

<b>Document Title</b>	<b>Vitamin D for care home residents: Information pack and risk assessment</b>
Document Purpose	For GP practices and all care home staff to support best practice for maintenance Vitamin D provision in care homes
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Adapted from	<a href="#">Free winter supply of vitamin D.pdf (mcusercontent.com)</a> originally produced by Unoma Okoli (Lead Interface Pharmacist- older people Buckinghamshire CCG), Catherine Goddard and Jane Bennett (BOB ICS MOCH Teams Leads)
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Linked to	<a href="#">Vitamin D and care homes guidance - GOV.UK</a>
Key contacts	<ul style="list-style-type: none"> <li>For care home medication queries please email <a href="mailto:nwicb.medsqueries@nhs.net">nwicb.medsqueries@nhs.net</a> clearly stating <b>the name of your home in the subject line</b></li> <li>Norfolk and Waveney ICB Medicines Optimisation Dietetic team: <a href="mailto:nwicb.dieteticqueries@nhs.net">nwicb.dieteticqueries@nhs.net</a></li> </ul>

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## Vitamin D

Vitamin D is made in the skin by the action of direct sunlight on the skin when outdoors. Most people should be able to make all the vitamin D they need from sunlight between late March / early April to the end of September. This is the main source of vitamin D for most people. Vitamin D is also present in some foods such as oily fish, eggs, mushrooms, liver, and fortified foods and drinks including breakfast cereal, cow's milk, orange juice and soya products.

People living in care homes are at an increased risk of vitamin D deficiency as residents may have difficulty getting outside. The Care Quality Commission (CQC) expect care homes to support their residents to meet their full nutritional needs, including supplementation with vitamin D as part of meeting [Regulation 14: Meeting nutritional and hydration needs](#). In March 2023 Vitamin D supplements were included as part of the CQCs' 'Over the counter and homely remedies' statement [Over the Counter Medicines and Homely Remedies](#).

**The Office for Health Improvement and Disparities, formerly Public Health England (PHE) recommend that care homes residents should take maintenance doses of vitamin D all year round at a dose of 10 micrograms (400 international units IU) per day to keep bones and muscles healthy\***

Please see attached statement for more information: [Vitamin D Supplementation During Winter](#).

### Suggestions for providing Vitamin D

- 1) The care home to purchase their own supply of vitamin D supplements to provide to eligible residents (please see Appendix 2 for recommendations on appropriate supplement formulations)
- 2) The care home can ask residents or relatives/ Next of Kin (NOK) / Lasting power of attorney (LPA) for Health and Welfare of resident to purchase appropriate supplements
- 3) A combination of the above (e.g. if resident has no NOK / relatives to purchase supplements for them)

## Actions for Care Home Staff

Below is a list of actions care staff should take to ensure all residents have appropriate Vitamin D provision, please see Appendix 3 for full action list.

- Each resident should have a risk assessment (see Appendix 1) completed to enable care home staff to decide whether they should be offered a vitamin D supplement. Eligible residents can also choose whether to take the supplement or not if they have capacity.
- The vitamin D is intended to supplement the diet and should not be a substitute for a varied and balanced diet.
- When the risk assessment for each resident is completed, the names of the residents and the outcome of the risk assessment should be sent to the GP practice as a list for information. Once the GP has been informed, this should be recorded in the resident's Care Plan.
- For any residents where the assessment is unclear and a discussion with a healthcare professional is needed, ensure their name is added to the list for the next clinician visit or Multidisciplinary Team (MDT) meeting.
- We also suggest that a log of residents is kept with the supplements to indicate who should receive them (see Appendix 4).

There are some groups of people who should **not** have these supplements administered due to certain medical conditions or their current medication. Completion of the Risk Assessment Tool will help staff to identify the residents who should not receive the vitamin D supplements (see Appendix 1).

The risk assessment should be updated following any changes to their health or treatments e.g. new long-term medication prescribed, hospital admission, new diagnosis, or deterioration in clinical condition i.e. end of life care (not an extensive list, please seek advice from a health professional if appropriate).

**Please note:** A maintenance dose of Vitamin D (10mcg per day) is not an 'essential' medicine so it will not be prescribed or administered during an acute hospital admission even if it has been approved for use in the care home.

## Appendix 1: Resident risk assessment for Vitamin D provision

Care home name:		
Resident name:		Room number:
DOB:	NHS no:	GP:
<b>Assessment questions: Do any of the following appear in the residents Care Plan?</b>		<b>Yes/No</b>
1) They are cared for by a renal (kidney), endocrinology or cancer specialist		
2) It is documented that they have high Vitamin D levels		
3) They have kidney stones (now or in the past)		
4) They have hyperparathyroidism (they have too much parathyroid hormone). This is not the same as thyroid diseases such as hypothyroidism or hyperthyroidism. Patients with <b>thyroid disease</b> can have Vitamin D		
5) They currently have cancer (some cancers can lead to high calcium levels) i.e. resident is undergoing cancer treatment		
6) They have severe kidney disease (check with a clinician if you are unsure)		
7) They have a rare illness called sarcoidosis		
<b>Does the resident have an allergy to any of the ingredients listed on the vitamin D pack supplied (check Care Plan &amp; MAR chart)?</b>		
<b>Does the resident already take a prescribed vitamin D supplement? (Check MAR chart and care plan) Please check with a pharmacist if you are unsure</b>		
<ul style="list-style-type: none"> <li>Vitamin D alone: e.g. Cholecalciferol (Vitamin D3), Ergocalciferol (vitamin D2), Alfacalcidol or Calcitriol Brands incl. Invita D3, Fultium-D3, Desunin, One-Alpha, Rocaltrol. Further e.g. can be found in the BNF</li> </ul>		
<ul style="list-style-type: none"> <li>Vitamin D in combination with calcium: Brands incl. Accrete D3, Adcal-D3, Calceos, Calci-D, Calcichew-D3, Evacal D3. Further e.g. found in BNF</li> </ul>		
Does the resident have any swallowing problems that mean they cannot take the vitamin D provided? (check MAR chart & Care Plan)		
<b>Please note: People with enteral feeding tubes (e.g. PEG/RIG/NG etc.) who take their full feed as prescribed will not require extra vitamin D as this is provided through their feed</b>		

**If the answer to ANY of the questions above is YES or care staff are unsure about the answer:**

- Do not offer the resident the vitamin D supplement.
- Seek further advice from the following as appropriate: the resident's GP at their next appointment, the care home's Multidisciplinary Team (MDT) meeting or weekly visit, or the ICB dietetic team (see contact details on page 1).
- It is not necessary to contact the resident's GP or other healthcare professional about the vitamin D supplements prior to their next appointment/MDT meeting.
- Care staff may wish to explain to the resident and/ or their families why they are not being offered the supplement.

**If the answer to ALL the questions above is NO:**

- Offer the resident the choice to take a vitamin D supplement if they have capacity to decide, alternatively consult the Lasting Power of Attorney (LPA) if this is in place or arrange a Best Interest Meeting to discuss.
- Provision of vitamin D supplements should be person-centred and care home providers should incorporate this provision into existing routines and care plans.
- Keep a record of administration. This will usually be on the MAR chart.

Consent: Before residents can receive their vitamin D, they will need to give their consent (if they have capacity), or consent will be required from the appointed LPA or via a Best Interest Meeting. Has consent been **given OR withheld** by the resident, LPA or Best Interest Meeting (circle which applies)

Signature (Resident or LPA) ..... Date .....

Signature of assessor ..... Date.....

## Appendix 2: Purchasing Vitamin D Supplements

Below are some suggested products, though not an exhaustive list.

Prices correct as of December 2025

	<p>Boots Vitamin D 10 micrograms (mcg) 90 tablets (3-month supply) £2.75 (part of 3 for 2 deal) <a href="https://www.boots.com/boots-vitamin-d-90-tablets-10145801">https://www.boots.com/boots-vitamin-d-90-tablets-10145801</a></p>
	<p>Holland &amp; Barrett Vitamin D3 90 Tablets 10mcg (3-month supply) £2.49 (part of 3 for 2 deal) <a href="https://www.hollandandbarrett.com/shop/product/holland-barrett-vitamin-d3-tablets-10ug-60001140?skuid=001140">https://www.hollandandbarrett.com/shop/product/holland-barrett-vitamin-d3-tablets-10ug-60001140?skuid=001140</a></p>
	<p>Ddrops One Liquid Vitamin D3 10mcg - 60 drops (2-month supply) <i>Available at Boots and other retailers</i> £11 (part of 3 for 2 deal) <a href="https://www.boots.com/ddrops-one-liquid-vitamin-d3-10ug---60-drops-10261982">https://www.boots.com/ddrops-one-liquid-vitamin-d3-10ug---60-drops-10261982</a></p>

Some key points to note:

- Supplements should be purchased from a reputable source.
- The product purchased should **only** contain Vitamin D and **not** other vitamins or minerals which may interact with other medications.
- The vitamin D supplement purchased should be 400IU equivalent to 10 micrograms (mcg).
- The formulation (e.g. tablets, drops) purchased should be picked based on resident's individual needs (E.g. for residents with dysphagia please discuss most appropriate formulation with the GP or a pharmacist).

### Appendix 3: Actions to be taken by care staff

	Task
1.	Read links to Vitamin D guidance on page 3 of this document
2.	Add procedure to your medicines policy
3.	Complete the risk assessment for each resident to determine which residents are suitable to take vitamin D
<b>4.</b>	<b>For the residents assessed as being suitable to obtain the supplement</b>
4.1	Send the list to the GP for information.
4.2	Add the risk assessment to the resident's care plan
4.3	Seek consent from the resident if they have capacity or from the Lasting Power of Attorney for Health and Welfare (LPA) or via a Best Interest Meeting. NB Residents or the LPA can choose whether to take or not take the supplement. Document the decision and how the decision was made in the care plan.
4.4	Select where the administration of vitamin D will be recorded e.g. MAR chart (recommended), Care Plan or nutritional notes
4.5	Consider appropriate timing of administration. Vitamin D is a fat-soluble vitamin and is therefore absorbed better when taken with a substantial meal. However, it may be more appropriate to align the time of administration with the resident's regular medications to support adherence
<b>5.</b>	<b>For residents assessed as being unsuitable to receive the vitamin D supplement, or if consent has been withheld</b>
5.1	Send the list to the GP for information.
5.2	Add the risk assessment to the resident's care plan
5.3	Consider explaining to the resident and/ or their families why they are not receiving the vitamin D supplement
<b>6</b>	<b>For residents where the suitability for vitamin D supplementation is unclear</b>
6.1	Advice may be sought from the ICB dietetic team or ICB medsqueries (see contact details on page 1) or from the GP during the weekly visit or MDT meeting. There is no need to contact the surgery prior to the next appointment or meeting



#### Appendix 4: Resident log for vitamin D supplements

[illegible]