



# Family Nursing & Home Care

## **Standard Operating Procedures Delegation of Nursing Tasks to Non- Registrants by District Nursing Teams**

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## Document Profile

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## Contents

Introduction.....	1
Principles.....	1
SOP 1 Registered Nurses Delegating Nursing Tasks to Non-Registrants .....	2
SOP 2 Delegating Nursing Tasks to Non-Registrants working in a Family Nursing & Home Care Community Nursing Team .....	4
SOP 3 Delegating Nursing Tasks to a Non-Registrant who is not part of a Family Nursing & Home Care Community Nursing Team.....	5
Delegating the Administration of Insulin and Blood Glucose Monitoring .....	7
Delegating insulin administration and/or blood glucose monitoring to the non- registrant currently using these skills .....	7
Position statement regarding Registered Nurses in a Dual Registered Care Home	8

## Introduction

These standard operating procedures (SOPs) have been developed to guide the practice of all team members and clinical nurse specialists (CNS) working in the Adult Nursing Service. They provide a framework for the provision of safe and effective care. The SOPs will inform investigations and enquiries into practice related issues.

Please note these SOPs are subject to change dependent on service development and best practice requirements. Please ensure the most up to date version is used.

## Principles

The following are overarching, guiding principles for safe and effective practice when using these standard operating procedures.

- The standard operating procedures do not replace professional judgement which should be used at all times.
- Where Registered Nurses (RN) work outside of the SOPs, informed by their professional judgement, they should always record the rationale and evidence base for this decision in the patient's record.
- A clear rationale should be presented/recorded in support of all decision making.
- Practice should be based on the best available evidence.
- Patients receiving nursing care will be fully involved in developing care plans which detail how their needs will met based upon best available evidence, their goals, aims and preferences.
- Appropriate escalation should occur when care needs require this.
- Where care is delegated to a Non-Registrant, the Registered Nurse remains accountable for the appropriateness of the delegation and for ensuring that the care has been given. They are also responsible for the overall management of the service user that includes a regular review of the care.
- Staff should be aware of and compliant with the [Jersey Care Commission Standards for Home Care](#)

***Please note other standard operating procedures are available including those that are part of policy and guideline documents.***

## SOP 1 Registered Nurses Delegating Nursing Tasks to Non-Registrants

### Purpose

To provide generic guidance for Registered nurses who are delegating care to non-registrants and assessing the competence of non-registrant staff to perform specific nursing tasks.

### Scope

Appropriate delegation and the assessment of competence of non-registered staff by registered nurses. **This SOP covers the core requirements for any delegation and does not differentiate between non-registrants working in a Family Nursing & Home Care community nursing team and those who don't.**

### Core Requirements

- NMC registrants should be clear about the principles of accountability and delegation and should refer to The Nursing and Midwifery Council's (NMC) code (2018) in relation to this. The Royal College of Nursing also provides guidance on accountability and delegation.
- The Nursing and Midwifery Council's Code (2018) states that registrants must *"be accountable for your decisions to delegate tasks and duties to other people. To achieve this, you must:*
  - ❖ *only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions*
  - ❖ *make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care, and*
  - ❖ *confirm that the outcome of any task you have delegated to someone else meets the required standard"*
- If an incident should occur when a non-registrant is undertaking the task for which they were trained and is working to the agreed care plan and written procedures for that task, the liability rests with the employer of the Registered Nurse. Professional accountability in this case rests with the Registered Nurse who delegated the task.
- ⊖ If a non-registrant does not follow the care plan and written procedures for that task or undertakes a task for which they are not trained and an incident occurs then they may be liable and their employer may commence disciplinary procedures.
- Delegation of care must always be in the patient's best interests and risks assessed to inform delegation decisions.
- The Grade 6 team leader and the non-registrant's manager must agree with the decision to delegate.
- The decision to delegate a nursing task is led by the Registered Nurse.
- It is not appropriate for a non-registrant to request/expect to be delegated a nursing task

- Prior to delegating a nursing task, the registered nurse must ensure that the non-registrant has the necessary skills and competence to safely perform the delegated task/s.
- Prior to the assessment of competence, the non-registrant must have received appropriate training that includes theoretical and practical components.
- Full records of training (including dates) should be submitted to the registered nurse prior to any delegation decision being made.
- The assessment of competence should be documented using the FNHC competency framework and skills passport for non-registrants *who are part of the District Nursing Team*. It should include assessment of their knowledge as well as of their practical skills
- See SOP 3 for the assessment of competence for *Non Registrants who are not part of the District Nursing Team*.
- A range of competencies can be accessed through the National Occupational Standards: [www.ukstandards.org.uk](http://www.ukstandards.org.uk)
- Wherever required, relevant RQF modules should have been completed in advance of delegation with competency assessment by an approved RQF assessor.
- The registered nurse remains responsible for developing a person centred care plan for the delegated nursing task. The plan should be explicit regarding the expectations of when the non-registrant should report deviations from acceptable parameters e.g. blood sugar levels above or below a certain level. There should be a copy of the current care plan in both the patient's EMIS and hard copy records.
- The non-registrant must have access to this care plan at the point of care delivery in the patient's records.
- Care plans must explicitly indicate that the care can be delegated to the non-registrant and the frequency for review by a registered nurse. When review of the patient's care needs takes place, the registered nurse must give consideration to whether or not delegation of the nursing task is still appropriate and in the patient's best interests.
- It is important that the registered nurse recognises that they are delegating a nursing task to a non-registrant but they are not delegating **ALL** of the patient's care needs to a non-registrant. The patient still requires ongoing care/contact with registered nurses.
- EMIS should reflect the date/s when reassessment of competence of the non-registrant/s is due.
- The appropriate 'Delegation of Nursing Tasks' form should be used to record the non-registrant's authorisation to carry out the delegated task/s where the non-registrant is not a member of a District Nursing Team.

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## SOP 2 Delegating Nursing Tasks to Non-Registrants working in a Family Nursing & Home Care Community Nursing Team

### **Purpose**

To provide guidance for nursing staff who are delegating care to non-registrants working in a Family Nursing & Home Care Community Nursing Team

### **Scope**

The assessment of competence and delegation of nursing tasks to non-registrants working as part of a Community Nursing Team.

### **Core Requirements**

- NMC registrants should be clear about the principles of accountability and delegation and should refer to The Nursing and Midwifery Council's (NMC) code (2018) in relation to this. The Royal College of Nursing also provides guidance on accountability and delegation.
- When the FNHC non-registrant has been deemed competent to carry out a nursing task this should be recorded in their competency framework and clinical skills passport.
- Insulin administration should not be delegated to a non-registrant if:
  - ❖ insulin is new to the patient
  - ❖ there has been a change of insulin regime
  - ❖ the patient's blood glucose is unstable
  - ❖ titration of the insulin dose is required
- Competence to carry out a specific intervention should be reassessed annually or more often if required.
- Once deemed competent to carry out a nursing task, non-registrants working in a FNHC nursing team do not have to have their competence re-assessed every time the care of a new patient is delegated to them. However, it is good practice to accompany the staff member the first time they visit the patient to ensure that they are fully aware of the care required and how this is carried out.

## SOP 3 Delegating Nursing Tasks to a Non-Registrant who is not part of a Family Nursing & Home Care Community Nursing Team

### **Purpose**

To provide guidance for nursing staff who are delegating care to a non-registrant who is **not** part of a Family Nursing & Home Care Community Nursing Team.

### **Scope**

The assessment of competence and delegation of nursing tasks to non-registrants employed by a provider of a care service or care home registered with the Jersey Care Commission.

Delegation of clinical tasks to individually registered care/support workers will be based upon risk assessment and will only be considered where:

- the care/support worker is able to provide evidence of registration with the Jersey Care Commission,
- they hold (ideally) a minimum of a RQF Level 2 Diploma in Health and Social Care (or equivalent)
- they have completed (mandatory) the RQF Level 3 medicines module (if the delegated task relates to medication)

### **Core Requirements**

- NMC registrants should be clear about the principles of accountability and delegation and should refer to The Nursing and Midwifery Council's (NMC) code (2018) in relation to this. The Royal College of Nursing also provides guidance on accountability and delegation.
- A nursing task can only be delegated to a non-registrant who is not part of a Family Nursing & Home Care community nursing team if they are employed by a provider of a care service, care home registered or an individual registered with the Jersey Care Commission subject to the risk assessment.
- For guidance and clarity regarding tasks that can be delegated, see 'Personal Care and Clinical Tasks in Adult Social Care Policy' <https://www.fnhc.org.je/media/42949/personal-care-and-clinical-tasks-consultation-report.pdf>
- Delegation of a clinical task is **always** patient specific when delegating to a non-Registrant that is not part of a community nursing Team.
- FNHC Registered Nurses would only take on responsibility for delegating the following nursing tasks:
  - temperature recording
  - obtaining a faecal sample
  - blood glucose monitoring
  - obtaining a catheter specimen of urine
  - administration of insulin by insulin a pen device:



- care/support workers should have a Level 3 vocational training qualification in medicines management
- insulin administration should **not** be delegated to a non-registrant if:
  - insulin is new to the patient
  - there has been a change of insulin regime
  - the patient's blood glucose is unstable
  - titration of the insulin doses is required
- obtaining a mid-stream sample of urine
- care of PEG tube /PEG feeding /administration of medication via a PEG:
  - care/support workers should have a Level 3 vocational training qualification in medicines management and PEG feeding (e.g. NVQ/QCF/RQF)
- administration of suppositories
  - care/support workers should have a Level 3 vocational training qualification in medicines management
- administration of medication via a nebuliser
  - care/support workers should have a Level 3 vocational training qualification in medicines management
- Non-registrants should have a Level 3 vocational training qualification in medicines management (e.g. NVQ/QCF/RQF) if the administration of medication by specialist technique is being delegated to them.
- Before training and assessing competence, registered nurses must be aware of the position of the individual's employer/registered manager in relation to the delegation of the intervention and their requirements for the recording of competence.
- Delegation of clinical tasks to individually registered care/support workers will be based upon risk assessment and will only be considered under the conditions detailed above.
- The registered nurse must gain written permission from the non-registrant's manager/employer to delegate the task and this should be recorded on the 'Delegation of Nursing Task' form.
- The assessment of competence must only be undertaken on a **patient-specific basis**.
- **The registrant and the non-registrant's manager should retain a copy of the competencies.**
- Competence to carry out a nursing task should be reassessed annually or more often if indicated by a change in the patient's care needs or questions about the non-registrant's competency to continue to deliver the care.
- **N.B.** FNHC staff cannot 'sign off'/deem competent non-FNHC staff where an intervention is not being delegated by a FNHC Registered Nurse.

### **Delegating the Administration of Insulin and Blood Glucose Monitoring**

- For insulin administration the non-registrant should also have completed the Health and Community Services (HCS) Diabetes Service training.
- The HCS Diabetes Service Clinical Nurse Specialists (CNS) deliver training that includes theoretical and practical components.
- The Registered nurse must check if the Non-Registrant has undertaken the training provided by the HCS Diabetes Service within the last 3 years by contacting the Diabetes Centre who have a record of all staff trained.
- If the training has not been completed or was completed more than 3 years ago – the Registered Nurse must request the non-registrant's manager to organise this training which will be provided by the CNSs from the Diabetes Centre.
- The assessment of knowledge and practical skills for blood sugar monitoring and insulin administration should be undertaken and recorded by a Registered Nurse from the team delegating the care against the competencies in the Diabetes Workbook provided during the training.

### **Delegating insulin administration and/or blood glucose monitoring to the non-registrant currently using these skills**

- If it is more than 3 years since the non-registrant completed the training delivered by the HCS Diabetes Service then arrangements should be made by their manager for them to undertake this training again prior to reassessment of their knowledge and practice as per the competency framework in the Diabetes Workbook.
- If the full theoretical and practical training has taken place within the last 3 years and the non-registrant's knowledge competence has been re-assessed within the last year then this (the knowledge competencies) does not need to be repeated at this time, however:
- The non-registrant should still be assessed three times carrying out the relevant delegated care to the new patient before they can be fully signed off as competent and the relevant 'Delegation of Nursing Tasks' form completed.
- The final observation of the non-registrants competency should be undertaken by the Grade 6 caseload holder (or Grade 5 in their absence) who will be delegating the nursing task.

## **Position statement regarding Registered Nurses in a Dual Registered Care Home**

A registered nurse working as a nurse in a dual registered care home may undertake a nursing task for a resident in a 'residential bed' where this has been agreed by the registered manager. However, unlike the delegation of a nursing task to a non-registrant, the care home registered nurse would be responsible for ensuring their own competence in that nursing task.

Assurance of their competence and wish to undertake the nursing task along with the agreement of the registered manager should be recorded in the patient's EMIS care record.

The District Nursing Team will not be accountable for the action of the Registered Nurse employed by the care home. The care home Registered Nurse would only be responsible for their undertaking of the task in question. The District Nursing Team will remain responsible and accountable for the rest of the patient's nursing care. . The undertaking of the nursing task by a non-FNHC Registered Nurse would need to be reflected in the patient's care plan with everyone involved clear about their responsibilities and boundaries.

**FNHC nursing staff should not be involved with the assessment of competence of other nurses not employed by FNHC.**