Personal Care and Clinical Tasks in Adult Social Care Policy

April 2024

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Version Control/Changes Made

Date	Version	Summary of changes	Author
April 2021	1	Previous policy transferred onto new template Amended as per updated Jersey Care Commission guidance (2019 & 2020)	Mo de Gruchy
January 2023	2	Various changes made to document including changes made to task lists.	Registered Manager – Adult Nursing and Head of Quality and Safety
April 2024	3	Reclassification of some clinical tasks. Changes to task lists. Changes adopted from "Personal Care and Clinical Tasks in Adult Social Care – Guidance for Providers in Home Care and Care Homes" 2023 Transferred to new Policy Template	Quality and Performance Development Nurse and Head of Quality and Safety

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1 INTRODUCTION

1.1 Rationale

This policy aims to give clarity to what Family Nursing & Home Care (FNHC) consider to be clinical tasks and those that are personal/social care tasks. It further defines where these tasks can be undertaken at the discretion of the Registered Manager, where delegation by a Health Care Professional is required and which clinical tasks should not normally be undertaken by care/support workers.

This policy reflects the current social care landscape that is now set within a legal framework developed to protect service users. It also reflects the current Personal Care and Clinical Tasks in Adult Social Care Guidance (2023) hosted on the Jersey Care Commission (JCC) website.

When it has been agreed that people require care/support workers to help them, this policy also:

- sets out minimum training requirements for care/support workers
- provides a clear process to enable safe delegation
- identifies responsibility and accountability

1.2 Scope

This policy applies to all staff in the Home Care Service who arrange or provide care to adults receiving care at home. It is also relevant to Registered Healthcare Professionals to inform delegation.

This policy does not apply where Care Assistants/Senior Care Assistants are employed as part of a Community Nursing Team/Service, as they are subject to different procedures determined by the organisation.

1.3 Role and Responsibilities

Chief Executive Officer

The Chief Executive Officer has ultimate responsibility for ensuring that FNHC (as the Registered Provider) has robust governance measures in place to support the safety of patients related to personal care and clinical tasks.

Director of Governance and Care

The Director of Governance and Care is responsible for ensuring that FNHC has evidence based procedural documents available to ensure the safety of patients in relation to personal care and clinical tasks and that these are reviewed at appropriate intervals. They are also responsible for monitoring any incidents relating to these tasks and the implementation of any action required to prevent reoccurrence of untoward incidents.

Registered Manager for Home Care

The Registered Manager for Home Care is responsible for ensuring that their staff work within the boundaries of this and other related FNHC policies and that they have received the appropriate training and have been assessed as competent prior to carrying out any care/support or clinical task unsupervised. They are also responsible for authorising or declining requests by Registered Healthcare Professionals to delegate clinical tasks to their staff where this is appropriate and in line with FNHC policies and insurance arrangements.

Registered Managers for Adult Nursing and Out of Hospital Services

These Registered Managers are responsible for monitoring adherence to this policy and procedures relating to the delegation of clinical tasks. They are also responsible for ensuring that relevant and appropriate training is available for their staff and monitoring attendance at this training.

Registered Health Care Professionals

Registered Health Care Professionals are responsible for delegating care appropriately in accordance with this policy and their relevant professional codes.

Care/Support Workers/Senior Care/Support Workers

Care/Support Workers (including Senior Care/Support Workers) are responsible for working within the boundaries of this policy, ensuring that they do not undertake any care (delegated or otherwise) that they do not have the necessary competence to carry out unsupervised. Care/support workers are responsible for highlighting to their manager any learning needs and working cooperatively with their manager to gain the necessary competence. Care/support workers should not accept any delegated task unless they have received training and been deemed competent to do it and have the necessary confidence to carry it out safely.

2 POLICY

2.1 Policy Principles

All care provided in adult social care should be person-centred and must always:

- maintain the dignity of the person
- respect the wishes and preferences of the person
- maximise safety and comfort
- protect against intrusion and abuse
- respect the person's right to give or withdraw their consent
- encourage the person to care for themselves as much as they are able

People should be encouraged to maintain independence and should always be supported to enable self-care. Care/support workers should not undertake tasks which people are able to perform themselves with sufficient time and support.

Positive risk taking should be considered as part of person-centred care planning. This should identify what people can do to support themselves and identify when and how care/support workers can help them achieve their goals and wishes.

Care/support workers must be assessed as competent having received the appropriate training prior to carrying out any task or personal care.

Care/support workers must remain up to date with mandatory and statutory training specific to their role.

Any personal care or clinical task planned must be detailed within a person-centred shared care plan that takes into account any existing health care conditions e.g. diabetes / dementia. Appropriate risk assessments must be completed and reviewed as necessary.

People must give valid consent for their care to be delegated to a care/support worker and this should be recorded on the person-centred shared care plan. Care/support workers must always explain what they are doing to ensure consent is 'informed' and wherever possible verbal or non-verbal consent should be obtained each time the procedure is carried out.

If a person refuses the intervention of a care/support worker, this must be escalated as necessary. Discussions need to take place with the client as to the reasons for their decision and the possible consequences of the failure to meet this identified need. Any refusal, actions taken and the discussion held with the client must be recorded.

Where a person may lack capacity in relation to a particular procedure there should be an assessment of capacity and best interest's decision where appropriate. Refer to the Capacity and Self Determination (Jersey) Law 2016 Code of Practice.

2.2 Statutory and Mandatory Requirements and Professional Practice Considerations

This policy should be considered in line with applicable legislation and regulation as detailed in Appendix 1.

The Jersey Care Commission (JCC) Care Standards for Home Care (JCC 2022) and Standards for Care Homes (2019) set out minimum requirements for safe recruitment and training. These can be found in Appendix 1 or on the JCC's website Adult Standards | Jersey Care Commission.

This policy should also be considered in line with any relevant professional guidance or codes including but not limited to:

- Government of Jersey Health and Community Services Code of Practice for Health and Social Care Support Workers in Jersey (2019)
- Jersey Safeguarding Adults Partnership Board www.safeguarding.je
- Nursing and Midwifery Council (NMC) Code (2015 updated 2018)
- Health and Care Professions Council (HCPC) Standards of conduct, performance and ethics (2016)

2.3 Delegation

All staff involved in delegation, whether they are the delegator or the delegate, must understand the core principles including accountability and responsibilities.

Delegation must always be in the best interests of the patient/client and consent to delegate care to a care/support worker must be obtained.

Before agreeing to care/support workers taking on delegated tasks, the Registered Manager for Home Care should use the guidance in section 2.3.1 below to ensure that there is a robust process in place.

Most of the tasks currently delegated to providers of social care will be nursing tasks, however, some other Registered Healthcare Professionals may also delegate clinical tasks to Care/Support Workers. The relevant professional guidance in sections 2.3.2 and 2.3.3 below should be used to inform safe and effective delegation.

2.3.1 Social Care:

- New guidance published in June 2023 for delegated healthcare activities Delegated healthcare activities - Guiding principles
- Skills for Care has produced a guide for social care employers and managers explaining their role and responsibilities when their care/support workers are carrying out delegated clinical tasks: Delegated healthcare interventions guide for social care employers and managers

2.3.2 Nursing:

This profession provides a range of resources to support safe delegation:

- Accountability and Delegation Guide – applying accountability and delegation principles in your workplace Accountability and delegation | Royal College of Nursing (rcn.org.uk)
- Delegation and Accountability-supplementary information to the NMC code

2.3.3 Other Health Care Professions:

- The Health and Care Professions Council (HCPC) in their Standards of Conduct, Performance and Ethics cover delegation, oversight, and support in standard 4: HCPC Standards of Conduct, Performance and Ethics. This organisation currently regulates 15 health and care professions in the UK.

3 PROCEDURE

3.1 Personal Care Tasks

The following personal care tasks can be undertaken by care/support workers who have received training that meets the minimum standards set within the Skills for Care Care Certificate and have been assessed as competent to carry out the care.

Care/support workers must ensure that they always meet standards of quality and safety considering relevant policies and procedures including but not limited to: infection control, safe moving and handling, same/cross gender care and confidentiality.

Dental Care

Care/Support Workers may assist individuals to brush their teeth. Care/Support Workers may assist individuals to remove, clean and insert false teeth.

Foot Care

Care/Support Workers can carry out foot care that includes hygiene, moisturising and inspection.

Toenail cutting or treatment of foot conditions should only be carried out by a Registered Health Care Professional.

Hand/Fingernail Care

Nails should be filed with an emery board or trimmed with appropriate scissors/nail clippers.

Sanitary/Continence Protection

Care/Support Workers may be involved in changing both sanitary towels and incontinence pads. Care/Support Workers may not insert tampons. The only exception would be when assistance is needed to enable young women with disabilities to learn how to do this as part of a planned personal and social education programme. A risk assessment should be completed by the Registered Manager and a care plan developed.

Shaving Care

Care/Support Workers may assist individuals to shave facial hair using an electric razor if this is part of the care plan. Care/Support Workers may assist people to wet shave but must be mindful of safety considerations. Care/Support Workers will not normally shave body hair, except for legs and under arms at the request of the person.

Washing, Dressing, Toileting

Care/Support Workers must respect the personal religious beliefs and customs of the people they are supporting with regards to cleansing whilst ensuring that practice is safe and effective.

3.2 Clinical Tasks

Care/Support Workers employed primarily to provide social care should not undertake tasks that would normally be performed by a Registered Healthcare Professional unless delegated in accordance with this policy.

Clinical tasks will only be undertaken by Care/Support Workers as part of a package of care which addresses other personal care tasks.

There are important conditions attached to each category of task and because a task appears on a Category 1 or 2 list, it does not mean that the task will be performed automatically by a care/support worker.

The safety of clients / patients must be the priority outcome, and risks should be carefully considered.

Care/Support Workers must be assessed as competent prior to carrying out any clinical tasks and must be able to refuse to undertake any task if they do not feel competent to perform.

Evidence of competence assessment should be recorded and saved. Where clinical tasks have been delegated to Care/Support Workers, evidence of competence should be saved in the client's care record. A copy should also be kept by the delegating Registered Healthcare Professional. Care/Support Workers should maintain a portfolio of learning and assessment of competence.

Where FNHC assessment tools are not available, competence assessment tools can be accessed through the National Occupational Standards available at Skills for Health.

3.2.1 Category 1 – Acceptable Tasks

These are the tasks which may be carried out by Care/Support Workers ***on the condition that they have received appropriate training***. It is the responsibility of the Registered Manager to determine the appropriateness of the training, and this training can be delivered to a group of people. Acceptable Clinical Tasks do not need to be delegated by a Health Care Professional.

Care/Support Workers are not permitted to pass on any training they have received for these tasks to others. Competence to complete these tasks must be re-assessed as required in line with the staff member's Personal Development Plan (PDP) and supervision.

A review of the training needs of Care/Support Workers must take place whenever there is a change in circumstances or where there is concern expressed about the ability of the member of staff to perform a specific task.

Registered Managers should take into account the individual circumstances of service users when deciding to undertake 'acceptable tasks.' Just because a task is listed as 'acceptable,' this may not be appropriate in all situations. There should be an individualised approach to care planning, which may involve Health Care Professionals.

3.2.2 Category 2 –Delegatable Tasks

The tasks in this category are clinical tasks that, ***in appropriate circumstances***, can be delegated to care/support workers. They all require training specific to the individual receiving the care on a one to one basis by a Health Care Professional who will assess the care/support worker against a series of pre-defined competences.

The Registered Manager (or in their absence, their Deputy) must agree to the delegation of a clinical task in line with their organisational policies and procedures.

In order to delegate a task safely, the Health Care Professional will:

- assess the risks of delegating the task
- ensure the delegation is undertaken in patient/service user's best interest

- seek agreement to delegate from the patient/client, the care/support worker and their manager as per their organisational policy
- ensure that there is a clear communication pathway for the escalation of concerns
- ensure the care/support worker is trained to perform the task and keep full records of training given, including dates
- record evidence of the care/support worker's competence, preferably against recognised standards such as National Occupational Standards available at Skills for Health
- use the relevant organisational documentation to record the delegation – see Appendix 2 for an example of such documentation
- provide written procedures, ideally on a shared care plan/plan of care/treatment, for the care/support worker/s to follow with the following stated:
    - the parameters in which the task can be performed
    - when to seek guidance
    - a review date
    - when the delegation would no longer be appropriate
- ensure that an appropriate level of supervision is available
- provide ongoing clinical oversight to monitor that the delegation remains appropriate
- provide ongoing monitoring to ensure that the care/support worker's competence is maintained with a minimum annual re-assessment of the care/support worker's competence recorded in the patient/client record

The care/support worker should maintain a record of the reassessment of their competence within a practice portfolio.

If an incident should occur when a care/support worker is undertaking a delegated clinical task for which they were trained and working to the agreed shared care plan and written procedures for that clinical task, the liability rests with the employer of the Health Care Professional. Professional accountability in this case rests with the Health Care Professional who delegated the task.

If a care/support worker does not follow the shared care plan and written procedures for that delegated task or undertakes a clinical task for which they are not trained and an incident occurs, then the care/support worker may be liable and disciplinary procedures could be commenced.

Appendix 3 contains guidance from the Jersey Care Commission around delegation. Where it is unclear if a Health Care Professional can delegate clinical care to a care/support worker, advice should be sought from the Jersey Care Commission.

The list in section below is not exhaustive and there may be occasions when a Health Care Professional negotiates a delegated task with a care/support worker and their manager based upon an assessment of risk that focuses on a safe outcome for the client/patient. Delegation must always be in the best interest of the patient and not performed simply in an effort to save time or money.

3.2.3 Category 3 – Unacceptable Tasks

Generally, any task that involves a level of risk unacceptable to the delegating Health Care Professional as per their organisation's policy ***or requires a care/support worker to make a stand-alone clinical judgement*** is unacceptable. Any task that has been deemed unacceptable may only be delegated in exceptional circumstances where there must be a clear rationale for the delegation accompanied by a thorough risk assessment focused on a safe outcome for the client/patient.

3.3 Examples of Clinical Task Categories

N.B. *these lists are not exhaustive and provide a guide only – consideration should always be given to individual client/patient circumstances that may change the appropriateness of a task's categorisation.*

Category 1 - Acceptable Clinical Tasks	
Blood sugar monitoring devices, including those with a needle	Application of a blood sugar monitoring device e.g. FreeStyle Libre
Body Piercings	Assistance with the hygienic cleaning of body piercings and the changing of jewellery
Catheter Care (as specified in the shared care plan written by a Registered Health Care professional)	Personal hygiene Replacing a bag to an existing urethral or supra-public catheter Urethral catheter meatal care cleaning and observation of site Checking and cleaning of foreskin, including under the foreskin (if male clients are not able to do this for themselves) Cleaning of a supra-pubic catheter site Rotation of a supra-pubic catheter Emptying and measuring urine
Contact Lenses	Assistance with the insertion, removal and cleaning of contact lenses.
Dressings	Application of simple dressing for first aid purposes (appropriate escalation required). Application of a temporary replacement dressing (without otherwise cleaning or treating the site) as specified in the shared care plan written by a Health Care Professional
False Eyes	Cleansing, inserting and removing

Category 1 - Acceptable Clinical Tasks	
Fitting/Removing Supports	artificial limbs, braces or splints
Hearing Aids	assistance with the insertion, adjustment, battery replacement and cleaning of hearing aids removal of hearing aids
Medicines (successful completion of Level 3 RQF (or equivalent) Medicines Module required – this is a Jersey Care Commission requirement)	All medication administration with the exception of: • Injectable medicines* • medication administered by the vaginal (PV) or rectal (PR) routes • medication administered via a feeding tube (gastrostomy/jejunostomy) Recording of medicines administered as directed using a pharmacy produced Medication Administration Record (MAR). Assisting a person, on their direction, to receive long term oxygen therapy ***as prescribed***. **N.B** the requested flow rate must not exceed maximum prescribed rate. ***Emergency/rescue medication*** may be administered providing the care/support worker has received appropriate training from a Health Care Professional and is competent in the method of administration and when it should be used. N.B. for some clinical tasks, it may only be possible to assess competence using simulation. Examples of rescue medication include adrenaline via a pen device (e.g. Epipen); buccal midazolam from a pre-filled syringe, certain nebulised medications and oxygen (N.B. the flow rate must not exceed the maximum amount prescribed).
Monitoring Temperature	
Non-invasive ventilation – training to be given by the Clinical Investigations Department	Assist a person, on their direction, to use non-invasive ventilation. **N.B.** may be a delegatable task if unable to direct their own care.
Oral Hygiene (other than dental care)	
Penile Sheaths	placement and connection to urine bags removal
Pressure Ulcer Prevention Care	Includes: • giving advice • monitoring pressure areas • use of existing equipment

Category 1 - Acceptable Clinical Tasks	
Preventative and Emergency/Rescue Measures (training by an appropriate Health Care Professional)	Includes: • oral suction • suction through a tracheostomy tube These measures may be carried out either as a preventative measure to ensure a clear airway or in response to an emergency Recorded in the care plan should be clear parameters for undertaking these tasks as agreed with the relevant Health Care Professional. (see also Emergency/Rescue Medication above, Emergency First Aid Procedures and Cardiac and Respiratory Resuscitation)
Safe Moving and Handling	use of safe handling equipment supporting regular mobility with mobility aids
Support stockings (prescribed)	application and removal
Stoma Care	emptying, changing/replacing urostomy, colostomy and ileostomy bags cleansing of stoma changing a two-piece system
Truss fitting	application and removal
Urine/faecal specimens	assisting with obtaining midstream urine specimens or a faecal specimen that has been medically requested

Category 2 - Delegatable Clinical Tasks	
Bowel Management	Digital rectal stimulation Trans-anal irrigation Digital removal of faeces
Capillary Blood Test (finger prick test) for blood glucose monitoring	
Contraceptive devices	Care/support workers will not normally be involved in inserting contraceptive caps, diaphragms or female condoms or putting on male condoms. This will only happen as part of a planned, time limited, personal and social education programme, or

Category 2 - Delegatable Clinical Tasks	
	where there is formal agreement for the care/support worker to act as an enabler for a disabled person wishing to engage in sexual activity when neither they nor their partner are able to perform this task.
Cough Assist	Manual and by machine
Enteral Feeding Tubes: Gastrostomy and Jejunostomy (Completion of the training currently recommended by the Health and Community Services Nutrition and Dietetic Department and clinical skills competence assessed by a Health Care Professional)	cleaning of feeding tube sites advancing and rotating a percutaneous endoscopic gastrostomy (PEG) or balloon gastrostomy tube as directed (N.B. jejunostomy tubes should NOT be advanced/rotated) administering feeds via a gastrostomy/jejunostomy feeding tube including via a: • feeding pump • bolus • gravity set inserting water through the tube before/after the feed inserting water through the tube before and after <u>each</u> medication administered flushing to unblock a feeding tube (help should be summoned for assistance if unable to easily clear the blockage or as defined in the care plan)
Intermittent Catheterisation	
Medicines (Successful completion of Level 3 RQF (or equivalent) medicines module required – Jersey Care Commission requirement)	Medicines administered: • rectally (PR) • vaginally (PV) • by injection via a pen device* e.g. insulin • via a feeding tube * N.B. the administration of emergency/rescue medication by pen device e.g. Epipen, is considered an 'acceptable clinical task' and not a delegatable task
Monitoring Vital Signs	Pulse Respiratory Rate Pulse oximetry Blood Pressure The delegating Health Care Professional must ensure the plan of care/treatment reflects the parameters and escalation criteria.

Category 2 - Delegatable Clinical Tasks	
Physiotherapy Exercises	as part of a personalised exercise programme

Category 3 - Unacceptable Clinical Tasks	
The management of supra-pubic/urethral catheters	(other than changing the bag, cleaning the site and rotating the supra-pubic catheter)
Bladder compression	
The management and treatment of pressure ulcers	(other than planned interventions such as positioning the person)
Administration of rectal enemas	
Taking of venous blood samples	
Giving any medicines via injection	(except insulin via a pen device or adrenaline for the treatment of anaphylaxis)
Assisting with the cleaning and replacement of tracheostomy tubes	
Assisting with the dialysis process	
Assisting with syringe driver pain/symptom relief systems	
Naso-gastric tube feeding or care	Any intervention relating to a nasogastric tube including: • aspiration of the naso-gastric tube • the administration of medicine via a naso-gastric tube

3.4 Emergency First Aid Procedures

If a care/support worker is concerned about an individual's physical condition and they have had appropriate first-aid training, they intervene only as a first aid measure. However, they must first ensure that an ambulance is called through the 999 emergency service. The first aid training they have received should have been from a Health Care Professional or qualified first aid trainer. Consideration should be given to informing the person's GP and family or carer should be informed.

3.5 Cardiac and Respiratory Resuscitation / DNACPR Notices

In the event of a person appearing to suffer a cardiac or respiratory arrest, an ambulance **must** be called using the 999 emergency service. The care/support worker **must** commence Cardio Respiratory Resuscitation (CPR) unless:

- it is not safe to do so
- there is a valid Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) directive
- any recorded Advance Directive is in place

All care/support workers are expected to remain up to date with first aid and basic life support training.

For further guidance, see the island-wide Multi-Agency Do Not Attempt Cardio-Pulmonary Resuscitation.

4 MONITORING COMPLIANCE

Compliance with this policy will be monitored by the Registered Manager through the monitoring of training and delegation records and by following up of any untoward incidents reported via Assure.

Audit may also be used to monitor adherence to the Standard Operating Procedures for the delegation of clinical tasks.

5 CONSULTATION PROCESS

Name	Title	Date
Tia Hall	Registered Manager – Adult Nursing Services	14/02/24
Clare Stewart	Registered Manager – Out of Hospital Services	14/02/24
Teri O'Connor	Registered Manager - Home Care	14/02/24
Justine Le Bon Bell	Head of Education and Development	14/02/24

6 EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- Putting patients first
- Keeping people safe
- Have courage and commitment to do the right thing
- Be accountable, take responsibility and own your actions
- Listen actively
- Check for understanding when you communicate
- Be respectful and treat people with dignity
- Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times. See overleaf/below for the Equality Impact Assessment for this policy.

6.1 Equality Impact Screening Tool

Stage 1 - Screening			
Title of Procedural Document: Personal Care and Clinical Tasks for Adult Social Care Policy			
Date of Assessment	14/02/24	**Responsible Department**	Quality and Governance
Name of person completing assessment	Elspeth Snowie	**Job Title**	Head of Quality and Safety

Does the policy/function affect one group less or more favourably than another on the basis of :		
	Yes/No	**Comments**
• Age	no	Policy is for adults only
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	no	
• Ethnic Origin (including hard to reach groups)	no	
• Gender reassignment	no	
• Pregnancy or Maternity	no	
• Race	no	
• Sex	no	
• Religion and Belief	no	
• Sexual Orientation	no	
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2		

Stage 2 – Full Impact Assessment			
What is the impact	**Level of Impact**	**Mitigating Actions** (what needs to be done to minimise / remove the impact)	**Responsible Officer**

Monitoring of Actions
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level

7 IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Policy to be uploaded to the Procedural Document Library	Education and Development Administrator	Within 2 weeks following ratification
Email to all staff	Education and Development Administrator	Within 2 weeks following ratification
Upload policy (+/- assessment tool) to Virtual College and allocate to relevant staff	Education and Development Department	Within 2 weeks following ratification
Relevant staff to sign (via Virtual College) that they have read and understood policy.	All staff notified via Virtual College.	Within 2 months of notification

8 GLOSSARY OF TERMS

Personal care means assistance in daily living that does not need to be provided by a Registered Nurse being: Practical assistance with personal tasks such as eating, washing and dressing or prompting a person to perform daily tasks (Regulation of Care (Jersey) Law 2014).

Personal support includes supervision, guidance and other support in daily living that is provided as part of a support programme (Regulation of Care (Jersey) Law 2014).

Social care includes all forms of personal care, practical assistance and personal support (Regulation of Care (Jersey) Law 2014).

Registered Healthcare Professional is a person who is registered with a professional regulatory body in the United Kingdom and where required is registered under the Health Care (Registration) (Jersey) Law 1995 (Regulation of Care (Jersey) Law 2014).

Nursing care means services that by reason of their nature and circumstances, including the need for clinical judgement, should be provided by a Registered Nurse including:

- Providing care
- Assessing, planning and evaluating care needs or the provision of care
- Supervision or delegating the provision of care

(Regulation of Care (Jersey) Law 2014).

Care/support worker is a person who is employed to provide care including personal care and support, in this guidance care/support worker refers to a person who is not a registered nurse or a health care professional.

Vocational qualifications The Regulated Qualifications Framework (RQF) came in to force in 2015 and was designed to offer a simpler system for managing qualifications regulated by Ofqual. Previously, Qualifications and Credit Framework (QCF) replaced National Vocational Qualifications (NVQ).

Clinical tasks (referred to in this guidance) are tasks which have traditionally been undertaken by registered nurses or other health care professionals. These care tasks are divided into three categories, which identify if care/support workers may undertake the tasks and under what conditions. The three categories are:

1) Acceptable tasks – tasks that require additional training
2) Delegable tasks – tasks that require training and assessment of competence by a Registered Healthcare Professional
3) Unacceptable Tasks - tasks that are not to be performed by care/support workers except in exceptional circumstances

Delegation - "...transferring a healthcare intervention from a registered practitioner to a non-registered individual, with assurances that the individual is supported, confident and competent in delivering the intervention" (Skills for Care 2022). It can also be defined as "the

transfer to a competent individual, of the authority to perform a specific activity in a specified situation" (Department of Health and Social Care and Skills for Care 2023, p.27).

9 REFERENCES

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10 APPENDICES

10.1 Appendix 1 Statutory and Mandatory Requirements

10.1.1 Statutory Requirements

This guidance should be considered in line with applicable legislation and regulation that includes but is not limited to:

- Capacity and Self Determination (Jersey) Law 2018
- Consent to Medical Treatment (Jersey) Law 1973
- Data Protection (Jersey) Law 2018
- Employment (Jersey) Law 2003
- Health and Safety at Work (Jersey) Law 1989
- Health Care (Registration) (Jersey) Law 1995
- Long Term Care (Jersey) Law 2012
- Medicines (Jersey) Law 1995
- Mental Health (Jersey) Law 2016
- Regulation of Care (Jersey) Law 2014 Regulation of Care (Standards and Requirements) Regulations (Jersey) 2018
- Regulation of Care (Regulated Activities) Regulations (Jersey) 2018

Standard 6.4 of the JCC Care Standards for Home Care (JCC 2022) and Standards for Care Homes (2019) require that:

- "*Care/support workers will not work outside of the scope of their profession, competence or job description.*
- *Care/support workers at all times must adhere to any code, standards or guidance issued by any relevant professional body.*
- *Care/support workers must be honest about what they can do, recognising their abilities and the limitations of their competence.*
- *Job descriptions will detail specific duties and responsibilities including where appropriate delegation roles and responsibilities.*
- *Care/support workers will only carry out or delegate tasks agreed in job descriptions and in which they are competent.*
- *Depending on the setting, care/support workers who do not hold relevant professional qualifications may be required to carry out tasks or skills which might have traditionally been carried out by health or social care professionals or may require further training and assessment.*
- *Some skills and tasks may be performed by care/support workers under an individual (person specific) delegation. This involves additional training (e.g. vocational training module) and assessment of competence carried out by the delegating professional (e.g. percutaneous endoscopic gastrostomy (PEG) feeds).*

- *Some skills and tasks may be performed by care/support workers who have completed additional specific training and assessment under the direction/agreement of a health or social care professional (e.g. restrictive physical intervention).*
- *Some extended skills and tasks may be performed by care/support workers who have completed additional training and have been assessed as competent by their manager/assessor (e.g. insertion of hearing aids).*
- *Care/support workers must be able to refuse to undertake any skill or task if they do not feel competent to perform it."*

10.1.2 Mandatory Requirements

The Jersey Care Commission Care Standards for Home Care (JCC 2019a) and Standards for Care Homes (2019b) set out minimum requirements for safe recruitment and training.

Care/support workers must be assessed as competent having received the appropriate training prior to carrying out any task or personal care.

Care/support workers must remain up to date with mandatory and statutory training specific to their role.

People should be supported and encouraged to be as independent as possible in all their care tasks. Care/support workers should not undertake tasks which people are able to perform themselves with sufficient time and support. Any risks identified should be assessed and managed to promote independence.

Any personal care or clinical task planned must be detailed within a person-centred care plan that takes into account any existing health care conditions e.g. diabetes / dementia. Appropriate risk assessments must be completed and reviewed as necessary.

People must give valid consent for their care to be delegated to a care/support worker and this should be recorded on the shared person-centred care plan developed by the delegating Health Care Professional.

Care/support workers must always explain what they are doing to ensure consent is 'informed' and wherever possible verbal or non-verbal consent should be obtained each time the procedure is carried out.

If a person refuses the intervention of a care/support worker, this must be escalated as necessary. Discussions need to take place with the client as to the reasons for their decision and the possible consequences of the failure to meet this identified need. Any refusal, actions taken and the discussion held with the client must be recorded.

Where a person may lack capacity in relation to a particular procedure, there should be an assessment of capacity and best interest's decision where appropriate. Refer to the Capacity and Self Determination (Jersey) Law 2016 Code of Practice.

Any unexpected change in a person's condition, appearance or behaviour should be escalated appropriately.

10.2 Appendix 2 – Example of Delegation Documentation

Delegation of Nursing Tasks - (Non-

10.3 Appendix 3 – Delegation Guidance from the Jersey Care Commission

Questions presented to the Jersey Care Commission (2023):

- In a dual registered Care Home, clarification as to why a nurse in the care home cannot delegate for a resident in a personal care bed
- Where a Home Care provider is registered to provide a number of nursing hours and personal/social care hours, can the nurses delegate for personal/social care clients?
- Can Home Care providers who are registered to provide personal care, employ a nurse to delegate for personal/social care clients?

Response from the Jersey Care Commission:

All regulated services must keep in mind the definitions for personal care/personal support and nursing care as defined by Regulation of Care Law (2014), and ensure that there is no blurring of the lines. If someone requires nursing care, that is what they should receive.

Our primary concern would be that existing nursing care beds in care homes would not be affected. Providers would need to ensure that adequate resources were in place to ensure that there is no impact upon nursing care beds/services. Consideration would need to be given to the introduction of additional resources to meet the demands of delegating tasks in residential beds.

Nursing duties must be protected to ensure that they are being delivered to the right care receivers at the right time. Professionals must work within the scope of their professional practice and governing bodies. Therefore, they must be willing to assume responsibility for the decision to delegate tasks and should not be unduly influenced by providers.

Any care provider who did decide to delegate tasks would be responsible for delivering appropriate training, assessing competency to perform tasks, and undertaking regular competency reviews. Professionals delegating tasks must ensure they have the correct professional competence, skills and knowledge. It is unacceptable to assume that all professionals can take responsibility for delegating all tasks.

Professional delegation must include oversight of the care plan and the ability to respond effectively when additional support, advice or intervention is required.

Providers would need to ensure that contingencies were in place to cover absences such as, sickness, annual leave etc.

Ultimately, the risk lies with the provider in ensuring that they can maintain care receiver safety and minimise the risk of harm or neglect.