

## Care homes – Homely remedies

A 'care home' can be of any size (number of residents) or have any type of resident (children, older people, people with cognitive impairment, young disabled people, people with a learning disability), and should be a registered provider of care, for example, in England, with either the Care Quality Commission (CQC) or The Office for Standards in Education (Ofsted).<sup>1</sup>

Care home staff have a recognised duty of care to be able to respond to minor ailments/self-limiting conditions experienced by residents. A homely remedy is an over-the-counter (OTC) product for the short-term treatment of minor ailments such as indigestion, coughs, mild-to-moderate pain, constipation, and other minor and self-limiting conditions. They can be obtained without a prescription to treat a condition when the person would not normally need to seek medical care or treatment.

This bulletin outlines recommendations for the use of homely remedies in care homes.

### Recommendations

- Care homes should offer people treatment for minor ailments with homely remedies to give residents access to products that would commonly be available in a household (such as mild pain relief, or treatment for a cough or indigestion).
- These treatments are required to be purchased OTC by the care home. Bulk prescribing is not a suitable way of obtaining homely remedies.
- It is good practice for appropriate care home staff to have a discussion regarding health needs and medicines with the person and their family, including the use of OTC products.
- A 'Homely Remedies Policy' should be in place within the care home to enable homely remedies to be used safely. This policy should take in to consideration safeguarding, carer or relative support, and managing care for residents who lack the mental capacity to make their own decisions about their care, and should include all relevant details relating to the safe administration of homely remedies (as detailed in the Policy section below).
- Commonly used products for the treatment of minor or self-limiting conditions listed in the NHS England guidance 'Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs, should be considered for inclusion in the local 'Homely Remedies Policy' as stock items, if appropriate, as these products should not be prescribed on the NHS.
- In addition to the stock preparations listed in the care home's 'Homely Remedies Policy', which can be used for all eligible adult patients within the care home (as specified in the 'Homely Remedies Policy'), a patient-specific homely remedy that falls outside of the products listed may also be purchased and used if recommended by a healthcare professional such as a prescriber or pharmacist who is aware of any prescribed medicines the person is taking and can safely advise on its suitability for use (including any contraindications or interactions). The process for this should also be included in the 'Homely Remedies Policy' and the verbal or written instructions provided by the healthcare professional must be recorded in the person's care plan.

## Recommendations

- It is good practice to make the relevant prescriber(s) for care home residents aware of this policy and to agree the duration of time that treatment with specified stocked homely remedies can continue before residents need to be referred to the prescriber.
- All OTC products purchased by, or on behalf of a resident and brought into a care home setting should be checked with an appropriate healthcare professional to make sure they are suitable, in date, stored according to the manufacturer's guidance and recorded in the resident's care plan.
- Products prescribed or recommended for an individual resident must not be given to another resident as a homely remedy, nor should products purchased by a resident/their relative for their own personal use be administered to any other resident.
- Homely remedies should be stored in their original container with the patient information leaflet, in the same location as all other medication. However, for those that are not resident-specific, it should be made clear that they are stock homely remedies. For those that are resident-specific, they should be clearly labelled to avoid inadvertent administration to another resident.
- Relevant information, including consideration of people's religious beliefs, dietary preferences, intolerances or allergies, and swallowing difficulties, should be ascertained by a suitable member of the care home staff prior to administering any homely remedies (detailed in the Assessment section below) and recorded. This information should be checked against the homely remedies policy (for preparations listed in the policy) or provided to a suitably qualified healthcare professional (e.g., prescriber or pharmacist) recommending a patient-specific homely remedy to assess whether it is suitable.
- Verbal consent to treatment should be obtained from the resident, where possible, prior to administering any homely remedies. The resident should also be made aware that the medicine has not been prescribed when providing this consent.
- Homely remedies should be used for a limited period only, usually up to 48 hours. This time period should be detailed for each specified product in the 'Homely Remedies Policy'. Where a recommendation for a homely remedy is received from a healthcare professional (e.g. prescriber or pharmacist), the period of use should be ascertained and documented.
- The care home carer/nurse should regularly review and reassess the resident's response to the homely remedy. If symptoms persist beyond the specified time period for treatment, then a referral should be made to a GP/prescriber.
- The use of any homely remedies should be taken into consideration in the context of each residents prescribed medication regimen by their prescriber at their annual medication review. This information should be made available to the prescriber by the care home.
- Products requiring invasive administration (e.g. suppositories, external preparations that should not be shared between residents to avoid cross-contamination) should not be included as stock homely remedies. Instead, they should only be administered as homely remedies and obtained for individual patients on the advice of a healthcare professional (e.g. pharmacist or prescriber). Dressings and items for first aid and vitamins and supplements should not be regarded as homely remedies.
- Homely remedies should be date checked at least every six months and the date of opening should be marked on liquid medicines and any other products that have a shorter shelf-life once opened.
- All administered doses of homely remedies must be recorded and indicated as a homely remedy on the patient's medication administration record (MAR) and any other medication records, in accordance with the medicines policy in the care home. Any support provided by care staff to help people use homely remedies must also be recorded.

## Recommendations

- Care home staff who administer homely remedies to residents should be named in the 'Homely Remedies Policy'. They should sign the policy document to confirm they have the skills to administer the homely remedy and acknowledge that they will be accountable for their actions.
- In the rare event of any adverse reactions, the GP/prescriber must be informed immediately.
- There should be a clear care plan that includes how to trigger a review. This will make sure that any OTC products administered are safe and remain appropriate.
- All staff must recognise and act within the parameters of safe practice. Professional accountability for updating the knowledge of care home staff regarding homely remedies will lie with the lead person for the management of medication within the care home.
- If the resident is under 16 years of age, their family or carers should also be given information and support to help the child or young person to make decisions about their treatment.
- Homely remedies used for children should be purchased for a named individual child and they should only be used by young people in a care home without a prescription with the approval of relevant social workers (as set out in children's Placement Plans). Self-administration of homely remedies by children must also be approved by their social worker.
- Appropriate information should be recorded on the medicines administration record where self-administration takes place in a children's care home (see Homely remedies in children's care homes section for details).

## National guidance

The NICE Social Care Guideline '[Managing Medicines in Care Homes](#)' includes recommendations regarding care home staff giving non-prescription and OTC products (referred to as homely remedies) to residents.<sup>1</sup>

In 2019, the National Care Forum published a '[Homely remedies guide: For local adaptation to fit within individual care home medication policies](#)'.<sup>2</sup> This guide includes flowcharts for symptoms including indigestion/heartburn, mild to moderate pain, dry cough, constipation, diarrhoea and certain skin problems (dry skin and scalp, sweat rash, incontinence rash, and insect bites and stings).<sup>2</sup>

In March 2018, NHS England produced guidance entitled '[Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs](#)'.<sup>3</sup> Commonly used products for the treatment of the listed minor or self-limiting conditions may be appropriate for inclusion in a 'Homely Remedies Policy' and should be considered. These conditions include:<sup>3</sup>

- Acute sore throat
- Conjunctivitis
- Haemorrhoids
- Mild cystitis
- Dandruff
- Dry eyes and sore, tired eyes
- Headlice
- Indigestion/heartburn
- Infrequent migraine
- Mild acne
- Sun protection
- Infrequent cold sores of the lip
- Coughs, colds and nasal congestion
- Cradle cap (seborrhoeic dermatitis)
- Mild irritant dermatitis
- Diarrhoea in adults
- Earwax
- Excessive sweating (hyperhidrosis)
- Infrequent constipation
- Insect bites and stings
- Mild dry skin
- Sunburn due to excessive sun exposure

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- Mild to moderate hay fever (seasonal allergic rhinitis)
- Minor burns and scalds
- Nappy rash
- Prevention of dental caries
- Teething/mild toothache
- Travel sickness
- Infant Colic
- Minor conditions associated with pain, discomfort and/or fever (e.g. aches and sprains, headache, period pain, back pain)
- Mouth ulcers
- Oral thrush (oral candidiasis)
- Ringworm/Athlete's foot
- Threadworms
- Warts and verrucae

However, the NHS England guidance states that the following patient groups should continue to have their treatment prescribed<sup>3</sup> and as such, would not be suitable for inclusion in a 'Homely Remedies Policy':

- Patients prescribed an OTC treatment for a long-term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
- Patients prescribed these medicines for the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to OTC medicines).
- Patients who have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms for example indigestion with very bad pain).
- Complex patients (e.g. immunosuppressed patients).
- Patients receiving prescription only treatments.
- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications.
- Patients for whom the product licence doesn't allow the product to be sold over the counter. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding. Community pharmacists will be aware of what these are and can advise accordingly.
- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
- Patients where the prescriber considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Circumstances where the prescriber believes that, in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation of self-care.
- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability, to the extent that their health and/or wellbeing could be adversely affected if reliant on self-care (being exempt from paying a prescription charge does not automatically warrant an exception to the guidance). Consideration should also be given to safeguarding issues.

In 2023, the Care Quality Commission (CQC) in England updated their guidance on 'over the counter medicines and homely remedies', emphasising that care homes giving people access to OTC products and enabling them to choose is an issue of equality, and care homes should therefore make adjustments to support all people to access them.<sup>4</sup>

The All Wales Medicines Strategy Group (AWMSG) have produced homely remedies resources, including an [example Homely Remedies Policy](#).<sup>5</sup> No national guidance regarding homely remedies was identified in Scotland or Northern Ireland.

## Policy

Care homes should offer people treatment for minor ailments with homely remedies to give residents access to products that would commonly be available in a household (such as mild pain relief, or treatment for a cough or indigestion). A policy should be in place detailing how to do this safely.<sup>4</sup>

Development of the 'Homely Remedies Policy' is likely to require input from a suitably qualified healthcare professional, for example, a pharmacist or prescriber to ensure that the clinical information relating to the products included (indication, dose, exclusion criteria, etc.) is safe and appropriate.

This policy should take in to consideration safeguarding, carer or relative support, and managing care for residents who lack the mental capacity to make their own decisions about their care.<sup>1</sup>

It is good practice for appropriate care home staff to have a discussion regarding health needs and medicines with the person and their family, including the use of OTC products.<sup>4</sup>

It is also good practice to make the prescriber(s) aware of this policy so that they know what homely remedies are available for use within the care home, and to agree the duration of time that treatment with specified homely remedies can continue before residents need to be referred to the prescriber.<sup>5</sup>

The 'Homely Remedies Policy' should include the following information:<sup>1</sup>

- The names of the medicines or products included in the policy and what they are used for
- The dose and frequency of use of the named homely remedies
- The maximum daily dose of the named homely remedies
- Details regarding how long each homely remedy should be used for before referring a resident to a prescriber
- Details of patient groups who should not be given certain medicines or products included in the 'Homely Remedies' Policy (for example, paracetamol should not be given as a homely remedy to residents who are already receiving prescribed paracetamol-containing products where this would exceed the maximum daily dose or result in doses being taken too close together)
- Information regarding where details regarding administration should be recorded, such as on the medicines administration record (MAR).

## Patient-specific versus non-patient specific (or stock) homely remedies

In addition to the stock preparations listed in the care home's 'Homely Remedies Policy', which can be used for all eligible adult patients within the care home (as specified in the 'Homely Remedies Policy'), a patient-specific homely remedy that falls outside of the products listed may also be purchased and used if recommended by a healthcare professional such as a prescriber or pharmacist.<sup>2,4</sup>

The process for this should also be included in the 'Homely Remedies Policy'.

The healthcare professional should be made aware of any prescribed medicines the person is taking so that they can safely advise on the homely remedies suitability for use (including any contraindications or interactions).

The verbal or written instructions provided by the healthcare professional must be recorded in the person's care plan.<sup>4</sup>

In Scotland, NHS Pharmacy First for care home residents can be used to obtain a consultation and pharmacist advice regarding the management of a resident's minor illness. If the community pharmacist feels that the resident can be managed without referral to their GP or other healthcare professional, they may provide advice on what homely remedy products should be used to manage/treat the condition. Alternatively, if absolutely necessary (and using homely remedy stock is not appropriate), an

NHS supply of medication may be made by the pharmacy for that individual person.<sup>6</sup>

All OTC products purchased by or on behalf of a resident and brought into a care home setting should be:<sup>4</sup>

- Checked with an appropriate healthcare professional to make sure they are suitable
- In date
- Stored according to the manufacturer's guidance
- Recorded in the resident's care plan.

Products prescribed or recommended for an individual resident must not be given to another resident as a homely remedy, nor should those purchased by a resident/their relative for their own personal use be administered to any other resident.<sup>2</sup>

Bulk prescribing is not a suitable way of obtaining homely remedies.

## Assessment

The following information should be ascertained by a suitable member of the care home staff prior to administering any homely remedies.<sup>2</sup> This information should be checked against the homely remedies policy (for preparations listed in the policy) or provided to a suitably qualified healthcare professional (e.g. prescriber or pharmacist) recommending a patient-specific homely remedy to assess whether it is suitable:

- That they have no potentially serious symptoms
- Their medical and drug history
- Details of any known allergies
- What they have used in the past to treat the particular symptoms in question.

Verbal consent to treatment should also be obtained from the resident, where possible, prior to administering any homely remedies. The resident should also be made aware that the medicine has not been prescribed when providing this consent.<sup>2</sup>

Staff should consider people's religious beliefs, dietary preferences, intolerances or allergies, and swallowing difficulties.<sup>4</sup>

Homely remedies should be used for a limited period only, usually up to 48 hours.<sup>2</sup> This time period should be detailed for each specified product in the 'Homely Remedies Policy', for example, this time period would need to be longer for lactulose, which takes 48 hours to work. Where a recommendation for a homely remedy is received from a healthcare professional (e.g. prescriber or pharmacist), the period of use should be ascertained and documented.

The care home carer/nurse should regularly review and reassess the resident's response to the homely remedy.<sup>2</sup> Further doses can be administered in accordance within the product's licence (as detailed in the manufacturer's information leaflet), in accordance with the advice received from a healthcare professional or as detailed in the 'Homely Remedies Policy', up to a maximum of 48 hours or other specified time limit. If symptoms persist then a referral should be made to a GP/prescriber.<sup>2</sup>

## Items not suitable as stock homely remedies

- No products requiring invasive administration (e.g. suppositories) should be included as stock homely remedies. These should only be administered as homely remedies and obtained for individual patients on the advice of a healthcare professional (e.g. pharmacist or prescriber).
- External preparations should not be included as stock homely remedies as they should usually only be used by one individual to avoid cross-contamination. These should only be administered as homely remedies and obtained for individual patients on the advice of a healthcare professional (e.g. pharmacist or prescriber).

- Dressings and items for first aid do not fall under the category of homely remedies and do not require treatment as such.
- In terms of vitamins and supplements\*, care home providers are required to meet resident's full nutritional needs to sustain life and good health, and reduce the risks of malnutrition.<sup>7</sup> In addition to the provision of nutritious meals, this should include food supplements, where necessary, such as vitamin D. Vitamins and supplements are not homely remedies.
- Herbal or homeopathic preparations are not homely remedies\*.

\*Note: Residents may wish to purchase supplements, or herbal or homeopathic preparations for their own use. However, the patient's primary care prescriber should be made aware of this.

## Self-administration of homely remedies

If a patient is self-administering a homely remedy, a suitable policy regarding self-administration should be followed, in line with NICE guidance.<sup>1,5</sup> NICE recommends assuming that a resident can take and look after their medicines themselves (self-administer) unless a risk assessment has indicated otherwise.<sup>1</sup> Appropriate records should be kept of when homely remedies are supplied/taken. The All Wales Medicines Strategy Group (AWMSG) Care Home medicines optimisation toolkit has a self-administration policy.<sup>5</sup>

See also under 'Homely remedies in children's care homes' below regarding self-administration in this setting.

## Storage

Homely remedies should be stored in the same location as all other medication and labelled to show they are stock.<sup>2</sup> Medicines that are patient-specific should be clearly labelled to avoid them inadvertently being given to another resident.

Homely remedies must be kept in their original container with the patient information leaflet.<sup>5</sup>

## Checking expiry dates

Homely remedies should be date checked at least every three to six months.<sup>2,5</sup>

The date of opening should be marked on liquid medicines and any other products that have a shorter shelf-life once opened to ensure that they are not kept beyond their expiry date.<sup>2</sup> This will be specified on the manufacturer's packaging, and products should be appropriately disposed of and replaced once this shelf-life has been reached.

## Record keeping

Any support provided by care home staff to help people use homely remedies must be recorded.<sup>4</sup>

All administered doses of homely remedies must be recorded and indicated as a homely remedy on the patient's medication administration record (MAR).<sup>2</sup> Records must be made and kept when adult residents are supplied with medicines for taking themselves (self-administration), or when residents are reminded to take their medicines themselves.<sup>1</sup> When a dose of a homely remedy is given to a resident it must be logged out on the homely remedies stock record, 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. A separate record should be held for each individual homely remedy stocked by the care home.<sup>5</sup> Details of the assessment undertaken by care home staff to determine the need for a homely remedy and the outcome of treatment should also be recorded by the care home carer/nurse.<sup>2</sup>

If a homely remedy is administered on the advice of a suitably qualified healthcare professional (e.g. prescriber or pharmacist), the details should be fully documented, including the product name, dose and duration of use.<sup>2</sup>

Care home staff who administer homely remedies to residents should be named in the 'Homely Remedies Policy'. They should sign this document to confirm they have the skills to administer the homely remedy and acknowledge that they will be accountable for their actions.<sup>1</sup>

In the rare event of any adverse reactions, the GP/prescriber must be informed immediately.<sup>2</sup>

Care home providers should keep records of medicines that have been disposed of, or are waiting for disposal. Medicines for disposal should be stored securely in a tamper-proof container within a cupboard until they are collected or taken to the pharmacy.<sup>2</sup>

## Review

There should be a clear care plan that includes how to trigger a review. This will make sure that any OTC products administered are safe and remain appropriate.<sup>4</sup>

The use of any homely remedies should be taken into consideration in the context of each residents prescribed medication regimen at their annual medication review.<sup>1</sup> This information should be made available to the prescriber by the care home.

## Accountability

All staff must recognise and act within the parameters of safe practice. Professional accountability for updating the knowledge of care home staff regarding homely remedies will lie with the lead person for the management of medication within the care home; this will usually be the care home manager, deputy or lead nurse.<sup>2</sup>

The care home manager is responsible for ensuring that appropriate training and support is made available to all staff involved in the administration of medicines.<sup>2</sup>

## Homely remedies in children's care homes

If a resident is under 16 years of age, their family or carers should also be given information and support to help the child or young person to make decisions about their treatment. Health professionals should follow the [Department of Health's advice on consent](#).

Homely remedies can only be used by young people in a care home with the approval of relevant social workers (as set out in children's Placement Plans) or as prescribed by a GP. Homely remedies must not be given to any child/young person already taking medication without prior consultation with the GP or pharmacist. Homely remedies used for children should only be purchased for a named individual child after consultation with the GP, pharmacist or NHS 111 advice.<sup>8</sup>

The following information should be recorded on the medicines administration record where self-administration takes place in a children's care home:<sup>1</sup>

- That the resident is looking after and taking their medicines themselves (self-administering).
- Whether any monitoring is needed (for example, to assess ability to self-administer or willingness to take the medicines as prescribed (adherence)).
- That the medicine has been taken as prescribed (either by witnessing this directly or by asking the resident).
- Details of the person recording that the medicine has been taken.

No child may be permitted to 'self-administer' homely remedies unless approved by their social worker, with the arrangements outlined in the Placement Plan.<sup>8</sup>

Homely remedies must not be given to children for more than two consecutive days without the approval of a GP/Medical Practitioner.<sup>8</sup>

## Useful resources

- NHS England. Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs. March 2018. <https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/>  
Items in this document should be considered for inclusion in a care home 'Homely Remedy Policy', in addition to those identified locally as being appropriate and useful.
- The All Wales Medicines Strategy Group (AWMSG). Care Home Medicines Optimisation Toolkit. <https://awttc.nhs.wales/medicines-optimisation-and-safety/medicines-optimisation-guidance-resources-and-data/prescribing-guidance/care-home-medicines-optimisation-toolkit/>

This toolkit contains homely remedies resources, including an example Homely Remedies Policy.

- National Care Forum. Safety of medicines in care homes. Homely remedies guide: For local adaptation to fit within individual care home medication policies. 2019. <https://www.nationalcareforum.org.uk/wp-content/uploads/2019/11/Homely-Remedies-guide.pdf>

This document contains example charts for six different minor conditions that can be treated with homely remedies, for local adaptation and incorporation into a Homely Remedies Policy.

- NHS Devon. Caring for Care Homes Guidance Sheet. 21. Homely remedies (including template). Last updated June 2023. <https://onedevon.org.uk/download/homely-remedies/>

This document contains an example homely remedy list and homely remedy list authorisation page.

- PrescQIPP Bulletin 335. Attachment 1. Homely Remedies Guidance Sheet. October 2023. <https://www.prescqipp.info/our-resources/bulletins/bulletin-335-care-homes-homely-remedies/>

This contains a guidance sheet for care home staff on homely remedies, a template flow chart for individual homely remedies included in a care home's 'Homely Remedies Policy' to be adapted locally, an example of a Homely Remedy List to be adapted locally, a record-keeping template for patient-specific homely remedies, and record of stock templates for stock and patient-specific homely remedies.

## Summary

Care homes should offer people treatment for minor ailments with homely remedies to give residents access to products that would commonly be available in a household, in order to promote equality and self care. This should be supported by an appropriate local 'Homely Remedies Policy' to ensure that this is carried out safely and in line with current national guidance, covering both homely remedies kept as care home stock and those remedies recommended for or obtained by an individual resident.

## References

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## Additional PrescQIPP resources

Briefing	<a href="https://www.prescqipp.info/our-resources/bulletins/bulletin-335-care-homes-homely-remedies/">https://www.prescqipp.info/our-resources/bulletins/bulletin-335-care-homes-homely-remedies/</a>
Implementation tools	

Information compiled by Gemma Dowell, PrescQIPP CIC, December 2023 and reviewed by Katie Smith, PrescQIPP CIC, December 2023. Non-subscriber publication December 2024.

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