



Jersey Care
Commission

**Personal Care and Clinical Tasks
Guidance for Adult Social Care**

March 2019

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1. BACKGROUND AND INTRODUCTION

This guidance has been published by the Jersey Care Commission to promote best practice across adult social care and to ensure that all relevant stakeholders are aware of their responsibilities when arranging, managing, delegating or providing care.

This guidance has been extracted from a local best practice policy that was developed collaboratively by Health and Community Services, Family Nursing and Home Care and the Professional and Care Regulation Team.

The [Regulation of Care \(Jersey\) Law 2014](#) was enforced 1 January 2019 at which time the Jersey Care Commission became an independent regulatory body who were appointed to:

- provide the people of Jersey with independent assurance about the quality, safety and effectiveness of their health and social care services
- promote and support best practice in the delivery of health and social care by setting high standards and challenging poor performance
- work with service users and their families and carers to improve their experience of health and social care and achieve better outcomes.

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. 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.

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

- Sets out minimum training requirements for care/support workers.
- Identifies skills and clinical tasks which can be undertaken by care/support workers in Jersey under the delegation of a competent Health Care Professional.
- Provides a clear process to enable safe delegation.
- Identifies responsibility and accountability.

Care/support workers must be able to refuse to perform a task if they do not feel competent to undertake it.

2. SCOPE

This guidance applies to individuals and organisations who arrange or provide care to adults receiving care from services which are registered under the [Regulation of Care \(Regulated Activities\) \(Jersey\) Law 2018](#). This includes: home care services, day care services, care home services and registered care/support workers who are self-employed or employed directly by individuals.

This guidance does not apply where health care assistants are employed as part of a Community Nursing Team/Service as they are subject to different procedures determined by their employer.

3. RESPONSIBILITIES

Registered providers are responsible for implementing an appropriate operational policy which reflects this guidance and ensuring that they have the necessary governance arrangements in place to manage compliance with their policy and this guidance.

Registered managers are responsible for ensuring that their staff work within the boundaries of their organisational policies ensuring staff have received the appropriate training and have been assessed as competent prior to carrying out any care/support or clinical task unsupervised. Registered managers are also responsible for authorising requests by Registered Nurses/Health Care Professionals to delegate clinical tasks to their staff where this is appropriate and in line with their organisational policies and insurance arrangements.

Care commissioners/coordinators are expected to use this guidance to identify where additional arrangements may be required when commissioning or arranging care/support.

Registered nurses/health care professionals are responsible for delegating care appropriately in accordance with their professional codes, this guidance and other relevant organisational policies and procedures.

Care/support workers are responsible for working within the boundaries of organisational policies, 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 employer/manager any learning needs and working cooperatively with their managers 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.

4. DEFINITIONS

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*).

Health care 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.

Registered nurse is a person who is registered as a nurse 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 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 which require additional training.
2. **Delegatable tasks** – tasks which require training and assessment of competence by a Registered Nurse/Health Care Professional.
3. **Unacceptable Tasks** - tasks that are not to be performed by care/support workers.

5. STATUTORY REQUIREMENTS

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

Capacity and Self Determination (Jersey) Law 2016
Consent to Medical Treatment (Jersey) Law 1973
Data Protection (Jersey) Law 2005
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
Nursing Agencies (Jersey) Law 1978
Nursing and Residential (Homes) (Jersey) Law 1994
Regulation of Care (Jersey) Law 2014
Regulation of Care (Standards and Requirements) Regulations (Jersey) 2018
Regulation of Care (Regulated Activities) Regulations (Jersey) 2018

The Jersey Care Commission [Care Standards](#) 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.”

6. PROFESSIONAL PRACTICE CONSIDERATIONS

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

Nursing and Midwifery Council (NMC) Code (2018)

Health and Care Professions Council (HCPC) Standards of conduct, performance and ethics (2016)

States of Jersey Health and Social Services Department Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in Jersey (2015)

Jersey Safeguarding Adults Partnership Board www.safeguarding.je

7. MANDATORY REQUIREMENTS

The Jersey Care Commission [Care Standards](#) set out minimum requirements for safe recruitment and training.

Care/support workers must have been subject to safe recruitment processes in line with legislation and regulatory requirements.

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 care plan which takes into account any existing health care conditions i.e. diabetes / dementia. Appropriate risk assessments must be completed and reviewed as necessary.

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.

People must give valid consent which should be recorded on the person-centred 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.

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](#).

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.

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

8. PERSONAL CARE

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

Toe nail cutting or treatment of foot conditions should only be carried out by a Registered Health Care Professional. Foot care that includes hygiene, moisturising and inspection can be carried out by care/support workers.

Hand/Finger Nail Care

Nail care needs to be approached with caution. Care of finger nails may be undertaken if care/support workers complete a risk assessment which indicates that there are no contra-indications. Nails should be filed with an emery board.

Sanitary/Contenance 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.

Shaving

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

People must be encouraged and supported to carry out their own care as much as possible. It must not be undertaken by care/support workers because it is felt quicker or more convenient. 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.

9. CLINICAL TASKS

Care/support workers employed primarily to provide social care should not undertake tasks which would normally be performed by trained nursing/medical or other health personnel, even though some staff members might have nursing/professional qualifications, unless in accordance with this guidance.

Clinical tasks will only be undertaken by staff as part of a package of care which addresses other personal care tasks that would normally be performed by a care/support worker.

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.

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.

If not otherwise specified, competencies can be accessed through the National Occupational Standards: www.ukstandards.org.uk

9.1 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. This training can be delivered to a group of people and the procedures issued on a generic basis. Staff must sign to say that they have received and understood their training. The trainer must also sign and date this.

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 on an annual basis by the line manager or trainer, whoever is the most appropriate, and this should be recorded on the care/support workers' record.

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.

9.1.1 ACCEPTABLE TASKS LIST:

Body piercings

- Assistance with the hygienic cleaning of body piercings and the changing of jewellery.

Catheter care

- Personal hygiene.
- Replacing a bag to an existing urethral or supra-public catheter.
- Cleaning of a supra-pubic catheter site.
- Emptying and measuring urine, if required.

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 a care plan written by a Registered Nurse/Health Care Professional.

False eyes

- Cleansing and inserting.

Fitting supports

- Artificial limbs or braces.

Hearing aids

- Assistance with the insertion, adjustment, battery replacement and cleaning of hearing aids.

Medicines (Successful completion of Level 3 RQF Medicines Module required).

- Administration of oral medicines (solid and liquid).
- Administration or assistance of medicines through an inhaler with or without a spacer device.
- Application of topical medicines.
- Administration of ear, eye and nasal drops.
- Administration of sprays (topical, nasal, mucosal).
- Administration of transdermal patches.
- Assist a person, on their direction, to receive long term oxygen therapy as prescribed (additional training required).
- Recording of medicines administered as directed using a pharmacy produced Medication Administration Record (MAR).

Oral hygiene (other than dental care).**Penile sheaths**

- Placement and connection to urine bags

Pressure trauma care

- Awareness in relation to prevention and good practice.

Support stockings (prescribed)

- Application.

Stoma care

- Emptying, changing/replacing urostomy, colostomy and ileostomy bags, cleansing of stoma.
- Changing a two-piece system.

Truss fitting

- Application.

9.2 CATEGORY 2 – DELEGATABLE TASKS

The tasks in this category are nursing tasks, which 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 Registered Nurse/Health Care Professional who will assess the care/support worker against a series of pre-defined competencies.

Competence to perform these tasks must be re-assessed at least annually by the Registered Nurse/Health Care Professional delegating the task and this should be recorded on the staff record. The Registered Nurse/Health Care Professional must provide written procedures on the care plan for the care staff to follow, parameters in which the task can be performed, guidance for when to seek advice and specify regular review dates

Managers of care/support workers must agree to the delegation of a clinical task in respect of organisational policies and procedures.

Appendix 1 contains guidance for Registered Nurses/Health Care Professionals delegating tasks to non-registered care/support workers. Appendix 2 contains a Clinical Skill Competency Declaration and Agreement which must be signed by all parties prior to the task being carried out by the care/support worker.

In order to delegate a task:

- Risks should be assessed.
- Agreement sought from care/support worker, manager and delegating Registered Nurse/Health Care Professional.
- The care/support worker must have been suitably trained to perform the task.
- Full records of training given, including dates should be kept.
- Evidence of competency assessed by the delegating Registered Nurse/Health Care Professional should be recorded, preferably against recognised standards such as National Occupational Standards (www.ukstandards.org.uk).
- The role should be within the care/support worker's job description.
- The Registered Nurse/Health Care Professional who delegates the task must ensure that an appropriate level of supervision is available.
- The care/support worker, their Manager and the Delegating Registered Nurse/Health Care Professional must sign the competency declaration and agreement.
- Development of a person-centred care plan by the Registered Nurse/Health Care Professional which details the procedure and identifies parameters/indicators when review should be completed.
- Ongoing training and monitoring to ensure that competency is maintained.
- Minimum annual assessment of competency to be completed by the delegating Registered Nurse/Health Care Professional.

The Nursing and Midwifery Council's Code (2018) states that registrants must:

"Be accountable for your decisions to delegate tasks and duties to other people. To achieve this, you must:

- *only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions*
- *make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care, and*
- *confirm that the outcome of any task you have delegated to someone else meets the required standard."*

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

If a care/support worker does not follow the care plan and written procedures for that task or undertakes a task for which they are not trained and an incident occurs then the care/support worker may be liable and their employer may commence disciplinary procedures. If the task was delegated, the Registered Nurse/Health Care Professional is professionally accountable and must be able to demonstrate that s/he has followed their professional code.

9.2.1 DELEGATABLE TASKS LIST:

Capillary blood test (finger prick test) including 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 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.

Gastrostomy/Jejunostomy Care (Completion of L3 RQF Enteral Feeding Module required)

- Tube feeding inserting water through the tube before/after the feed and administering the feed.
- 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.
- Cleaning sites including advancing and rotating a gastrostomy as directed.

Medicines (Successful completion of L3 RQF Medicines Module Required).

- Administration of suppositories; analgesic, haemorrhoid treatment, laxative (this procedure must be linked to a review by a Registered Nurse/Health Care Professional).
- Administration of prescribed vaginal pessaries.
- Administration of pre-measured doses of prescribed medicines via a nebuliser (machine) as a regular treatment for a chronic condition.
- Administration of subcutaneous insulin by pen device.
- Administration of medications via a gastrostomy/jejunostomy tube (successful completion of L3 RQF Medicines Module required).

Non-invasive ventilation

Assist a person, on their direction, to use non-invasive ventilation.

Temperature recording when clear guidance has been provided by a Registered Nurse/Health Care Professional on what action is required based upon clear defined limits. Care/support workers should never be expected to interpret any temperature readings.

Urine/faecal specimen assisting with obtaining midstream urine specimens, or a faecal specimen which has been medically requested. (N.B. this includes obtaining a specimen by way of an in-dwelling catheter but not by intermittent catheterisation).

This list is not exhaustive and there may be occasions when Registered Nurses/Health Care Professional may negotiate a delegated task with a care/support worker and their manager based upon risk assessment. Delegation must always be in the best interest of the patient and not performed simply in an effort to save time or money.

9.3 CATEGORY 3 - UNACCEPTABLE TASKS

Generally, any task which is invasive or requires a member of care staff to make a judgement without the guidance of a Registered Nurse/Health Care Professional is unacceptable. Any task that has been deemed unacceptable or invasive may only be delegated in exceptional circumstances where there must be a clear rationale for the delegation accompanied by thorough risk assessment or where Health Care Assistants are working within a nursing team and responsibilities are set within their job description.

9.3.1 UNACCEPTABLE TASKS LIST:

- The management of supra-pubic/urethral catheters, other than changing the bag and cleaning the site.
- Intermittent catheterisation.
- Bladder compression.
- Management and treatment of pressure ulcers, other than planned interventions such as positioning the person.
- Manual evacuation of the bowel.
- Administration of rectal enemas.
- Taking of venous blood samples.
- Taking pulse or blood pressure readings.
- The administration of prn 'as required' oxygen.
- The administration of medicines through a nebuliser for acute or emergency conditions.
- The transcribing of medicines other than in exceptional circumstances.
- Giving any medicines via injection (except insulin via pen device).
- Assisting with the cleaning and replacement of tracheostomy tubes.

- Assisting with the dialysis process.
- Assisting with syringe driver pain relief systems.
- Naso-gastric tube feeding or care.
- Aspiration of naso-gastric tube.
- The administration of doses of medicine via a naso- gastric tube.
- Oral suction.
- Suction through tracheostomy tube.

10. EMERGENCY FIRST AID PROCEDURES

If a care/support worker is seriously concerned about an individual's physical condition and they have had appropriate first-hand training from a Registered Nurse/Registered Health Care Professional or qualified first aid trainer and feel confident to intervene in an emergency situation, they can do so only as a first aid measure, ensuring that an ambulance is called first through the 999 emergency service. In all circumstances, the person's GP and family or carer should be informed.

11. CARDIAC AND RESPIRATORY RESUCITATION / 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. In addition a care/support worker who has been trained in resuscitation should carry out lifesaving procedures (all care/support workers are expected to remain up to date with first aid and basic life support training).

Under no circumstances should a care/support worker make a decision not to resuscitate a person. However, if the person has a valid Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) directive then this and any other recorded advanced directives should be respected.

12. DEVELOPMENT AND CONSULTATION PROCESS

The original policy which was developed collaboratively with Health and Community Services, Family Nursing and Home Care and the Professional Care and Regulation Team went through an extensive consultation process 2017-2018 across all organisations who may use or consult the policy, including service user voluntary organisations.

This document which has been extracted from the original policy has only been altered to change its purpose from a policy to guidance and has been updated to reflect relevant new legislation and references. The content and process has not changed.

The Jersey Care Commission ratified this guidance 15 March 2019.

13. MONITORING AND REVIEW

This guidance will be reviewed every three years.

14. REFERENCES AND FURTHER READING

Health and Care Professions Council 2016, Standards of conduct, performance and ethics, www.hcpc-uk.org

Jersey Care Commission www.carecommission.je

National Institute of Health and Clinical Excellence 2015, Medicines management in care homes, www.nice.org.uk

National Institute of Health and Clinical Excellence 2017, Managing medicines for adults receiving social care in the community, www.nice.org.uk

Nursing and Midwifery Council 2015, The Code, Professional standards of practice and behaviour for nurses and midwives, www.nmc-uk.org

Royal College of Nursing 2011, Accountability and delegation: What you need to know, www.rcn.org.uk

Royal Pharmaceutical Society, Royal College of Nursing 2019, [Professional Guidance on the Administration of Medicines in Healthcare Settings](#)

Social Care Institute for Excellence www.scie.org.uk

States of Jersey Health and Social Services Department 2015, Code of Conduct for healthcare support workers and adult social care workers in Jersey.

REGISTERED NURSES/HEALTH CARE PROFESSIONALS DELEGATING CARE TO CARE/SUPPORT WORKERS

Purpose

To provide guidance for Registered Nurses/Health Care Professionals who are delegating care to non-registrants and assessing the competence of non-registrant care/support workers to perform specific interventions.

Scope

The assessment of competence of care/support workers (non-registrants) by Registered Nurses/Health Care Professionals.

Core Requirements

- Registered Nurses/Health Care Professionals should be clear about the principles of accountability and delegation and should refer to their Professional Codes. The Royal College of Nursing also provides guidance on accountability and delegation.
- The decision to delegate a task must be in the person's best interests and be fully risk assessed. This must be recorded.
- Prior to delegating care the Registered Nurse/Health Care Professional must ensure that the non-registrant has the necessary skills and competence to safely perform the delegated task/s.
- Prior to the assessment of competence, the non-registrant must have received appropriate training that includes theoretical and practical components.
- Full records of training (including dates) should be recorded and kept within personnel files.
- The assessment of competence carried out by the Registered Nurse/Health Care Professional should be documented, ideally against recognised standards e.g. National Occupational Standards (www.ukstandards.org.uk) and should include assessment of the non-registrant's knowledge as well as of their practical skills.
- Wherever possible RQF accredited modules should be utilised and Registered Nurses/Health Care Professionals should encourage other organisations whose staff they may be delegating care to, to consider this training.
- The Registered Nurse/Health Care Professional remains responsible for developing a care plan for the delegated care. This plan should be explicit regarding the expectations of when the non-registrant should report deviations from acceptable parameters e.g. blood sugar levels above or below a certain level.

- Care plans must explicitly indicate that the care can be delegated to a non-registrant and the frequency for review by a Registered Nurse/Health Care Professional.

Delegating care to Non-Registrants who are not employed by the delegating Registered Nurse/Health Care Professional's organisation

- **N.B.** *Care can only be delegated to a non-registrant not employed by the delegating Registered Nurse/Health Care Professional's organisation if they are employed by a registered provider or are individually registered under the Regulation of Care (Jersey) Law 2014 .*
- Before training and assessing the competence of staff, Registered Nurses/Health Care Professionals must be aware of the position of the care/support worker's employer in relation to the delegation of the intervention and their requirements for the recording of competence.
- The Registered Nurse/Health Care Professional must gain written permission from the care/support worker's manager/employer to delegate the task. This should be done on the document 'Clinical Skills Competency Confirmation and Agreement'
- Wherever possible, the care/support worker should be encouraged to undertake the appropriate 'RQF' module.
- The document Clinical Skills Competency Confirmation and Agreement should be completed, when the non-registrant has been deemed competent to carry out the intervention.
- The original, fully completed document should be filed in the person's care records (delegating professional organisation). A copy should be kept in the person's care records (care/support worker's organisation).
- The assessment of competence must only be undertaken on a **person-specific basis**.
- **N.B.** Registered Nurses cannot 'sign off'/deem competent care/support workers where an intervention is not being delegated by that Registered Nurse.
- Competence to carry out a specific intervention should be reassessed annually or more often if required.

