

Vitamin D supplementation in adult care homes – guidance, support material and assessment sheet

For staff to support consideration of vitamin D supplementation for care home residents



Introduction

Vitamin D has a number of important functions in the body. It helps regulate the amount of calcium and phosphate in the body. These nutrients are required for healthy bones, muscles and teeth. It is recommended that people living in care homes receive a daily supplement of vitamin D. This is because they are not likely to obtain enough vitamin D from natural sources. This guidance has been developed to help staff working in care homes to consider vitamin D supplements for those who will benefit from them.

a. Natural sources of vitamin D



Our main source of vitamin D is sunlight. However, in Scotland we only get enough of the right kind of sunlight for our bodies to make vitamin D in the summer months. The rest of the year we need to rely on dietary sources of vitamin D (such as oily fish and liver).

People living in care homes have lower exposure to sunlight during the summer months than other people in our community and it is difficult to get enough vitamin D from food alone. They are therefore at greater risk of vitamin D deficiency and most will benefit from taking a vitamin D supplement.

b. Recommended daily amount of vitamin D

Current advice on vitamin D supplementation is based on recommendations made by the Scientific Advisory Committee on Nutrition. This advises people at higher risk of vitamin D deficiency, including people living in care homes, to take a 10 microgram (mcg) or 400 unit daily supplement of vitamin D throughout the whole year. This advice is referred to in the [Eating and Drinking Well in Care: Good Practice Guidance for Older People | Care Inspectorate Hub](#)



c. The difference between a vitamin D supplement and a vitamin D medicine

There are two types of vitamin D products, vitamin D supplements and vitamin D medicines. Some people will already be prescribed a vitamin D medicine and will not need any additional supplementation (list available on appendix 1). This guidance relates to the use of **vitamin D supplements**. These are lower doses of vitamin D (10mcg or 400 units), which can be bought from pharmacies, health food shops and supermarkets without a prescription.

The table below highlights the differences between vitamin D **supplements** and vitamin D **medicines**.

Summary of the table:

- **Vitamin D supplements DO NOT need to be prescribed by a healthcare professional and can be purchased without a prescription**
- Vitamin D medicines usually DO need to be prescribed by a healthcare professional

Vitamin D product	Vitamin D Strength	What is it for?	Prescribed by a health care professional?	How to obtain stock	Will the vitamin D be on the resident's MAR chart?
Vitamin D supplement	10 micrograms (400 units)	A food supplement to prevent deficiency	No	Purchase from a pharmacy, health food shop or supermarket	It does not need to be recorded on the MAR chart, but should be recorded elsewhere. The resident's general practice should be informed if a supplement is commenced.
Vitamin D medicine	Much higher doses, e.g. cholecalciferol 800-2000 units.	To treat diagnosed vitamin D deficiency	Yes	Usually prescribed by a health care professional and dispensed in a pharmacy	Yes. It will be dispensed in the pharmacy and will need to be recorded on the MAR chart.

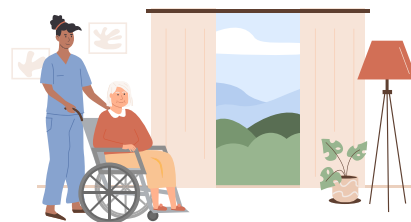
d. Identifying care home residents who can be offered vitamin D supplements

In general, vitamin D supplements are well tolerated.

However, there are a few circumstances where vitamin

D supplements are either not required or should not be

offered to care home residents. These are if the resident is:



- Already taking a vitamin D supplement (this includes multivitamins containing vitamin D – Forceval is one example)
- Already taking a vitamin D product that is prescribed by a healthcare professional (for example colecalciferol or combination products with calcium such as Adcal D3, Calcichew D3 or Accrete D3 – For a more comprehensive list, see appendix 1)

In addition, vitamin D supplements may not be appropriate for someone who has:

- Severe kidney problems or is under the care of a kidney/renal specialist
- Under the care of an endocrinologist/hormone specialist
- Active or advanced cancer
- Known high vitamin D levels and/or high calcium levels (hypercalcaemia)
- Too much parathyroid hormone (hyperparathyroidism)
- A rare disease called sarcoidosis
- Tuberculosis

If a resident has one of the medical conditions listed above, vitamin D supplements may not be appropriate and should be discussed with a health care professional at the resident's next routine review. The resident can be offered vitamin D supplements if advised by the healthcare professional. This should be recorded in the resident's care plan.

If a resident receives all of their nutrition via an enteral feed, or has been prescribed oral nutritional supplements, they may not need an additional vitamin D supplement. However, in such cases, this should be discussed with the dietitian responsible for the care home.

e. Consent Issues



It is important that the appropriate people are involved in decisions about whether to take a vitamin D supplement. This may include family members or any welfare proxy (i.e. welfare power of attorney or welfare guardian).

Some people may not want to take an additional vitamin D supplement. If they are capable of making a decision about whether to take Vitamin D supplement or not, and they decide not to do so, their choice needs to be respected.

If a person is incapable of making a decision about whether to take Vitamin D supplement, this can be authorised under section 47 of the Adults with Incapacity (Scotland) Act 2000.

A person with a section 47 certificate to authorise Vitamin D supplement may refuse to take it, and it may be appropriate to consider giving them this covertly. Before doing so, it is essential to consider the necessity of treatment from the perspective of the individual, i.e. is the treatment likely to be of benefit to them. Is it so essential that it needs to be given by deception? Vitamin supplements may only have marginal benefits, in frail older adults who are nearing the end of their life, but are likely to provide greater benefits in younger adults..

If considering covert administration, The Mental Welfare Commission for Scotland's guidance on covert medication should be referred to: [Covert Medication \(mwcscot.org.uk\)](https://www.mwcscot.org.uk).

f. Assessment process

Everyone living in the care home should be considered for vitamin D supplementation unless they are prescribed vitamin D. Care homes should decide who is the best person to lead on this within each home. The process will first involve a review of any significant health problems which might preclude vitamin D supplements. The next step is to have a discussion with the resident, or their representative, about whether they would like to take any supplements, and if so whether they would manage tablets.

A decision-making flowchart (appendix 2) has been developed to guide care home staff through the process. An assessment sheet (appendix 3) has been developed to record decisions about individual residents.

The assessment sheet should be kept with the resident's care plan. If it is decided to start vitamin D supplements, a copy should be sent to the GP practice for information purposes.

g. Obtaining vitamin D supplements

Low dose vitamin D supplements are not available on NHS prescription. They are to be purchased by the care home and are available in tablet and liquid form at most supermarkets, pharmacies and health food shops at a relatively low price.

h. Documenting the administration of vitamin D supplements



Residents' care plans should be updated to reflect whether they will be provided with a daily vitamin D supplement and how they will be supported to take it. The Care Inspectorate advise that routine vitamin D supplementation does not need to be recorded on a MAR sheet, but should be recorded on a self-designed recording sheet or a dedicated nutritional recording sheet. See Appendix 4.

The principle of this approach is covered in the 2012 guidance note ["Guidance about medication personal plans, review, monitoring, and record keeping in residential care services"](#)

i. Storage of vitamin D

Care homes should store vitamin D supplements securely at the correct temperature. There should be a clearly marked individually named pack stored and administered for each resident. Care homes must comply with the instructions set out on the product label. If residents are deemed able and competent and wish to self-administer their supplements, they should be supported in doing so. A resident who self-administers should have a current risk assessment in place including safe storage. Supervision and support should be provided if a self-administration risk assessment has deemed it to be necessary.

j. Follow up

The decision to offer vitamin D supplements should be reviewed each year to make sure that circumstances have not changed. If the resident has a hospital admission or is prescribed new medication containing vitamin D (appendix 1), then please let their healthcare team know that they are taking a vitamin D supplement. A record of this should be sent with the resident's usual medicines when they go into hospital.

References

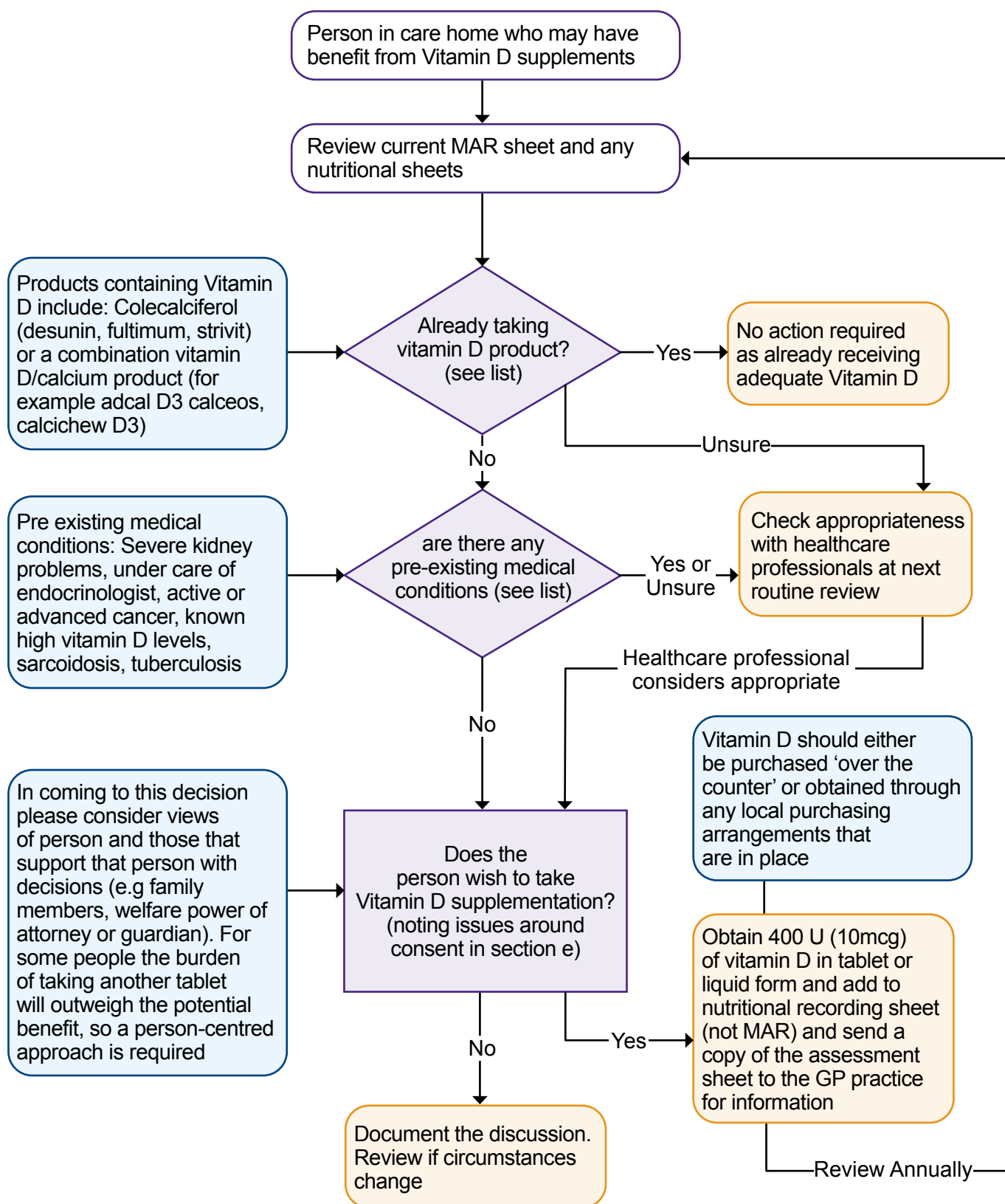
1. Scientific Advisory Committee on Nutrition 2016. Available at <https://www.gov.uk/government/publications/sacn-vitamin-d-and-health-report>.

**Appendix 1: Examples of medicines containing vitamin D
(this list is not exhaustive)**

- Accrete D3
- Adcal D3
- Alfacalcidol
- Calceos
- Calcichew D3
- Calfovit D3
- Cernevit
- Colecalciferol caps
- Desunin
- Fosavance
- Forceval
- Fultium
- Invita D3
- Kalcipos
- Natecal
- Plenachol
- Stexerol
- Strivit D3
- TheiCal D3
- Thorens

Appendix 2:

Decision making flowchart: Vitamin D Supplementation for People Living in Care Homes



Appendix 3: Assessment Sheet for Vitamin D Supplementation

This assessment sheet should be completed to document discussions and decisions in relation to vitamin D supplements for people living in care homes, taking into account the guidance and support material. A copy should be sent to the GP practice for information.

Name of person:

DOB/CHI number:

Care Home: Date:

1. Vitamin D supplements/medicine

Does the individual already take a vitamin D supplement or a vitamin D medicine prescribed by a healthcare professional? (see appendix 1 of support material) Yes/No/Unsure

Details:.....

If yes, there is no need for a vitamin D supplement. Add details above and sign the form. If no, continue to Q 2. If unsure, then check with a healthcare professional at the next routine review.

2. Medical conditions

Does the resident have any of the following:	Response
• severe kidney problems or under the care of a kidney specialist	Yes/No/Unknown
• an active or advanced cancer	Yes/No/Unknown
• known high calcium or vitamin D levels	Yes/No/Unknown
• (rare medical conditions) hyperparathyroidism, sarcoidosis or tuberculosis	Yes/No/Unknown
• Are they under the care of an endocrinology/hormone specialist?	Yes/No/Unknown
• Do they require enteral feeding?	Yes/No/Unknown

If 'yes' or 'unknown' to any of the questions, check with a healthcare professional before proceeding. Add any details below:

.....

Name of person:

DOB/CHI number:

3. Capacity

Does the individual have capacity to make decisions about taking vitamin D supplements? Yes/No

If no, state the name of any person with authority to make decisions (i.e. any welfare proxy - welfare power of attorney or welfare guardian) and involve them in question 4

Name:.....

4. Personal preference (involving relatives and any welfare power of attorney or guardian where relevant)

For some people, the burden of taking another tablet or medicine will outweigh the potential benefits. Taking a person-centred approach, and using the guidance material provided, would the resident like to take daily vitamin D supplements? Yes/No

a. If no, insert the reason here and sign the form below:

Reason:.....

b. If yes, would the resident manage to take vitamin D tablets, or would liquid be required?

Tablet / liquid

5. Documentation and Supply

If the individual would like to take the vitamin D supplement ("yes" to Q4), please purchase these for the resident and document administration on a separate nutritional recording sheet. They should not be added to MAR. The supplement can be taken at any time of the day, when it is most suitable to the resident, but should be taken once daily.

6. Review

A review of the decision to take vitamin D supplementation should be undertaken annually, or following a significant change in health (e.g. development of severe kidney problems or being prescribed a treatment dose of vitamin D).

Name of person:

DOB/CHI number:

7. Documentation:

Initial assessment completed by:

Name and Role:

Date:

Send a copy of this assessment sheet to GP practice for information. There is no requirement for a prescription, as vitamin D supplements should be bought over the counter.

Record any future reviews below:

Appropriateness of vitamin D supplementation reviewed by:

Name and Role:

Date:

Appropriateness of vitamin D supplementation reviewed by:

Name and Role:

Date:

Appendix 4: Nutritional Supplement Administration Chart

[illegible]



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