

# WELSH HEALTH CIRCULAR



Llywodraeth Cymru  
Welsh Government

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**Enclosure(s):** One. *Third Party Delegation: The required governance framework*

1. I am writing to inform you of the publication of 'Third Party Delegation: the required governance framework'.
2. The document sets out guidance to support the delegation of health tasks by NHS health professionals to non NHS health and social care support staff.
3. The aim of this work is to put the citizen at the centre of their care and enable organisations to coproduce care with the individual in a coordinated integrated way based on the principles of Prudent Healthcare, to sustainably meet the bespoke needs of the individual.
4. The framework pulls together current guidance and best practice and provides guidance on the governance framework required to facilitate delegation across health and social care activities.
5. All health boards will be required to ensure that appropriate governance frameworks are in place to support arrangements where specific health related tasks are delegated to non NHS employed or contracted support workers, where required, in order to meet individuals' bespoke needs.
6. The framework will be published on NHS Wales Governance e-Manual <http://www.wales.nhs.uk/governance-emanual/working-in-partnership>



Llywodraeth Cymru  
Welsh Government

# Third Party Delegation

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The required governance framework

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.

## Third Party Delegation

*The required governance framework*

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# Third Party Delegation

## *The required governance framework*

### **Foreword**

Far too often the users of services in Wales report the multiplicity of people who visit their homes to provide care. This constant un-coordinated disjointed provision of care can reduce the quality of life and life experience of the person receiving the care. Currently there is little understanding across service providers of how the provision of care can be safely delegated to the most appropriate individual while maintaining good governance to support and meet the wishes of the individual receiving that care.

The Welsh Government is committed in facilitating a value-based approach to health and care, based on need and which incorporates the citizen's voice in decisions about healthcare and services and to provide better integrated and more citizen focused services. It can though however be difficult to manage because working across organisational boundaries is complex and can involve the need to overcome challenges and risks. Complexity and ambiguity can lead to confusion and weak accountability and this in turn can lead to a reduction in responsiveness, quality and an increase in overall cost.

As the nature of '24 hour care' now required is changing so there must be consideration of the workforce needed to ensure we have suitably skilled, confident and competent staffed teams able to implement new models and ways of working which will be required under the Social Services & Well-being (Wales) Act 2014. It is important that there is a consistent approach to developing the social care workforce that does not detract from their core function but meets the needs of individual citizens and there is clarity with regards to the nature of the care and support that can be offered and the governance framework to support this.

The focus of this Framework is on the governance to support integrated care for older people, particularly frail elderly people or those individuals with complex needs. This means ensuring individual citizens have a voice and control over their care and support. It places a strong focus on maintaining well-being through individualised bespoke responses to a persons needs. Fundamental to this is a person centred planning approach that identifies what is important to a person from his or her perspective, building on the strengths people have, and their networks and community contacts, in order to promote independence. It means recognising that many people can only communicate their care needs effectively through the medium of Welsh and for many Welsh speakers being able to use one's own language has to be seen as a core component of care not an optional extra. We must ensure services are co-designed, co-ordinated and delivered effectively, to meet the outcomes that are important to people and their carers.

This Governance Framework pulls together the current best practice and Welsh guidance and legislation to support safe and sustainable integrated working across sectors and the governance each stakeholder requires to have in place to maintain an integrated approach to the prudent delegation of tasks to meet the wishes of individuals receiving care.

## Third Party Delegation

*The required governance framework*

### Executive Summary

We want Wales to be a great place for people to live and grow old. People should be able to live the lives they want to and have access to high quality care and support to meet their needs. This is the same whether they are in their own home or a care home.

To achieve this we will need individuals, families, communities, health, social services and third and independent sectors all working together.

#### Is this what we want in Wales!

*John was normally fit and well for an 87 year old, he lived by himself since his wife died two years ago. John's children had moved away for work and he had no local next of kin. John had noted that he had started to forget things and discussed this with his GP. After consulting with a doctor at the local hospital John was prescribed medication that would help with his memory. John was active in the local community volunteering and loved living in the home he and his wife had established and lived in for over 40 years. Unfortunately John kept forgetting to take his daily medication and in discussion with the local pharmacist his medication was reviewed, there were no alternative ways to receive the medication and John trialled the use of assistive technology to help him take his medication as prescribed. This unfortunately did not work well for John and the best support for him to take his medications was to have someone there to prompt him to take it. John was able to continue being part of the community but was becoming frailer with age and was not looking after himself as well. He had started to have daily domiciliary home care support to enable him to stay at home however the home care support did not attend at the time his medication was prescribed and were not asked as part of the care package to prompt medication. John began to feel that he was unable to cope at home and moved into a residential home away from his community, his volunteering stopped and even though he was taking medication regularly his memory deteriorated quite quickly requiring prompting for all personal activities after only a few weeks after admission.*

The *Social Services and Well-being (Wales) Act 2014* gives people a strong voice and real control over the social care services they use. It will drive the development of new models of service to maintain and improve the health and wellbeing of people. There will also be a stronger focus on preventative and early intervention services. This will be achieved through greater partnership working and integration of services.

This governance framework pulls together the current best practice and Welsh guidance and legislation to support safe and sustainable integrated working across sectors and the governance each stakeholder requires to have in place to maintain an integrated approach to the prudent delegation of tasks to meet the wishes of individuals receiving care.

## **Introduction**

The Welsh Government is committed to improve outcomes by facilitating better integrated and more citizen focused services. However, it can be difficult to manage because working across organisational boundaries is complex and can involve the need to overcome challenges and risks. Complexity and ambiguity can lead to confusion and weak accountability. This governance framework is designed to help assess whether sound governance arrangements are in place for the delegation of care from NHS Wales employed registered professionals to third party support workers who are not employed by NHS Wales or directly contracted / commissioned by them.

The Framework draws heavily on the governance framework for the development of the Health and Social Care Support Worker Role in Adult Services (NLIAH & CC Wales 2012) and the All Wales Guidelines for Delegation (NLIAH 2010)

This governance framework does not require joint appointments to health and social care support worker roles to facilitate delegation.

## **Deciding to Delegate**

Delegation is the process by which the delegator allocates clinical or non clinical treatment or care to a competent person (the delegatee). The delegator will remain responsible for the overall management of the individual's care and is accountable for their decision to delegate. The delegator is not accountable for the decisions and actions subsequently taken by the delegatee.

Fundamental to delegation is the context of the relationship that exists between the person who delegates and the person to whom some aspect of practice is delegated. A number of factors have been identified that are significant for those who delegate tasks when deciding to pass a task to a support worker. The person who is responsible for the decision to delegate should follow the assessment process as outlined in the All Wales Guidelines for delegation (NLIAH 2010) Stage 1 of the process is to assess the task to be delegated and the individual undertaking the task. Stage 2 of the process is the action and review of how well the delegatee performs the task.

The decision to delegate a task should be undertaken in coproduction with an individual to best meet their needs and should be recorded as part of the integrated assessment, planning and review of the individuals needs. The Integrated Assessment, Planning and Review Arrangements for Older People (Welsh Government 2013) is a person centred planning approach that identifies what is important to a person from his or her perspective, building on the strengths people have, and their networks and community contacts, in order to promote independence. It means meeting the Welsh language standards by recognising that many people can only communicate their care needs effectively through the medium of Welsh and for many Welsh speakers being able to use one's own language has to be seen as a core component of care, not an optional extra. Integrated assessment, planning and review promotes choice, control, independent living, autonomy and staying safe. The registered professional should record around the decision to delegate a specific task:

- An assessment of the individuals capacity to consent to specific tasks being delegated to support their health/wellbeing
- Who will best meet the needs of the individual?
- Consent
- Risk assessment
- Is there a need for a third party to carry out the task?
  - The use of contracts



- Cost and funding / direct payments

Examples of the documentation used by Aneurin Bevan University Health Board are within Appendix 1. Annex 1 is the Situation, Background, Assessment, Recommendation decision to delegate.

Where it is identified that the individual does not have capacity to decide that the support worker can undertake the specific task then the delegating health care professional is responsible for ensuring a discussion is held for a 'Best Interest' decision. Discussion should be with the family (and/or those individuals who are deemed to have responsibility for care) of the individual and that a decision is made in the individual's best interest. The best interest decision must be fully documented within the multidisciplinary integrated assessment, planning and review documentation. The All Wales Consent Form must be completed before the task is delegated and the delegator must ensure this is clearly evident in the individual's healthcare notes. Appropriate individuals who may be deemed to have responsibility for the care of an individual may include:

- Next of Kin
- Care agency or home manager
- Social Worker or
- General Practitioner

Who should carry out which task; depends on a number of factors:

- The requirements of the individual and their own choice
- The support workers skills, competence, aptitude and experience
- The nature of the task in the specific circumstances; or
- If there is a need for a change or introduction of assistive technology to help in meeting the need.

The risk assessment process should not be a substitute for professional judgement and experience and should be informed by the knowledge, skill and expertise of the multidisciplinary team undertaking the integrated assessment. It is a process involving thinking about the dangers and risks that an individual may face, recording these and considering proportionate mitigation and where the responsibility will lie. Equally it should not be used as an excuse not to do things unless the likely benefits are outweighed by the likely dangers. A risk assessment must be part of the multidisciplinary integrated assessment process (see annex 5).

When delegating to a support worker specified by the individual then a Choice, Control and Risk Enablement Policy should be in place and a Risk Enablement Tool used to highlight risks and to set up an agreed contingency plan if the care arrangements breakdown (see annex 2).

The employer of the support worker, whether this is an agency, care home, third sector provider or individual should be aware of and agree to the training, assessment and ongoing supervision / monitoring of the task(s) delegated.

The delegator is a named health professional who through local policy or through their job description is required to and able to delegate tasks to a third party. The delegator will remain responsible for the overall management of the individual's care and to maintain *openness, transparency and candour* for that care. They are accountable for their decision to delegate, undertake appropriate actions to ensure safe delegation (training and assessment of the delegatee) and to undertake or ensure appropriate ongoing supervision / monitoring of the task(s) delegated. The delegator should maintain a register of what they have delegated, who is carrying out the delegated task, the competency they have been

assessed against and their supervision / monitoring activity (this can be through the electronic patient record Welsh Community Care Information System) for internal audit purposes. The delegator is not accountable for the decisions and actions subsequently taken by the delegatee.

**Openness:** enabling concerns to be raised and disclosed freely without fear and for questions to be answered.

**Transparency:** allowing true information about performance and outcomes to be shared with the individual, staff and the public.

**Candour:** ensuring the patients harmed by healthcare services (and those health tasks delegated) are informed of the fact and that appropriate remedy is offered, whether or not a complaint has been made or a question asked about it.

### **How to use this Framework**

This framework is based on the current available guidance and support materials within Wales and draws specifically on the guidance that will support successful safe delegation. The Framework is designed to be used primarily by managers developing integrated working across Health and Social Care, as a self assessment checklist. It is divided into 5 areas:

1. National Standardised Approach
2. Health Boards
3. Local Authorities
4. Joint Partnership Agreements
5. Third Party Providers

Each area includes elements that need to be in place and links and references to supporting tools and resources.

## The Framework

### 1. National Standardised Approach

#### *Prompts for consideration*

- It is important that there is a consistent approach to developing the social care workforce that does not detract from their core function but meets the needs of individual citizens and there is clarity with regards to the nature of the care and support that can be offered and the governance framework to support this.
- There is a national repository of best practice guidance / competencies that is easily accessible by Health Boards, Local Authority Staff and Third Party Providers.  
(NHS Wales Governance e-Manual <http://www.wales.nhs.uk/governance-emanual/home?clearCookieNotice=1> )

#### *Tools & Resources*

Care Council for Wales, Sector Skills Council for Wales, Skills for Health

- Nationally agreed competencies
  - For example:
    - The routine management of compression hosiery for the stable person with lymphoedema
    - The routine management of anti-embolic compression hosiery
    - Medication by support workers
    - Competency Framework to support adults who require home enteral tube feeding via a gastrostomy feeding tube
      - Agored Cymru Unit : Undertaking Home Enteral Tube Feeding in Community Based Settings  
<http://www.agored.cymru/Units-and-Qualifications/Unit/CDJ392>

## 2. Health Boards

### *Prompts for consideration*

- The registered health professional works to a job description and competencies required by the service and are supported through clinical supervision, appraisal, personal development and training plans.
- The registered health professionals job description specifies the main elements of the role and includes the delegation of tasks to support staff both directly managed and contracted by health and to third party support staff who are supporting an integrated assessment, planning and review plan of care for an individual.
- Tasks suitable for delegation are identified and agreed as part of the integrated assessment and plan of care. Example of a tool for identifying suitable / not suitable tasks for delegation see Appendix 1 Governance Framework for development of the Health and Social Care Support Worker Role in Adult Services 2012.
- Example of good practice documentation within complex care delegation to delegate medication administration using a specialist technique, undertaken by Aneurin Bevan University Health Board is within Appendix 1

### *Tools & Resources*

'Welsh Risk Pool Services All Wales Policy on insurance, NHS Indemnity and related risk management for potential losses and special payments' <http://howis.wales.nhs.uk/sites3/Documents/287/All%20Wales%20Policy%20on%20NHS%20Indemnity%20and%20Insurance%20-%20Final%20-%20160915.pdf>

'Welsh Risk Pool Services, Technical note 28' <http://howis.wales.nhs.uk/sites3/docmetadata.cfm?orgid=287&id=334452>

'Welsh Risk Pool Services, Technical note 29' <http://howis.wales.nhs.uk/sites3/docmetadata.cfm?orgid=287&id=334453>

'Nursing and Midwifery Council, The Code (2015)' <http://www.nmc.org.uk/standards/code/>

'Nursing and Midwifery Council, Standards for Medicine Management (2010)' <http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-standards-for-medicines-management.pdf>

'Health Care Professions Council, Standards of Conduct, Performance and Ethics (2012)' <http://www.hpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/>

'Code of Conduct for Healthcare Support Workers in Wales' [www.wales.nhs.uk/siteplus/829/page/4927](http://www.wales.nhs.uk/siteplus/829/page/4927)

'All Wales Guidelines for Delegation (2010)' [www.wales.nhs.uk/siteplus/829/opendoc/162750](http://www.wales.nhs.uk/siteplus/829/opendoc/162750)

'Governance Framework for development of the Health and Social Care Support Worker Role in Adult Services (2012)'

<http://www.weds.wales.nhs.uk/sitesplus/documents/1076/Governance%20Framework%20for%20development%20of%20the%20Health%20and%20Social%20Care%20Support%20Worker%20Role%20in%20Adult%20Services%5B1%5D.pdf>

'Integrated assessment, planning and review arrangements for older people (2013)' <http://www.rcpsych.ac.uk/pdf/131217reporten.pdf>

'Putting Things Right version 3 (2013)' <http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%20Guidance%20-%20Dealing%20with%20concerns%20about%20the%20NHS%20-%20Version%203%20-%20CLEAN%20VERSION%20-%202020140122.pdf>

'All Wales Guidance for Health Boards / Trusts in Respect of Medicines and Health Care Support Workers (2015)' <http://www.awmsg.org/docs/awmsg/medman/All%20Wales%20Guidance%20for%20Health%20Boards%20and%20Trusts%20in%20Respect%20of%20Medicines%20and%20HCSWs.pdf>

### 3. Local Authorities

#### *Prompts for consideration*

- Commissioning intentions and contractual agreements that support third party delegation from NHS registered health professionals.
- Joint integrated contract monitoring systems and processes with the Health Board

#### *Tools & Resources*

'All Wales Guidelines for Delegation (2010)'

[www.wales.nhs.uk/sitesplus/829/opendoc/162750](http://www.wales.nhs.uk/sitesplus/829/opendoc/162750)

'Governance Framework for development of the Health and Social Care Support Worker Role in Adult Services (2012)'

<http://www.weds.wales.nhs.uk/sitesplus/documents/1076/Governance%20Framework%20for%20development%20of%20the%20Health%20and%20Social%20Care%20Support%20Worker%20Role%20in%20Adult%20Services%5B1%5D.pdf>

'SCIE Guide 54, Commissioning home care for older people (2014)' <http://www.scie.org.uk/publications/guides/guide54/files/guide54.pdf>

'All Wales Guidance for Health Boards / Trusts in Respect of Medicines and Health Care Support Workers (2015)'

<http://www.awmsg.org/docs/awmsg/medman/All%20Wales%20Guidance%20for%20Health%20Boards%20and%20Trusts%20in%20Respect%20of%20Medicines%20and%20HCSWs.pdf>

#### 4. Joint Partnership agreements between Health Boards & Social Services

##### *Prompts for consideration*

- Partners will need to secure contractual arrangements with third parties such as domiciliary care providers that recognise the requirements to work within this governance framework or have in place a joint partnership Delegation Policy / Agreement
  - This is an agreement to support registered health professionals delegate tasks.
  - Supported by a Choice, Control & Risk Enablement Policy
- Partners undertake joint assessment of health and well-being needs for care support and preventative services (Section 14 Social Services & Wellbeing (Wales) Act 2014).
- Partners should determine and agree a common and consistent approach to the management and keeping of records. Where service user information is appropriately shared, the arrangements will be determined by Wales Accord of the Sharing Personal Information (WASPI)
- Partners should determine and agree a Section 33 agreement to support delegation where this is deemed greater than “incidental or ancillary” to something else that the local authority is doing to meet an individuals needs. (Section 47 Social Services & Wellbeing (Wales) Act 2014)
  - “incidental or ancillary” in this instance could be considered when additional significant costs would be incurred rather than related to any particular task being delegated.

##### *Tools & Resources*

‘Social Services & Wellbeing (Wales) Act 2014’ [http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw\\_20140004\\_en.pdf](http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf)

‘National Health Service Act (Wales) 2006’ <http://www.legislation.gov.uk/ukpga/2006/42/contents>

‘Mental Capacity Act 2005 Code of Practice’

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/224660/Mental\\_Capacity\\_Act\\_code\\_of\\_practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224660/Mental_Capacity_Act_code_of_practice.pdf)

‘All Wales Guidelines for Delegation (2010)’

[www.wales.nhs.uk/sitesplus/829/opendoc/162750](http://www.wales.nhs.uk/sitesplus/829/opendoc/162750)

‘Governance Framework for development of the Health and Social Care Support Worker Role in Adult Services (2012)’

<http://www.weds.wales.nhs.uk/sitesplus/documents/1076/Governance%20Framework%20for%20development%20of%20the%20Health%20and%20Social%20Care%20Support%20Worker%20Role%20in%20Adult%20Services%5B1%5D.pdf>

‘Integrated assessment, planning and review arrangements for older people (2013)’ <http://www.rcpsych.ac.uk/pdf/131217reporten.pdf>

‘A Framework for Delivering Integrated Health and Social Care for Older people with Complex Needs (2014)’

<http://gov.wales/docs/dhss/publications/140319integrationen.pdf>

Wales Accord on the Sharing of Personal Information (WASPI) [www.waspi.org](http://www.waspi.org)

Welsh Risk Pool Services All Wales Policy on insurance, NHS Indemnity and related risk management for potential losses and special payments' <http://howis.wales.nhs.uk/sites3/Documents/287/All%20Wales%20Policy%20on%20NHS%20Indemnity%20and%20Insurance%20-%20Final%20-%20160915.pdf>

SCIE Adult Services Report 36 Enabling risk, ensuring safety: Self-directed support and personal budgets  
<http://www.scie.org.uk/publications/reports/report36/files/report36.pdf>

SCIE Guide 54 'Commissioning home care for older people 2014' <http://www.scie.org.uk/publications/guides/guide54/files/guide54.pdf>

'All Wales Guidance for Health Boards / Trusts in Respect of Medicines and Health Care Support Workers (2015)'  
<http://www.awmsg.org/docs/awmsg/medman/All%20Wales%20Guidance%20for%20Health%20Boards%20and%20Trusts%20in%20Respect%20of%20Medicines%20and%20HCSWs.pdf>



## 5. Third Party provider of Support Worker

### *Prompts for consideration*

- Support workers work to a job description and competencies required by the service and are supported through supervision, appraisal, personal development and training plans.
- Support worker job description specifies the main elements of the role. For example, identification of need for further assessment by a health or social care professional; signposting and health promotion; social care tasks; delegated tasks from a Registered Health Professional (nurse, dietician or other therapist.)
- The job description makes it clear that the support worker only carries out delegated tasks that are specific to the named service user:
  - Based on assessment of the service user needs by a registered health professional.
  - Recorded in the service user's multi-disciplinary plan of care.
  - Agreed as appropriate to be carried out by the support worker.
  - Carried out in accordance with agreed protocols for specific tasks.
  - Tasks for which the support worker has been trained and assessed as being competent to undertake and that are under a planned monitoring and supervision regime.
  - Delegated tasks are not transferable to other support workers unless they have been through the delegation process and have been delegated to undertake the task with the service user by the delegating Registered Health Professional.
  - Delegated tasks are not transferable to other service users unless they have been specifically delegated by the delegating registered health professional.
- The support worker has a duty to inform the delegator and / or their line manager if they do not feel competent or do not have the capacity to undertake the task/s which is being delegated.
- The support worker job description includes reference to the Codes of Conduct and Practice.
- Appropriate levels of Insurance and Indemnity are in place and are clearly agreed within any contractual arrangements.

### *Tools & Resources*

'Code of Conduct for Healthcare Support Workers in Wales' [www.wales.nhs.uk/siteplus/829/page/4927](http://www.wales.nhs.uk/siteplus/829/page/4927)

'All Wales Guidelines for Delegation (2010)'  
[www.wales.nhs.uk/sitesplus/829/pendoc/162750](http://www.wales.nhs.uk/sitesplus/829/pendoc/162750)

'All Wales Guidance for Health Boards / Trusts in Respect of Medicines and Health Care Support Workers (2015)'  
<http://www.awmsg.org/docs/awmsg/medman/All%20Wales%20Guidance%20for%20Health%20Boards%20and%20Trusts%20in%20Respect%20of%20Medicines%20and%20HCSWs.pdf>

'Governance Framework for development of the Health and Social Care Support Worker Role in Adult Services (2012)'  
<http://www.weds.wales.nhs.uk/sitesplus/documents/1076/Governance%20Framework%20for%20development%20of%20the%20Health%20an>

[d%20Social%20Care%20Support%20Worker%20Role%20in%20Adult%20Services%5B1%5D.pdf](#)

National Minimal Standards for Care Homes for Older People CSSIW (2004)

<http://cssiw.org.uk/docs/cssiw/general/131009nmsolderadultsen.pdf>

National Minimal Standards for Domiciliary Care Agencies in Wales CSSIW (2004)

<http://cssiw.org.uk/docs/cssiw/general/131009nmsdomcareen.pdf>

Welsh Risk Pool Services All Wales Policy on insurance, NHS Indemnity and related risk management for potential losses and special payments' <http://howis.wales.nhs.uk/sites3/Documents/287/All%20Wales%20Policy%20on%20NHS%20Indemnity%20and%20Insurance%20-%20Final%20-%20160915.pdf>

## Examples of where citizen centred care has been achieved

The delegation of tasks by NHS Health Professionals to non NHS support staff is not new and is being undertaken across Wales; however the implementation, impact and learning of this has been undertaken at a very local level. The following examples from across Wales demonstrate good practice and well managed governance to enable safe citizen centred bespoke care to meet the needs of individuals.

### Where Citizen Centred Care has been achieved



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board



*Allan is 50 years old with paraplegia who required supervision in checking his own blood glucose and giving his own insulin and overseeing intermittent catheterisation. His mother was his main carer until she passed away following this Allan had new live in carers and the District Nursing Team called in every day. The District Nursing Team were able to provide the appropriate training and supervision to the live in carers and over a period of two months were able to pass all Allan's care to the live in carers. The District Nursing Team now only calls once a fortnight to monitor care provided and Allen does not feel like a patient, who has visits from multiple district nursing staff each week.*

*Mavis is in her early 50's who has Multiple Sclerosis and is wheelchair bound. The District Nursing Team was visiting her every 3 days to replace her analgesic patch. After liaising with Medicine Management Team the District Nursing Team were able to provide the appropriate training and supervision for the carers to do this. The District Nursing Team now only call every 8 weeks to monitor the care provided and to monitor Mavis' pressure areas.*

*Robert is in his 80's and requires a Juxta System compression arm sleeve to his left arm for lymphedema. The sleeve is difficult to get on and off without assistance and requires removing daily prior to washing and reapplying prior to dressing. The district nurses were attending everyday to support Robert, however timing their visit so as not to disrupt Roberts' day and enable him to get fully dressed was very challenging. Roberts's wife supported him in his activities of daily living such as washing and dressing but was not confident in supporting with the compression sleeve. As supporting Robert with washing and dressing became too much for her carers were engaged to support him in this. Following appropriate training and supervision the carers were able to remove and reapply the compression sleeve enabling Robert to wash and dress immediately and improve his quality of life. His wife was also taught as she had seen the carers undertaking this and is now able to support Robert and maintain her continued active input in his care. She has found this beneficial to her as she feels she is able to contribute to Roberts care. The district nurses continue to visit Robert 2 to 3 times per week to support other aspects of his care and to monitor, support and assess the care of his lymphedema.*

## Where Citizen Centred Care has been achieved



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board



*This was a project supported by the Intermediate Care Fund between Hywel Dda University Health Board and Llys Y Bryn a Local Authority owned residential care home of 45 beds.*

*The project focused on Non Complex Wound Care a high volume, time intensive health task that would yield maximum benefit for the residents and the service. To enable safe delegation of this task for named residents as part of their integrated plan of care the Hywel Dda University Health Board's support worker programme; Excellence, Assurance and Governance in a Learning Environment (EAGLE) was used supported by AGORED Cymru training. The District Nursing Team committed to supporting the residential home carers through managed supervision, monitoring and review of the care, and this was made possible by the release of their time from undertaking the health tasks directly.*

*There has been no detrimental impact to the clinical outcomes, the residents are reporting an improved quality of life as they are able to have simple wound dressings undertaken at a time convenient to them, and there is no requirement for them to undertake unnecessary dressing, undressing to facilitate the wound dressing changes. The relationship between the District Nursing Team and the residential home staff has been strengthened and an improvement in record keeping has been noted. The residential home staff feel valued and are a more confident work-force who now want to learn new skills.*

*Though there were initial set up costs of the training and supervised practice these have been recoup within 6 months as the District Nursing Team is now spending about 50% less time within the home and this time is now spent ensuring the quality of the care provided through the supervision, monitoring and on-going review of the delegated tasks. Since implementation the residential home has not experienced additional costs related to their care staff undertaking these tasks.*

*The plan is to extend the delegated health tasks for individual residents based on their individual plan of care through activities such as basic observations and will include: temperature, pulse and blood pressure, blood glucose (finger prick) monitoring and the administration of eye drops and topical creams.*

## Where Citizen Centred Care has been achieved



*Jenny is a young woman with profound learning disabilities resulting in multiple and complex health needs who lived with her parents. Whilst both parents were currently able to meet Jenny's health and social needs they were mindful of the future and were keen whilst they were themselves in good health able to ensure that Jenny was settled in an environment where she would be safely cared for and which they can participate in planning. Residential placement in a local home where they could continue to participate in Jenny's life, supported by day centre activities, day trips and holidays was the preferred option as it enabled holistic care as Jenny's social needs outweighed her health needs.*

*Jenny has a percutaneous endoscopic gastrostomy (PEG) which enables access for administration of all nutritional, hydration and medication needs. This was the main obstacle to facilitate a transition into the residential care home of choice as the constraints due to the necessary timetabling for the district nurse interventions would significantly limit Jenny's options of attending social activities and the activities organised by the Day Centre, adversely impact upon her quality of life.*

*A bespoke package of care was developed for Jenny in partnership with her family, the Residential Home and Day Centre. The District Nurse (DN) Team Leader was the most appropriate care coordinator for Jenny. Through the DN Team Leader the safe management of the PEG including administration of all nutritional, hydration and medication needs was safely delegated to named care staff at both the Residential Home and the Day Centre. Delegation to a third party was made a routine requirement of the DN Team Leaders role through their job description and delegated tasks from health professionals became a routine part of care staff through their job descriptions with the Residential Home and Day Centre provider. Full training supported by training materials and local visual prompts were given to the support staff and their competencies were signed off by the DN Team Leader. Full support was also gained from the local community pharmacy over the supply and provision of medication and Medication Administration Records charts. The DN Team Leader continues to support through a planned supervision and monitoring regime and a full contingency plan is in place. If for any reason the Residential Home or Day Centre is unable to meet Jenny's needs the District Nursing Team will step in and support.*

*Jenny now lives away from home supported through residential care and attends social activities arranged by a local day centre. The flexibility in her regular carers being able to meet all her health and social care needs means she is able to participate in all activities. Jenny's parents are able to visit and pop round and still be an active part of Jenny's life and social circle.*

*The care staff at the Residential Home and Day Centre really value the support they receive from the District Nursing Team and feel that they are really making a difference in Jenny's life. The District Nursing Team value the contribution and impact the care staff are able to have in Jenny's life and the real difference this has made.*

*This bespoke package of care through collaborative working safe, effective care through consistency of carers, regular evaluation and ongoing support by the DN Team has been fully reviewed by ABUHB. The implementation of this integrated package of care has demonstrated that fragmentation of care can be avoided and that ultimately unnecessary costs of registered health professionals interventions can be saved while delivering a higher quality service and experience to the individual.*

### Where Citizen Centred Care has been achieved



*JD is a very sociable 22 year old who lives with her parents. She is severely disabled, a wheelchair user, has quadriplegic cerebral palsy and hydrocephalus, and has had many medical problems in the past. She also has had scoliosis, a hip dysplasia which gives her pain, and is fed using a PEG. Up until 19yrs of age, JD received respite along with support from the Paediatric Community Nursing Team. On transition to adult services a number of issues arose which denied her access to routine adult respite and adult day services. Within the existing community PEG feeding was being undertaken by paid carers, and had been for some time, however the complexity of JD's presenting needs complicated the delivery of care by social service staff. A multi-professional risk assessment and management plan was in place in readiness for JD to access services.*

*The challenge for local services at the time was that Social Services did not agree that PEG feeding was within their remit and refused her access unless trained registered nurses accompanied her to respite. However there was already a recognised risk management plan in place.*

*The family complained to the Ombudsman and Welsh Government resulting in the commissioning of an organisation called Kafka Brigade UK. This is an independent not-for-profit action research team specialising in organisational bureaucratic dysfunction*

*The experience of the family highlighted the need to ensure a more consistent and effective approach to PEG feeding, that is centred on the needs of the service user.*

#### **Identified Actions:**

*Training to be provided for staff to undertake PEG feeding including medicine administration and routine PEG care.*

*To develop a joint Service Level Agreement between health and the local authority*

*Due to an inconsistent approach to community PEG feeding across Wales a review of PEG feeding practices was directed by the then the Welsh Assembly Government.*

**Outcomes:**

*An agreed joint PEG protocol was formulated and is in current use. There have been no clinical incidents.*

*All respite and day services staff partake in a rolling education programme.*

*Independent sector care providers are checked to ensure that their staff are appropriately trained.*

*Up-to-date care plans and risk assessments are in place for each PEG-using client.*

*The All Wales Task & Finish Group reviewed guidance and a consultation document called The All Wales Competency Framework to support Adults who require Home Enteral Tube Feeding via a Gastrostomy Feeding Tube*

*Last but by no means least, JD enjoys access to a variety of community activities, local respite supported by a dedicated cohort of paid care staff specifically trained in PEG management. This is a bespoke person-centred package jointly overseen by Health and Social care.*

## Appendix 1 Example of documentation and assessment undertaken by Aneurin Bevan University Health Board (ABuHB)

### Annex 1

**Team :** District Nursing services /CHC  
Continuing Health Care

**Site:** Community Division



- S** In February 2015 the community division sought to establish a bespoke package of care, for an individual with complex needs.
- Such proposals offer continuity of care and secure quality and patient safety within a formal delegation framework
- This Standard Operating Procedure identifies the requirements when leading and managing practice for health and safety in a community setting for delivery of a bespoke package of care for the delegation of Peristeen rectal irrigation to client XY
- B** XY is a young paraplegic on the district nurses caseload who wishes to direct his own care at a time & pace to suit his own lifestyle & be independent of the constraints of timetabling for district nursing interventions
- XY can express his own wishes and articulated a wish for this aspect of his care to be delivered by his *Care Provider* under his direction to support his dignity, privacy and flexibility of care
- Carers are not employed by ABuHB and are contracted by them to meet XY Continuing NHS Health Care needs.
- The District Nursing Team Leader as the Care Coordinator escalated XY wishes for this aspect of his care to be delegated. The District Nursing Team Leader as the Care Coordinator is happy to undertake the required training of the care provider's support workers to deliver this aspect of XY care and to provide ongoing supervision and monitoring, and provide the appropriate contingency plan to mitigate any risks of care package breakdown.
- The District Nursing Team Leader has within their normal job role as recorded in the roles job description the delegation of health tasks to health care support workers and third party support workers.



A	Assessment	R	Recommended Action	By when	Supporting Document
	<b>Aim-</b> Need to offer flexibility of care for administration of Peristeen		Development of a bespoke care package	Feb 2015	This SBAR
	<b>Objective-</b> To safely and effectively deliver a bespoke package of care		Development of a bespoke governance framework informed by local and national best practice and guidance By implementation of the bespoke package of care, the constraints of timetabling for district nursing interventions can be removed The patient's wishes were paramount and central to the development of this bespoke package to enable his choice, control and risk enablement around his own care needs.	Feb 2015	This SBAR
	Choice, Control and Risk Enablement		XY has capacity to make decisions about his on-going care. XY has requested that his administration of Peristeen be undertaken by his carers rather than being confined to times when the District Nursing Team can schedule the visits. Undertake a Choice, Control and Risk Enablement Assessment Complete a Consent Form for Peristeen to be administered by his carers.	Feb 2015	Choice Control and Risk Enablement Assessment ( <i>Annex 2</i> )
	Standard Operating Procedure (SOP) required		Developed an individual care plan which assessed all the potential risks for the management/administration of Peristeen. This enabled an escalation process through the ABuHB nursing structure in the event of an adverse incident	Feb 2015	XY Unwell Flow Diagram ( <i>Annex 3</i> )  Standard Operating Procedure ( <i>Annex 4</i> )
	Need to ensure all aspects relating to health and safety were considered		Risk assessments 1a and 1b completed	Feb 2015	Peristeen 1B risk assessment form ( <i>Annex 5</i> )
	Robust transitional arrangements in place in collaboration with the District Nursing Team, and the patients family		Close liaison with CHC and the DN team to ensure all timetabling in place whilst training programme being delivered and competences being assessed	Feb 2015	

Developing a training programme	District Nursing Team have been taught Peristeen procedure by Coloplast Peristeen Nurse Representative A Competency Framework was developed and aligned to Wirral Policy for Peristeen administration	Feb 2015	Competency Rectal Irrigation Documentation ( <i>Annex 6</i> )
Educational Programme delivered by the District Nursing Team	District Nursing Team have been taught Peristeen procedure by Coloplast Peristeen Nurse Representative  DNs have been signing off carers by demonstrating the procedure & the carer undertaking this under DN supervision  DNs teach all new carers and continue to do this including refreshers until the carer is comfortable with the procedure  Active Assist link with Coloplast who manufacture Peristeen for training updates for carers in their employment	Feb 2015	XY Personalised Competency Rectal Irrigation Document ( <i>Annex 7</i> )
Collaboration with Coloplast Nurses to further support delivery of training programme. Continence Nurse specialist undertook assessment of suitability for Peristeen rectal irrigation for XY as per ABuHB Continence Nurse specialist role when this was initiated	Specialist support and expertise to ensure all needs for XY were anticipated and met through evidence based skills development	Feb 2015	

Annex 2  
Choice and Control and Risk Enablement Assessment

Part 1

Name of Service User:	XY
Name of care Coordinator:	XX
Date of Assessment:	Feb 2015

Nature of Risk
XY would like to have his carers undertake his complex medication regime. Due to specialist technique and risk of hospitalisation through poor administration this is of High to Extreme risk if medication not given as prescribed.

Negligible	Minimal	Moderate	High	Extreme
The individual is not taking medication	Is taking prescribed medication, there is minimal risk to the individual or others from missing this medication on a short term basis.	Occasionally forgets to take medication / Some problems with reading or understanding the labels and instructions for medication / Some difficulty in managing medication – ordering, storing etc / A level of specialist medication / Need to be reminded or supervised in taking medication / Requires regular pain relief / Some risk of overdoes	Requires support with all aspects of medication / Cannot manage medication without support/ Risk of overdose / <b>Medication administered by 'specialist technique'</b> / Chaotic approach to medication / Potential to be abused through medication (over provided or with held – (SAFEGUARDING)	Concerns about medication are serious and risk is imminent / <b>Welfare, health and independence are at risk due to medication issue</b> (eg Unconsciousness)  <b>DO YOU NEED TO CALL 999</b>

Mitigation
Is it in XY best interest to delegate this task?
Yes as it enables XY not to be constrained by the scheduled visits from a registered health professional and all his care can be undertaken by his regular carers.
Is it possible to safely delegate this task?
Yes the competencies for the giving of this medication can be supported and undertaken by support workers.
Can an appropriate individualised plan of care be sustainably implemented?
Yes please see SBAR and attached documents

Part 2

Name of Service User:	XY
Name of care Coordinator:	XX
Date of Assessment:	Feb 2015

Risk Enablement Panel	
Members	
Title	Present
Service User	XY
Locality Manager	TT
Care Coordinator	XX
Advocate / Family Member	PY
Appropriate Head of Profession (Nursing)	PL
Professional Leads (Pharmacist)	JC
Other specialist advisors (Legal and or clinical)	CR Specialist Nurse
Key Worker	AB
Care Provider Representative	DE
Admin Support (Minute Taker)	JJ

Panel Chair	TT Locality Manager
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Documentation Reviewed
SBAR
Flow Diagram
Standard Operating Procedure
Competency Requirements

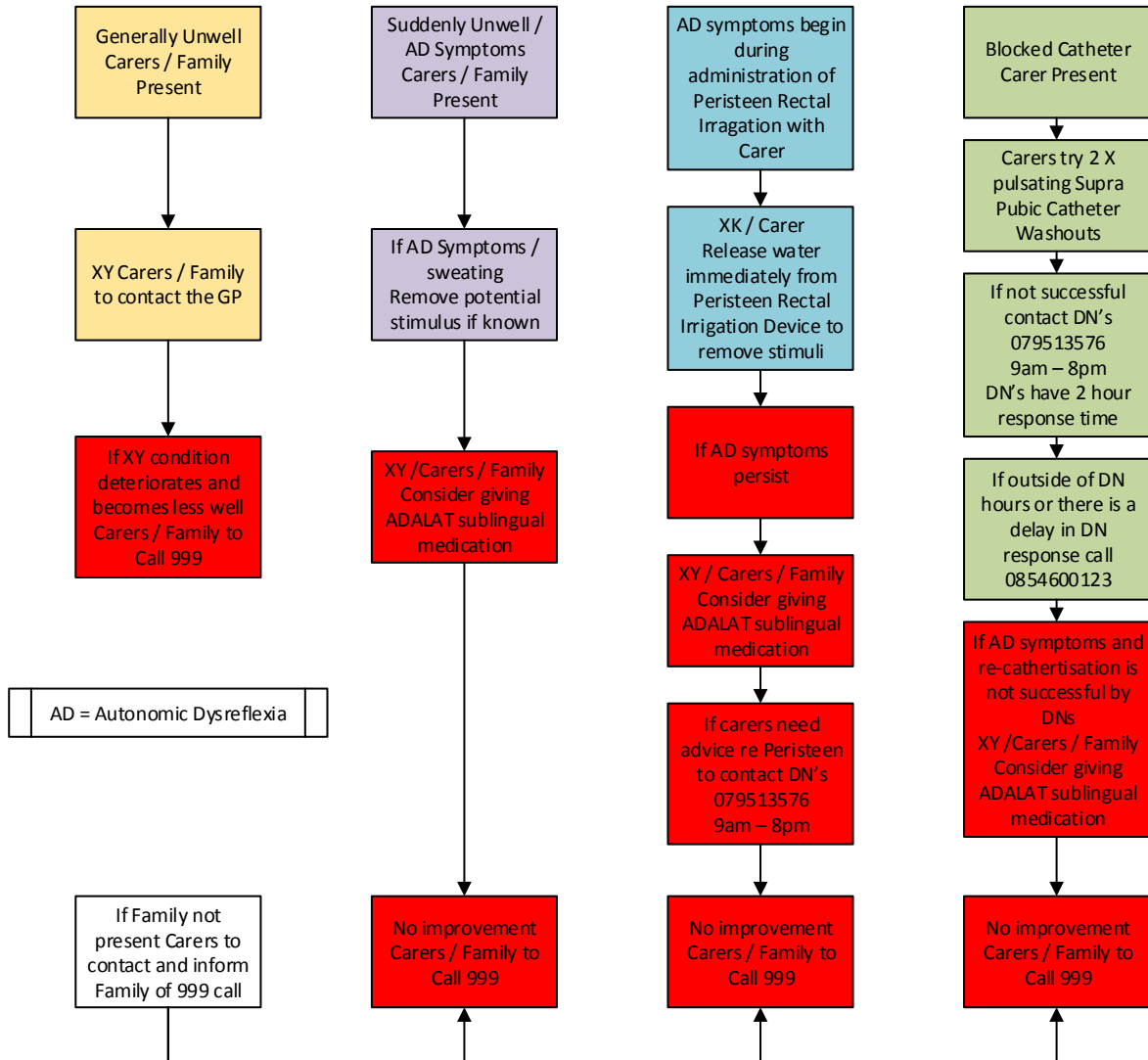
Discussion
It is totally correct and proper that XY is able to live as normal a life as possible and is not restricted in his activities due to the scheduling of registered health professionals to attend his residence to undertake this procedure. Though this procedure has not been undertaken before locally the training, monitoring and supervision of the support workers and the adequacy of the competence pack successfully outweigh the risks of support workers undertaking this task for which they are best placed to undertake at XY's convenience.

Outcome of Discussion
To enable XY to have his paid carers undertake the administration of Peristeen rectal irrigation.

Annex 3

Individual Contingency Escalation Flow Diagram

XY Unwell Flow Diagram



Annex 4

## Standard Operating procedure for delegation of administration of Peristeen to non NHS care workers

This SOP identifies the requirements when leading and managing practice for health and safety in a community setting for delivery of a bespoke package of care for the delegation of Peristeen rectal irrigation to client XY

Identified risk	Escalation process	Existing controls	Actions to be taken	Key individuals to be informed	Monitoring of outcome
In the event of an accident - An accident may be a major or minor incident that is unforeseen and causes injury; accidents may be due to falls; hazards in the environment; illness; disability; weaknesses; sensory and cognitive impairment	Immediate notification to DN services – DATIX report to be completed	Individualised risk assessment in place  Peristeen rectal irrigation was instigated after assessment of patients suitability by ABuHB Continence Nurse Specialist  Patient has capacity & chose this method of bowel management in full knowledge of the potential complications that can occur	Immediate assessment of patient condition  DATIX reporting by DN team	DN team to inform senior nurse during working hours. Outside these hours, senior nurse on call to be advised. Decision to be made regarding need for escalation to Divisional lead nurse and executive nursing team	DATIX report investigation and outcome
DN Team may be unfamiliar with Peristeen Irrigation & may have New team members in post	Escalation to DN team leader to address training needs	Individualised training programme in place specific to patients needs	DN team to have training update from Peristeen Nurse employed by Coloplast DNs already competent to supervise and train new team members Patient able to advise & direct how he wishes procedure to be carried out	DN team leader	DN team leader

Identified risk	Escalation process	Existing controls	Actions to be taken	Key individuals to be informed	Monitoring of outcome
Care agency carers may be unfamiliar with Peristeen Irrigation	Escalation to DNs to address training needs	Individualised Carers training programme in place specific to patients needs  Patient is able to direct his own care	Care agency to incorporate Peristeen rectal irrigation training as a core subject for their carers induction programme & be responsible for ensuring carers who are allocated for this patient have this knowledge DNs competent in Peristeen rectal irrigation to train carers until they are happy to undertake procedure & document in Nursing notes recording carers name DNs to follow Coloplast Procedure for Rectal Irrigation competencies sheet adapted to individual patients needs when training carers If carer is not willing to undertake Peristeen rectal Irrigation DN team will visit and undertake the procedure	DN team leader & DN team	DN team leader & DN team
Peristeen Irrigation may not lead to appropriate rectal emptying	Escalation to DNs	Rectal irrigation will be repeated the following day	Patient will increase his diet and fluids Patient will increase his oral laxatives as appropriate Rectal irrigation will be repeated the following day DNs will be contacted for advice if Peristeen rectal irrigation unsuccessful again on 2 <sup>nd</sup> day DNs to link with Continence Nurse specialist if advice needed	DN team leader & DN team	Patient, Carers & DN team as appropriate

Identified risk	Escalation process	Existing controls	Actions to be taken	Key individuals to be informed	Monitoring of outcome
Patient starts to develop Autonomic Dysreflexia (AD) during rectal irrigation	Follow AD guidelines & escalation flow chart actions	<p>Patient can recognise his own symptoms of his AD</p> <p>Carers are familiar with individual patient's signs &amp; symptoms of AD &amp; actions to take</p>	<p>Peristeen Rectal irrigation ceases by patient or carer</p> <p>If Ad event does not cease Patient &amp; carer treat AD as per guidelines &amp; Individualised escalation Flow Chart</p> <p>Carer seeks emergency help if required as for AD event triggered by other stimuli</p>	Emergency Services & Family	Patient, carers & Family
Peristeen equipment appears faulty	Escalation by patient / carers to GP surgery Continence Nurse Specialist Coloplast Peristeen appliance manufacturer	<p>Appropriate stock for the Peristeen appliance to be ordered on FP10</p> <p>Replacement Peristeen kit to be available in the patients home</p>	<p>Carers &amp; patient to check: tube, inflation / over inflation of balloon, temperature of water &amp; position of tube &amp; pumping kit</p> <p>Carers to change rectal tube for a new one</p> <p>Carers to change whole appliance for a new one</p> <p>Carers &amp; patient to ensure kit is replaced at recommended intervals</p> <p>Carers / patient to order replacement Peristeen appliance kit on FP10 via GP</p> <p>Carers / patient to escalate to Coloplast manufacturers if equipment appears to be faulty after the above checks</p>	<p>GP surgery</p> <p>Continence Nurse Specialist</p> <p>Coloplast</p> <p>Peristeen appliance manufacturer</p>	Patient, Carers & Family



## Management of Health and Safety Risk Assessment Form 1B

**Premise:**  **Department:**  **Division:**

### Description of Work Activity:

- Peristeen rectal irrigation procedure has been taught by district nurses (DNs) to named carers from the care agency who look after XY 24hours per day as this maintains his continence & dignity
- Dignity & prevents faecal incontinence
- XY is a young paraplegic on the District Nurses Caseload who wishes to direct his own care at a time & pace to suit his own lifestyle & be independent of the constraints of timetabling for district nursing interventions.

### Hazard(s) involved when task is performed:

- Carers are not employed by ABuHB and have been taught this delegated role by DN's, although XY can express his wishes and directs his own care
- The positioning of the Peristeen irrigation tube is done by the carers under XY's direction and he directs the pace of the rest of the procedure
- The fluid from the Peristeen once pumped into XY's rectum causes him to start to experience Autonomic Dysreflexia symptoms which he recognises and ceases once he releases the fluid himself
- There is always the possibility that the procedure will not be effective

### Number of people exposed to the hazard during the work activity:

Staff list job roles	Patient / others
District Nursing Team	Care Agency Social Services

### Frequency of Exposure:

Infrequently	<input type="checkbox"/>	Annually	<input type="checkbox"/>	Monthly	<input checked="" type="checkbox"/>	Weekly	<input type="checkbox"/>	Daily	<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Constant	<input type="checkbox"/>
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### Initial Risk Rating:

Probable Likelihood Rating (PRL)	5	X	Potential Severity Rating (PSR)	2	=	Initial Risk Rating (IRR)	10
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### Control measures already taken to reduce risk:

- DN team have been taught Peristeen procedure by Coloplast Peristeen nurse representative & updated Feb 15
- DNs have been signing off carers by demonstrating the procedure & the carer undertaking this under DN supervision
- DNs teach all new carers and continue to do this including refreshers until the carer is comfortable with the procedure
- Active Assist incorporate Peristeen training for their carers as part of their core training programme
- Active Assist link with Coloplast who manufacture Peristeen for training updates for carers in their employment
- If the Peristeen irrigation is unsuccessful this is repeated the following day, if still unsuccessful DN advice is sought re laxatives and DNs will visit to undertake procedure the following day
- Continence Nurse specialist undertook assessment of suitability for Peristeen rectal irrigation for XY as per ABuHB Continence Nurse specialist role when this was initiated

### Working Risk Rating:

Probable Likelihood Rating (PRL)	3	X	Potential Severity Rating (PSR)	2	=	Initial Risk Rating (IRR)	6
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### Additional control measures required:

- Standard Operating procedure being developed for ABuHB
- Peristeen Rectal Irrigation Policy Sourced from Wirral NHS Trust
- Escalation flow diagram developed specific to XY

<b>Residual Risk Rating:</b>							
Probable Likelihood Rating (PRL)	2	X	Potential Severity Rating (PSR)	2	=	Initial Risk Rating (IRR)	4

<b>Assessors:</b>		
<b>Names:</b>	<b>Signature:</b>	<b>Position:</b>
XX	XX	Integrated Nursing Team Leader & Deputy Team Leader

<b>Date of Assessment:</b>	Feb 2015	<b>Review Period:</b>	Monthly
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<b>Review Dates:</b>						
3/3/15	12/4/15	8/5/15	9/6/15			

<b>Progress Report:</b>	<b>RRR</b>	<b>Date &amp; Sign</b>

## PROCEDURE FOR ADMINISTRATION OF RECTAL IRRIGATION

	ACTION	RATIONALE	W	A and S					P
				Attainment / date	Attainment / date	Attainment / date	Attainment / date	Attainment / date	
1	Check plan care documentation	To ensure patients plan is followed. To ensure patient safety.							
2	Wash hands or application of bactericidal hand rub	To reduce risk of cross infection.							
3	Explain and discuss the procedure with the patient	To ensure the patient understands the procedure and gives valid consent							
3a	Complete rectal check (DRE)	Check rectum clear enough to place rectal catheter or remove loaded stool from rectum before irrigating.							
4	Collect necessary equipment  And put on protective apron and gloves	To ensure all equipment is available before commencing the procedure and reduce transmitting of infection and patient discomfort.							
5	Prepare and position patient over toilet	To ensure patients privacy and safety.							
6	Allow patient to empty bladder first if necessary	A full bladder may cause discomfort during procedure							
7	Prepare Irrigation system, prime tube and hydrate catheter.	To ensure patient safety and comfort.							
8	Slowly insert rectal catheter into rectum to finger grip and insert air into ballroom, 2 pumps (pump on blue symbol)	To reduce risk of trauma and hold catheter in the rectum.							
9	Turn pump to water symbol, pump in water, 700mls, slowly	To irrigate the bowel To ensure safety.							
10	Deflate balloon, remove & dispose of & encourage patient to relax.	To enhance evacuant effect							
11	Massage left side of abdomen in a downward stroke, if not fully evacuated.	To enhance evacuant effect							
12	Once evacuation complete, hoist patient back into bed to wash and dry perineal area. Re dress.	To promote patient comfort and avoid skin excoriation. Visual check no trauma as occurred.							

13	Record information in relevant documents	To maintain professional and legal records. To aid communication and provide complete patient history.							
14	Watch and be aware of signs of perforation.	To ensure patient safety.							
15	Monitor expiry dates of equipment Only use rectal catheter once Change water bag after 15 uses Change pump every six months	For patient safety, reducing risk of anal trauma. That equipment is always in working order.							
16	Re ordering equipment	Patient safety.							
DATE									
SIGNATURE ASSESSOR									
SIGNATURE HEALTHCARE ASSISTANT									

W	Witnessed	Observe or witness the competency. It is good practice to have the opportunity to observe the procedure prior to being supervised.
A	Assimilate	Under the elements of the competency
S	Supervised	Practice under supervision to demonstrate understanding Needs further practise. Shows aptitude Proficient
P	Proficient	Competent in both knowledge and skill elements of the competency.

Comments/Progress Record for administration of micro-enemas and suppositories

	DATE	COMMENTS	SIGN (carer and Registered nurse)
A and S may be assessed together to establish competency			
	Ⓟ		Consistently proficient in all areas Now sign master record

## Annex 7

## PERSONALISED PROCEDURE FOR ADMINISTRATION OF RECTAL IRRIGATION – XY Feb 15 Shared Care Protocol

Done by	ACTION	RATIONALE	W	A and S					P
				Attainment / date	Attainment / date	Attainment / date	Attainment / date	Attainment / date	
Carer	Check plan care documentation	To ensure XY's plan is followed & ensure safety.							
Carer	Wash hands or application of bactericidal hand rub	To reduce risk of cross infection.							
Carer / XY	Explain and discuss the procedure with the XY	To ensure XY's understands the procedure and consents							
Carer	Collect necessary equipment and put on protective apron and gloves	Ensure all equipment is available before commencing procedure reduces chance of transmitting of infection and XY's discomfort.							
Carer	Prepare and position XY over toilet	To ensure XY's privacy and safety.							
Carer	Prepare Irrigation system,	To ensure XY's' safety and comfort.							
XY	Prime tube and hydrate catheter	To ensure XY's safety and comfort.							
Carer	Slowly insert rectal catheter into rectum to finger length	To reduce risk of trauma and hold catheter in the rectum.							
XY	Turn pump to blue symbol. Slowly insert air into ballroom, 2 pumps (pump on blue symbol)	Slowly insert air into ballroom, slow pumps in & out (pump on blue symbol)							
XY	Turn pump to water symbol, pump in water, 700mls, slowly if whistles slow down	To irrigate the bowel To ensure safety.							
XY	Deflate balloon, remove catheter & dispose & encourage XY to relax.	To enhance evacuant effect							
XY	Massage left side of abdomen in a downward stroke, if not fully evacuated.	To enhance evacuant effect							
Carer	Once evacuation complete, wheel Dan into shower to shower, wash and dry as usual	To promote XY's comfort and avoid skin excoriation. Carry out visual check that no trauma as occurred.							

Carer	Record information in relevant documents	To maintain professional and legal records. To aid communication and provide complete care history.							
XY / Carer	Watch and be aware of signs of perforation. Observe for signs of AD but Peristeen reduces likelihood of an AD event for XY	To ensure XY's safety & act appropriately in an emergency.							
XY / Carer	Monitor expiry dates of equipment Use rectal catheter once Change water bag after 15 uses Change pump every six months	To ensure XY's safety, reducing risk of anal trauma & ensure that Peristeen equipment is always in working order.							
Carer	Re ordering equipment	To ensure XY's safety.							
DATE									
SIGNATURE ASSESSOR									
SIGNATURE HEALTHCARE ASSISTANT									

W	Witnessed	Observe or witness the competency. It is good practice to have the opportunity to observe the procedure prior to being supervised.
A	Assimilate	Under the elements of the competency
S	Supervised	Practice under supervision to demonstrate understanding Needs further practise. Shows aptitude Proficient
P	Proficient	Competent in both knowledge and skill elements of the competency.

Comments/Progress Record for administration of micro-enemas and suppositories

	DATE	COMMENTS	SIGN (carer and Registered nurse)	
A and S may be assessed together to establish competency				
	P		Consistently proficient in all areas Now sign master record	