

**Interim Guidance Note:**

**The Use of Care Workers to Support Registered Nurses in  
Nursing Homes.**

Type	Process Guidance
Version	V1.0
Author	Process Enabling Team
Date	September 2016
Review Date	September 2017

## **Interim guidance note: The use of care workers to support Registered Nurses in nursing homes.**

In the past year CSSIW has been approached by a small number of providers who have asked about the use of senior care workers in nursing homes to undertake nursing tasks under the delegation and direction of a registered nurse.

CSSIW has in particular considered the model adopted by HC One and the evaluation undertaken by SCIE; [www.scie.org.uk/care-providers/hc-one](http://www.scie.org.uk/care-providers/hc-one).

This purpose of this note is to clarify CSSIW's position in relation to the regulations and national minimum standards as they currently stand. Clearly further consideration may be given during the development of the regulations and statutory guidance associated with the Regulation and Inspection of Social Care (Wales) Act 2016 which comes into effect in 2018. In developing this guidance note we have taken account of codes of conduct for registered nurses and the rules for delegation set out by the Nursing and Midwifery Council and by Welsh Government.

This interim clarification does not represent a change of policy by CSSIW. It is a guidance note produced to support providers in understanding the expectations of CSSIW who may be considering the use of senior care workers to assist with nursing tasks.

Public bodies commissioning care will have their own contractual expectations which providers should consider when deciding on the staffing arrangements in their service. Likewise commissioners have a responsibility for ensuring the services they purchase can meet the needs of the people who are placed in nursing homes and that contractual requirements in relation to staffing should reflect the dependency levels of those being placed.

In addition providers, registered nurses and commissioners should take account of the expectations and principles set out in the [All Wales Guidance for Delegation of tasks within the NHS](#).

### **The most relevant regulations: The Care Homes Wales (Regulations) 2002;**

#### **1) Statement of Purpose:**

Regulation 4 requires the registered person to compile a Statement of Purpose which sets out the aims and objectives of the home and which should consist of a statement of the matters set out in Schedule 1.

This includes the number, relevant qualifications and experience of staff working in the care home, the organisational structure of the care home and whether nursing is provided.

Regulation 6 requires that the registered person shall keep the Statement of Purpose under review and should notify CSSIW 28 days before any revision comes into effect.

CSSIW's expectation: We would expect that all nursing homes set out clearly their staffing structures on each shift, and where nursing tasks are to be delegated make clear to whom nursing tasks are to be delegated. Where changes are being considered, CSSIW must receive a revised Statement of Purpose 28 days before they are implemented.

We would expect to see within the organisational structure clear clinical accountability to a registered nurse on duty on each shift and clear identification of whom tasks may be delegated to and their grade and qualification level.

CSSIW expects as part of governance arrangements that, in homes where nursing care is provided, lead nurses on duty will undertake ongoing monitoring of key clinical indicators for all the people being cared for and that there is an identified clinical lead (the registered manager where they are also a registered nurse) for the service who undertakes regular and ongoing accident and incident trend analysis which may include pressure ulcer audits, medication errors, infection rates and hospital admissions. This routine monitoring evaluation must be used to ensure the care provided by nursing assistants, senior and other carers is appropriate, timely and competently given.

It is ultimately the professional responsibility of a registered nurse on duty to decide if delegation is appropriate and safe and the nurse remains accountable for the care provided. CSSIW expects registered providers to fully respect this principle. It is not for a provider or manager of a service to direct a registered nurse to undertake delegation if in the judgement of the nurse it is not safe to do so.

CSSIW does not expect nursing tasks to be delegated by nurses who have been supplied by an agency. This is because agency nurses are unlikely to know the competencies of the care staff under their direction and are not in a position to provide effective clinical governance and accountability on behalf of the registered service.

## **2) Staffing:**

Regulation 18 requires that the registered person shall, having regard to the size of the care home, the statement of purpose, and the number and needs of service users ensure that at all times suitably qualified, competent, skilled and experienced persons are working at the care home in such numbers as are appropriate for the health and welfare of service users. Schedule 4 requires that a record is maintained in relation to the qualifications and experience of each person working in the care home.

The regulation also requires that staff receive training suitable to the work persons employed are to perform and the National Minimum Standards set out expectations in relation to effective supervision.

Regulation 18(3) requires that, where the care home provides nursing, the registered person should ensure at all times a suitably qualified registered nurse is working at the care home.

CSSIW's expectation: We would only expect nursing tasks to be delegated to selected senior, experienced care workers and that any training given in relation to clinical skills is assessed competency assessed through documented observation and signed off by a suitably qualified professional and this is clearly evidenced in their staff records. We would not expect staff to be asked to undertake tasks for which they have not been trained. We would expect specific training provided to be in line with industry standards and where appropriate to be sourced from accredited training providers.

CSSIW and Care Forum Wales advise that the required qualification level for staff to undertake delegated nursing tasks is QCF 3 or above.

We expect **at least** one suitably competent and qualified registered nurse to be on duty at all times as required by the regulations and provide direction, an appropriate level of supervision and supports any staff undertaking delegated nursing tasks. The delegation of nursing tasks does not reduce the accountability for the standard of nursing care provided in the home and the ongoing evaluation of residents.

CSSIW expects that the registered provider keeps staffing levels and the professional mix under constant review in relation to residents' changing needs and that increased registered nursing staff are on duty where needs are complex and require this.

Not all nursing care should be delegated. Some residents whose needs are complex, are at greater risk or who require a high level of ongoing evaluation must only be provided with nursing care by a qualified nurse. We have not considered a list of nursing tasks which can and cannot be delegated, we believe this is patient specific and should rest on the judgement of a registered nurse.

### **3) Medication:**

Regulation 13 requires that the registered person makes arrangements for the recording, handling, safe keeping and safe administration of medicine.

National Minimum Standards 17(7) for Older People state where residents are receiving nursing care, all medicines, including Controlled Drugs, are administered by a medical practitioner or registered nurse.

National Minimum 20(8) for Younger Adults state that where residents are receiving nursing care all medicines should be administered by a medical practitioner or registered nurse.

CSSIW recognises that safe administration of medication in nursing homes can be delegated to appropriately trained senior care staff (see above). We would expect that:

- Administration of medication by injection, syringe drivers or peg feed and administration of complex medication where a resident is at risk of an adverse reaction should only be undertaken by a registered nurse;
- the administration of controlled medication should be given particular consideration and oversight by the registered nurse. In most instances the administration of controlled medication should be undertaken by a registered nurse. If there is a decision to delegate administration of a controlled drug there must a separate documented risk assessment which demonstrates any potential risks have been anticipated and managed ;
- where PRN medication is prescribed there are clear protocols in place and staff are trained in their application. Any use of PRN medication must be reviewed by the lead registered nurse on duty;
- there is ongoing evaluation and regular review by a registered nurse of all residents in respect of the effect of the medication they are taking especially where there is any likelihood of side effects;
- patients' medication profiles are regularly reviewed by a registered nurse in consultation with a medical practitioner or pharmacist and
- there are regular audits of medication practice by a registered nurse.