Joint Health and Social Care Policy

Nurse Accountability and Guidance on the Delegation of Nursing Tasks to Care Workers

1. Context

1.1 Throughout this document:
- The term ‘nurse’ relates to a registered nurse delegating specific tasks to care workers.
- The term ‘care worker’ relates to care assistants across health, social services and the independent sector working in community (own home and day units) and care home settings. This includes registered nurses who are employed as care assistants across any of these settings.

1.2 There may be times when Care Workers are called upon to undertake more complex procedures in addition to those laid down in Appendix 1 of this document (Categories 1-3) whereby the delegation of such a procedure is deemed appropriate in the provision of improved client care. Such delegation must not compromise existing care but must be directed to meeting the needs and serving the interests of patients/service users and must comply with the required consents as per section 7 of this document.

1.3 In recognition of the rapid pace of change and development within the field of medicine, care at home, and individual choice, precise procedures cannot be specified. These procedures may be deemed a specialized task i.e. procedures/skills for which a registered nurse would have required specific training and experience, with the continued need to update these skills, experience and evidence of ongoing competency.

1.4 As registered practitioners Nurses are personally and professionally accountable to the NMC (Nursing and Midwifery Council) for their practice. They must be sure that all actions carried out under their responsibility have met the standards of the Council.

1.5 The Policy is to be read in conjunction with:
- Code of Professional Conduct, Nursing and Midwifery Council 2002
- Standards for the Administration of Medicines NMC October 2000
- Devon’s Joint Agency Medication Support Service Policy

2. Policy Aim

2.1 This policy sets out the boundaries of accountability for nurses in the delegation of nursing tasks to care workers.

2.2 The policy gives guidance to care workers and their managers on what is required of them when responding to the agreed delegated task.

2.3 The policy is for:
- NHS nursing staff and managers
- DCC Social Services care workers and managers
- Registered Independent sector care workers and managers (excluding Registered Nursing homes) ¹

¹ Registered nurses employed in Residential Homes cannot practice as a nurse but can take on a delegated task as a care worker within this policy.
• Others as agreed by the nurse.

3. **Policy Principles**

   This policy must be operated within the following principles:

3.1 Be non-discriminatory. Assessments and care services arranged by the NHS and Social Services must take account of an individual’s age, gender, ethnic group, religion, culture, disabilities, personal relationships or living and caring arrangements.

3.2 Ascertain the needs and wishes of each individual and involve them in decisions about the management of their care where possible.

3.3 Recognise that Dignity, Choice, Participation/Involvement, and Respect are the foundations of good practice.

3.4 Risks to the individual, nurse and care worker are minimised.

3.5 Care is delivered effectively and safely when required by the care worker.

3.6 The nurse is accountable for ensuring the care workers have sufficient direction, training, supervision and support to perform the tasks and procedures correctly and safely following agreement with their line manager.

3.7 Nurses and care workers must work co-operatively within teams\(^2\) and to respect the skills, and contributions of their colleagues.

4. **Accountabilities**

4.1 The nurse will assess the individual’s need and associated risk

4.2 The nurse retains accountability for the decision to delegate within Category 3 service and for the ongoing administration of the delegated invasive task or procedure within Category 4.

4.3 For those people with needs in Category 4 they must remain on the nurse caseload and be subject to regular reviews.

5. **Professional Responsibilities**

5.1. **Nurses**

   When delegating roles that appear outside traditional roles, the nurse must ensure that the delegate is competent to deliver such care.

   • A clinical risk assessment must be completed for all tasks delegated under Category 4 and appropriate tasks in Category 3.

   • When working as a member of a team, the nurse remains accountable for their professional conduct, any care they provide and any omission on their part.

   • The clinical activity to be delegated should be clearly set out in the individuals delegated care plan.

   • It should include a step by step detail of how the intervention should be undertaken, any contingency arrangements, action to be taken if there are any concerns, whom to contact in an emergency, and the frequency of review.

   • The nurse must ensure the written care plan is made available to the care worker and the individual and arrangements for this will be agreed with the care worker’s line manager.

   • The nurse responsible for delegating the intervention is also responsible for ensuring that appropriate training takes place for care staff to ensure that there is continuity of delivery.

\(^2\) The team includes the individual and their family, informal carers, health and social care professionals in the NHS or SS, and the independent and voluntary sector.
• The nurse must satisfy her/his self that the care staff to whom the clinical intervention is delegated are competent to undertake the activity.

• Training must be recorded and signed by the delegating nurse, the care worker and their manager on the appropriate form. (see appendix 4)

• Where the training is for care of a named individual the nurse, together with the line manager, must ensure there is a signed list of all care workers who have been trained to undertake the procedure for that individual.

• Where individual training of care workers by the nurse has been given, the nurse remains responsible for giving clinical supervision, ongoing assessment, updating and monitoring of care workers skills. The nurse needs to agree time-scale for updating which should be at least annually and is likely to be more frequent for complex procedures.

• The nurse remains accountable for the delegated task and, as such, the monitoring, review, and update of the care plan, which to comply with CSCI requirements must be monthly.

• Where the care worker deviates from the agreed, written care plan the nurse no longer remains accountable for the care worker’s practice. (for guidance on further management of such situations see section 8)

• The nurse continues to be responsible for the delegated procedure in the absence of trained carers particularly in domiciliary settings when Care Workers may change at short notice. In such circumstances an appropriately trained Care Worker may not be available. When notified of such a situation the Nurse will have to respond as appropriate and based on clinical decision.

6. Responsibilities of those involved in the provision of the delegated task

6.1. Care workers are responsible for:

• Ensuring they only carry out tasks/procedures for which they have been trained, assessed, and feel competent to carry out. For Category 3 these are likely to be transferable skills, but for Category 4 they will be person/client specific.

• Under no circumstances must care workers take responsibility for teaching one another.

• Ensuring they have given their consent to administering a Category 4 procedure and that they also have the consent of their line manager.

• Ensuring they carry out tasks/procedures strictly according to their training and the requirements of the care plan.

• Seeking advice from the nurse, and informing their line manager, when uncertain about how to proceed in a given situation.

• Reporting any concerns they have to their manager (or via their usual out-of-hours arrangement) and clinical concerns to the nurse, GP or emergency service as appropriate.

• Ensuring that the completion of each task is recorded in the Home Based Communication Record.

• Ensuring their training is recorded and signed by the delegating nurse, their manager, and his/herself on the appropriate form. (see appendix 4)

6.2. Line Managers of care workers are responsible for:

• Ensuring only appropriately trained and competent staff are allocated to the handling of the delegated task.

• Providing their staff with all available and pertinent information about the individual and service expected to be provided.
• Informing the nurse when there is a break in continuity of care or where the service cannot be provided.
• Carrying out an appropriate risk assessment prior to the service beginning, agreeing the care plan with the nurse and ensuring that the task is achievable within the contracted period of time.
• Supervising staff in line with Health, Devon SS or Company Policy, National Care Standards requirements, and Joint Agency policies.
• Reporting concerns/queries raised by staff to the responsible nurse and to advise staff accordingly.
• Ensuring accurate and up to date records relevant to medicines and Category 3/Category 4 procedures are maintained by the manager.

7. Consent to Share Information

7.1 The general principles underpinning the sharing of person-identifiable, confidential information follow the Caldecott guidelines on the protection and use of patient information. The principles are:
• access should be on a strict need-to-know basis;
• everyone must understand their responsibilities;
• understand and comply with the law.
• justify the purpose for using confidential information;
• only use it when absolutely necessary;
• use the minimum that is required;

7.2. The Persons informed consent is required to allow information sharing to take place, and this may be given as written or verbal consent depending on the situation. When seeking the persons consent to share information the following points should be explained:
• Why the information needs to be shared (ie only for the purpose of providing a service or care to the person)
• Who this information may need to be shared with, and the persons right to put restrictions on this
• That the person has the right to decline to share some, or all, of the information
• That the person has the right to withdraw their consent at any time

7.3. Where an individual is unable to give consent, the decision should be made on that individual’s behalf by those responsible for providing care, taking into account the views of the individual and carers, with the individual’s best interests being paramount. Where practicable, advice should be sought from the nominated senior professional and the reasons for the final decision should be clearly recorded.

8. Monitoring and Complaints

8.1. Where there are consistent deviations from care plans by individual care workers a process for review of the delegation will be agreed between the nurse and the care workers line manager. The nurse maintains the right to withdraw delegation.
8.2. Complaints from Service Users or their Carers should be made to the relevant agency via their normal complaints procedure.

8.3. Disagreements between the different agency staff should be resolved via their line management.

9. Health and Safety

9.1 The nurse and care worker must act quickly to protect individuals from risk if they have good reason to believe that they or a colleague, from their own or another profession/organisation may not be fit to practise for reasons of conduct, health or competence.

9.2 They have a duty to report staff who demonstrate a lack of competence/skills in relation to care of individuals.

9.3 They should be aware of the terms of legislation that offer protection for people who raise concerns about health and safety issues.

List of appendices

Appendix 1 – Tasks/procedures undertaken in Category 3
Appendix 2 – Statement regarding Category 4
Appendix 3 - Example of Category 4
Appendix 4 - Care Worker’s training form

Glossary of terms used in this document.

Registered Provider - All registered social care services are inspected by the Commission for Social Care Inspection (CSCI) to ensure compliance with the Care Standards regulations and standards, specifically:

Standards 3 (reg14), 6, 10 (reg.14), 12(reg.14), 14(reg.14), 19(reg.15), 20(reg.15), 21(reg.150

Registered Nurse – meaning nurses working in community mental health, hospitals, or district nursing teams.

Care workers – not informal carers i.e. family or friends and not carers employed via Direct Payments.

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