff must not take homely remedies bought for the Service Users
- | Homely remedies should not be labelled for individual Service Users
- | Homely remedies must be stored securely and separately from the Service User prescribed medicines in the medicines storage room and the stock and use will be checked by designated staff as part of the medicines management audit
- | Expiry dates should be checked periodically and ideally only small packs and bottles of the homely remedy should be kept in the home
- | Community pharmacists supplying medication to the care setting or any visiting pharmacist may be approached for advice on the use of any homely remedy, doses, any possible interactions with the Service Users prescribed medication, shelf life and storage

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5. Procedure

5.1 Service Users and Homely Medication

- | Where a Service User wishes to take a homely remedy, their GP should be contacted for advice and to arrange their agreement and consent in consideration of other medicines currently being taken. This must be recorded in the Service User's Care Plan and the prescription added to their MAR
- | Relatives who buy homely remedies for Service Users should be encouraged to contact the GP or pharmacist for their advice regarding proposed homely remedy medication
- | Service Users must not take homely remedies for more than 24-48 hours. If symptoms continue their GP should be contacted for advice
- | Staff must keep a record of the purchase, administration and disposal of any homely medication

5.2 Recording Administration of a Homely Medicine

A record of administration of the homely remedy should include the following (e.g. by using the back of the MAR):

- | The date and time administered
- | The name of the Service User
- | The name of the homely remedy administered and the dose given
- | The reason for administering the homely remedy and the outcome
- | There should be a running total of all the homely remedies kept (they should be regularly date checked using the homely medication stock sheet)
- | Homely remedies should be kept in a locked storage cupboard separately from other prescribed medication in the home

5.3 Expiry Dates

The expiry dates of all the stocked homely remedies 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, and should be discarded no longer than 6 months after this date. Individual preparations may specify a shorter expiry.

5.4 Checking Stock

When a dose of a homely remedy is given to a Service User, 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 held by the home.

6. Definitions

6.1 Homely Remedy

- | A product that can be purchased (e.g. from a pharmacy or supermarket) for the relief of a minor, self-limiting ailment without the need for a prescription

Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | The Homely remedy should be signed by the Service Users GP who is overall responsible for their medical care
- | The policy should be reviewed periodically by the GP
- | Pharmacists visiting the care setting to provide advice should include homely remedies as part of their audit/advice visit

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Key Facts - People affected by the service

People affected by this service should be aware of the following:

- | You should be able to use homely remedies for a short period of time after a discussion with your GP



Further Reading

There is no further reading for this policy, but we recommend the 'underpinning knowledge' section of the review sheet to increase your knowledge and understanding.



Outstanding Practice

To be outstanding in this policy area you could provide evidence that:

- | All records and evidence of purchase are available
- | Clear and concise records of administration and disposal
- | Regular date checking of homely remedies



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Authorisation to Administer a Medication Under the Homely Remedies Policy - CM13	When a homely remedy is requested.	QCS
Homely Remedies Stock Audit Sheet - CM13	When Homely remedies are purchased.	QCS
Homely Remedy Authorisation List - CM13	This is a template for agreeing which homely remedies are suitable for administration to each resident in your home. This may be copied or amended as required, but should be used as part of a homely remedies policy	QCS

Authorisation to Administer a Medication Under the Homely Remedies Policy - CM13

Name of Service / Home

The staff named in Part A of this document (below) have the authority to decide whether a Service User is able to receive a dose of a medication listed in the homely remedies policy.

Part A:

Print Name	Signature	Date

The staff named in Part B of this document (below) have read and understood the Homely Remedies policy and are now able to administer a homely remedy in accordance with the policy. Only the staff named in Part A, above, can decide if it is appropriate for a Service Users to receive a homely remedy.

Part B:

Print Name	Signature	Date

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Homely Remedies Stock Audit Sheet - CM13

Name of Medication:.....

Please note: a weekly stock check must be performed for all medications

Entry No.	Date	Time of Administration	Quantity Supplied	Service User's Name	Staff Initials	Stock Balance
1						
2						
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Homely Remedies Stock Audit Sheet - CM13

Entry No.	Date	Time of Administration	Quantity Supplied	Service User's Name	Staff Initials	Stock Balance
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Homely Remedy Authorisation List - CM13

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