

**Personal Care and Clinical Tasks in  
Adult Social Care**

**Guidance for Providers of Social Care  
in Home Care and Care Homes**

**October 2023**

## 1 Foreword

This guidance was originally developed (as a policy) by Health and Community Services, Family Nursing & Home Care and the Professional and Care Regulation Team (prior to the establishment of the Jersey Care Commission). It was introduced in response to concern raised about the lack of a shared understanding around the definitions of social care tasks and clinical tasks. There was evidence, at that time, that care packages were being commissioned that included clinical tasks that should have been delegated by a Health Care Professional. The need for this guidance was further reinforced following a Serious Case Review (SCR) in 2019 (published 2020) which identified that a social care provider undertook a clinical task without any clinical oversight or appropriate escalation and this led to significant harm. The recommendations from this SCR included:

- the need to review care packages for clinical tasks that could be considered for delegation
- all decisions to delegate clinical tasks to be led by a Health Care Professional in accordance with the Jersey Care Commission's Personal Care and Clinical Tasks in Adult Social Care guidelines
- that the Jersey Care Commission monitor compliance with these guidelines
- that Community and Social Services should not commission care packages that include clinical tasks except in accordance with the JCC's Personal Care and Clinical Tasks in Adult Social Care guidelines

In 2019, the Jersey Care Commission (JCC) replaced the Professional and Care Regulation Team and ownership of the Personal Care and Clinical Tasks in Adult Social Care Guidance moved to the Jersey Care Commission at this time. In 2022, the JCC decided to remove their ownership of the guidance; however, they agreed to host any updated version on their website. Family Nursing & Home Care updated the guidelines in consultation with the Adult Social Care Sector, Adult Social Work and a range of Health Care Professionals.

There is an expectation from the JCC that all providers of adult social care **develop their own policy** for undertaking clinical tasks including accepting delegated tasks from Health Care Professionals, where appropriate.

## CONTENTS

1	Foreword.....	2
1.	INTRODUCTION.....	5
1.1	Rationale .....	5
1.2	Scope .....	5
1.3	Responsibilities .....	5
2	GUIDANCE .....	6
2.1	Principles .....	6
2.2	Statutory and Mandatory Requirements and Professional Practice Considerations	6
2.3	Guidance for Delegation .....	7
	Social Care.....	7
	Nursing.....	7
3	3 PERSONAL AND CLINICAL CARE TASKS .....	8
3.1	Personal Care Tasks .....	8
3.2	Clinical Tasks.....	8
	Category 1 – Acceptable Clinical Tasks .....	9
	Category 2 –Delegatable Tasks .....	9
	Category 3 – Unacceptable Tasks.....	10
3.3	Examples of Clinical Task Categories .....	11
3.4	Emergency First Aid Procedures.....	15
3.5	Cardiac and Respiratory Resuscitation .....	15
4	GLOSSARY .....	15
5	REFERENCES.....	17
6	APPENDIX.....	18
	Appendix 1 – Statutory and Mandatory Requirements.....	18
	Statutory Requirements.....	18
	Mandatory Requirements .....	19
	Appendix 2 - Delegation Guidance from the Jersey Care Commission.....	20

### Version Control

Date	Version	Summary of changes made
2016		Practice policy developed collaboratively by Health and Community Services, Family Nursing & Home Care and the Professional and Care Regulation Team.
2019	1	Extracted from the original policy and only altered to change its purpose from a policy to guidance. Updated to reflect relevant new legislation and references - content and process not changed.
2023	2	Guidance no longer owned by the Jersey Care Commission. General updating to provide clarification including additional

<b>Date</b>	<b>Version</b>	<b>Summary of changes made</b>
		delegation guidance. Some clinical tasks have been re-classified and others added. The use of rescue medication has been included. New recommended training requirements for extended feeding techniques.

It is recommended that these guidelines are reviewed in three years or before if required.

## 1. INTRODUCTION

### 1.1 Rationale

This guidance provides a shared understanding of the difference between clinical tasks and personal/social care tasks. It further defines where these tasks can be undertaken at the discretion of the Registered Manager, where delegation by a Health Care Professional is required and which clinical tasks should not normally be undertaken by care/support workers.

Whilst a range of Health Care Professionals can, in theory delegate clinical tasks, it is acknowledged that within this guidance, the majority of clinical tasks would fall under delegation by nurses. However, other Health Care Professionals may also delegate clinical tasks relevant to their roles and competence. The task lists set out in this document are not exhaustive but can be used to guide the Registered Manager/Care Commissioner/Health Care Professional's decision-making around which of the three categories a clinical task should fall under.

This guidance reflects the current social care landscape that is now set within a legal framework developed to protect service users. The Jersey Care Commission is responsible for monitoring that the standards set for adult social care are adhered to by all providers during their inspections.

When it has been agreed that people require, and have consented to, care/support workers help, 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

### 1.2 Scope

This guidance applies to individuals and organisations who arrange or provide care to adults receiving care from services that 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.

It also offers guidance for healthcare provider organisations considering the delegation of clinical tasks to care/support workers working in these areas. Such organisations may be in the public, private or third sector. Health Care Professionals, working in any of these sectors, will be registered by the Jersey Care Commission.

This guidance does not apply where care/support workers are in a skill-mixed team with Health Care Professionals as they are employed to support the practice of the Health Care Professionals and not specifically to deliver personal/social care. They will be subject to different procedures determined by their employer.

### 1.3 Responsibilities

**Registered Providers** are responsible for implementing an appropriate operational policy that 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 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.

**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.

## 2 GUIDANCE

### 2.1 Principles

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

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

***Care/support workers must be trained and competent to undertake all tasks they are required to undertake.***

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

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.

### 2.2 Statutory and Mandatory Requirements and Professional Practice Considerations

This guidance should be considered in line with applicable legislation and regulation as detailed in [Appendix 1](#).

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

training. These can be found in [Appendix 1](#) or on the JCC's website [Adult Standards | Jersey Care Commission](#).

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

- Government of Jersey Health and Community Services Code of Practice for Health and Social Care Support Workers in Jersey (2019)
- Jersey Safeguarding Adults Partnership Board [www.safeguarding.je](http://www.safeguarding.je)

### **2.3 Guidance for Delegation**

Delegation can be defined as "...transferring a healthcare intervention from a registered practitioner to a non-registered individual, with assurances that the individual is supported, confident and competent in delivering the intervention" (Skills for Care 2022). It can also be defined as "the transfer to a competent individual, of the authority to perform a specific activity in a specified situation" (Department of Health and Social Care and Skills for Care 2023, p.27)

In the UK, national guidance has recently been published to "...enable a person-centred, safe and effective approach to the delegation of healthcare activity..." (Department of Health and Social care and Skills for Care 2023, p.3).

This guidance complements but does not "...replace or affect standards for delegation set by a regulated body" such as the Nursing and Midwifery Council (NMC) or the Health and Care Professions Council (HCPC) (Department of Health and Social care and Skills for Care 2023, p.3).

Before agreeing to care/support workers taking on delegated tasks, Registered Managers should use the guidance in the links below from the Department of Health and Social Care and Skills for Care to ensure that there is a robust process in place. This process should be reflected in their organisation's policy for care/support workers undertaking delegated tasks.

#### **Social Care**

New guidance published in June 2023 for delegated healthcare activities [Delegated healthcare activities - Guiding principles \(skillsforcare.org.uk\)](#)

Skills for Care have produced a guide for social care employers and managers explaining their role and responsibilities when their care/support workers are carrying out delegated clinical tasks.

[Delegated healthcare interventions guide for social care employers and managers \(skillsforcare.org.uk\)](#)

#### **Nursing**

Most of the tasks currently delegated to providers of social care will be nursing tasks and this profession provides a range of resources to support safe delegation.

[Accountability and delegation in practice | Professional Development | Royal College of Nursing \(rcn.org.uk\)](#)

[RCN \(2018\) Accountability and Delegation - a guide for the nursing team](#) – currently under review

[Delegation and Accountability-supplementary information to the NMC code](#)

#### **Other Health Care Professions**

The Health and Care Professions Council (HCPC) in their Standards of Conduct, Performance and Ethics cover delegation, oversight and support in standard 4 <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>. This organisation currently regulates health and care professions in the UK. See link for which [professions they regulate](#).

### **3 3 PERSONAL AND CLINICAL CARE TASKS**

#### **3.1 Personal Care Tasks**

The following personal care tasks can be undertaken by care/support workers who have received training that meets the minimum standards set within the 'Skills for Care' Care Certificate and have been assessed as competent to carry out the care. Personal Care Tasks do not require delegation by a Health Care Professional.

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 maintain a routine of brushing their teeth and promoting good oral hygiene. Care/Support Workers may assist individuals to remove, clean, assess and insert false teeth.

##### **Foot Care**

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

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

##### **Hand/Fingernail Care**

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

##### **Sanitary/Continence Protection**

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

##### **Shaving Care**

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

##### **Washing, Dressing, Toileting**

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

Care/Support workers must maintain privacy and dignity to individuals, utilising appropriate changing facilities and aids.

Care/Support workers must be aware of gender identity and remain inclusive for all individuals.

#### **3.2 Clinical Tasks**

Care/support workers, employed primarily to provide social care, should not undertake tasks that would normally be performed by a Health Care Professional except in accordance with this guidance.



Clinical tasks will only be undertaken by care/support workers as part of a package of care which addresses other personal care tasks.

There are important conditions attached to each category of task and because a task appears on a Category 1 or 2 list, it does not mean that the task will be performed automatically by care/support workers. ***Always consider the risks to clients/patients, with their safety being the priority outcome.***

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

Evidence of competence assessment should be recorded and saved. Where clinical tasks have been delegated to care/support workers, evidence of competence should be saved in the client's care record. A copy should also be kept by the delegating Health Care Professional as per their organisational policy. Care/support workers should maintain a portfolio of learning and assessment of competence.

If not otherwise specified, competence tools can be accessed through the National Occupational Standards available at [Skills for Health](#).

### **Category 1 – Acceptable Clinical Tasks**

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

Care/Support Workers are not permitted to pass on any training they have received for these tasks to others.

Registered Managers are responsible for ensuring that their care/support workers are competent in the required clinical tasks. Competence to complete these tasks should be reassessed as required in line with their organisational policy.

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

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

### **Category 2 –Delegatable Tasks**

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

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

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

- assess the risks of delegating the task
- ensure the delegation is undertaken in patient/service user's best interest
- seek agreement to delegate from the patient/client, the care/support worker and their manager as per their organisational policy
- ensure that there is a clear communication pathway for the escalation of concerns

- ensure the care/support worker is trained to perform the task and keep full records of training given, including dates
- record evidence of the care/support worker's competence, preferably against recognised standards such as National Occupational Standards available at [Skills for Health](#)
- provide written procedures, ideally on a shared care plan/plan of care/treatment, for the care/support worker/s to follow with the following stated:
  - the parameters in which the task can be performed
  - when to seek guidance
  - a review date
  - when the delegation would no longer be appropriate
- ensure that an appropriate level of supervision is available
- provide ongoing clinical oversight to monitor that the delegation remains appropriate
- provide ongoing monitoring to ensure that the care/support worker's competence is maintained with a minimum annual re-assessment of the care/support worker's competence recorded in the patient/client record

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

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

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

[Appendix 2](#) contains guidance from the Jersey Care Commission around delegation. Where it is unclear if a Health Care Professional can delegate clinical care to a care/support worker, advice should be sought from the Jersey Care Commission.

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

### **Category 3 – Unacceptable Tasks**

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

### 3.3 Examples of Clinical Task Categories

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

Category 1 - Acceptable Clinical Tasks	
<b>Body Piercings</b>	Assistance with the hygienic cleaning of body piercings and the changing of jewellery
<b>Catheter Care</b> (as specified in the shared care plan written by a Registered Health Care professional)	<p>Personal hygiene</p> <p>Replacing a bag to an existing urethral or supra-public catheter</p> <p>Urethral catheter meatal care cleaning and observation of site</p> <p>Checking and cleaning of foreskin, including under the foreskin (if male clients are not able to do this for themselves)</p> <p>Cleaning of a supra-pubic catheter site</p> <p>Rotation of a supra-pubic catheter</p> <p>Emptying and measuring urine</p>
<b>Contact Lenses</b>	Assistance with the insertion, removal and cleaning of contact lenses.
<b>Dressings</b>	<p>Application of simple dressing for first aid purposes (appropriate escalation required).</p> <p>Application of a temporary replacement dressing (without otherwise cleaning or treating the site) as specified in the shared care plan written by a Health Care Professional</p>
<b>False Eyes</b>	Cleansing, inserting and removing
<b>Fitting/Removing Supports</b>	artificial limbs, braces or splints
<b>Hearing Aids</b>	<p>assistance with the insertion, adjustment, battery replacement and cleaning of hearing aids</p> <p>removal of hearing aids</p>
<b>Medicines</b> (successful completion of Level 3 RQF (or equivalent) Medicines Module required – this is a Jersey Care Commission requirement)	<p>All medication administration with the exception of:</p> <ul style="list-style-type: none"> <li>• Injectable medicines*</li> <li>• medication administered by the vaginal (PV) or rectal (PR) routes</li> <li>• medication administered via a feeding tube (gastrostomy/jejunostomy)</li> </ul> <p>Recording of medicines administered as directed using a pharmacy produced Medication Administration Record (MAR).</p> <p>Assisting a person, on their direction, to receive long term oxygen therapy <b>as prescribed</b>. <b>N.B</b> the requested flow rate must not exceed maximum prescribed rate.</p> <p><b>*Emergency/rescue medication</b> may be administered providing the care/support worker has received appropriate training from a Health Care Professional and is competent in the</p>

<b>Category 1 - Acceptable Clinical Tasks</b>	
	method of administration and when it should be used. N.B. for some clinical tasks, it may only be possible to assess competence using simulation. Examples of rescue medication include adrenaline via a pen device (e.g. Epipen); buccal midazolam from a pre-filled syringe, certain nebulised medications and oxygen (N.B. the flow rate must not exceed the maximum amount prescribed).
<b>Monitoring Temperature</b>	
<b>Non-invasive ventilation</b> – training to be given by the Clinical Investigations Department	Assist a person, on their direction, to use non-invasive ventilation. <b>N.B.</b> may be a delegatable task if unable to direct their own care.
<b>Oral Hygiene</b> (other than dental care)	
<b>Penile Sheaths</b>	placement and connection to urine bags removal
<b>Pressure Ulcer Prevention Care</b>	Includes: <ul style="list-style-type: none"> <li>• giving advice</li> <li>• monitoring pressure areas</li> <li>• use of existing equipment</li> </ul>
<b>Preventative and Emergency/Rescue Measures</b> (training by an appropriate Health Care Professional)	Includes: <ul style="list-style-type: none"> <li>• oral suction</li> <li>• suction through a tracheostomy tube</li> </ul> <p>These measures may be carried out either as a preventative measure to ensure a clear airway or in response to an emergency</p> <p>Recorded in the care plan should be clear parameters for undertaking these tasks as agreed with the relevant Health Care Professional.</p> <p>(see also Emergency/Rescue Medication above, Emergency First Aid Procedures and Cardiac and Respiratory Resuscitation)</p>
<b>Safe Moving and Handling</b>	use of safe handling equipment supporting regular mobility with mobility aids
<b>Support stockings</b> (prescribed)	application and removal
<b>Stoma Care</b>	emptying, changing/replacing urostomy, colostomy and ileostomy bags cleansing of stoma changing a two-piece system
<b>Truss fitting</b>	application and removal
<b>Urine/faecal specimens</b>	assisting with obtaining midstream urine specimens or a faecal specimen that has been medically requested

<b>Category 2 - Delegatable Clinical Tasks</b>	
<b>Bowel Management</b>	Digital rectal stimulation Trans-anal irrigation Digital removal of faeces
<b>Capillary Blood Test</b> (finger prick test) for blood glucose monitoring	
<b>Contraceptive devices</b>	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.
<b>Cough Assist</b>	Manual and by machine
<b>Enteral Feeding Tubes: Gastrostomy and Jejunostomy</b> (Completion of the training currently recommended by the Health and Community Services Nutrition and Dietetic Department and clinical skills competence assessed by a Health Care Professional)	cleaning of feeding tube sites advancing and rotating a percutaneous endoscopic gastrostomy (PEG) or balloon gastrostomy tube as directed (N.B. jejunostomy tubes should NOT be advanced/rotated) administering feeds via a gastrostomy/jejunostomy feeding tube including via a: <ul style="list-style-type: none"> <li>• feeding pump</li> <li>• bolus</li> <li>• gravity set</li> </ul> inserting water through the tube before/after the feed inserting water through the tube before and after <u>each</u> medication administered flushing to unblock a feeding tube (help should be summoned for assistance if unable to easily clear the blockage or as defined in the care plan)
<b>Intermittent Catheterisation</b>	
<b>Medicines</b> (Successful completion of Level 3 RQF (or equivalent) medicines module required – Jersey Care Commission requirement)	Medicines administered: <ul style="list-style-type: none"> <li>• rectally (PR)</li> <li>• vaginally (PV)</li> <li>• by injection via a pen device* e.g. insulin</li> <li>• via a feeding tube</li> </ul> * N.B. the administration of emergency/rescue medication by pen device e.g. Epipen, is considered an ‘acceptable clinical task’ and not a delegatable task
<b>Monitoring Vital Signs</b>	Pulse Respiratory Rate Pulse oximetry

<b>Category 2 - Delegatable Clinical Tasks</b>	
	<p>Blood Pressure</p> <p>The delegating Health Care Professional must ensure the plan of care/treatment reflects the parameters and escalation criteria.</p>
<b>Physiotherapy Exercises</b>	as part of a personalised exercise programme

<b>Category 3 - Unacceptable Clinical Tasks</b>	
<b>The management of supra-pubic/urethral catheters</b>	(other than changing the bag, cleaning the site and rotating the supra-pubic catheter)
<b>Bladder compression</b>	
<b>The management and treatment of pressure ulcers</b>	(other than planned interventions such as positioning the person)
<b>Administration of rectal enemas</b>	
<b>Taking of venous blood samples</b>	
<b>Giving any medicines via injection</b>	(except insulin via a pen device or adrenaline for the treatment of anaphylaxis)
<b>Assisting with the cleaning and replacement of tracheostomy tubes</b>	
<b>Assisting with the dialysis process</b>	
<b>Assisting with syringe driver pain/symptom relief systems</b>	
<b>Naso-gastric tube feeding or care</b>	<p>Any intervention relating to a nasogastric tube including:</p> <ul style="list-style-type: none"> <li>• aspiration of the naso-gastric tube</li> <li>• the administration of medicine via a naso-gastric tube</li> </ul>

### 3.4 Emergency First Aid Procedures

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

### 3.5 Cardiac and Respiratory Resuscitation

In the event of a person appearing to suffer a cardiac or respiratory arrest, an ambulance must be called using the 999 emergency service. The care/support worker must commence Cardio Respiratory Resuscitation (CPR) unless a valid Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) directive or any recorded Advance Directive is in place.

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

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

## 4 GLOSSARY

**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 (Regulation of Care (Jersey) Law 2014).

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

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

(Regulation of Care (Jersey) Law 2014).

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

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

**Clinical tasks** (referred to in this guidance) are tasks which have traditionally been undertaken by registered nurses or other health care professionals. These care tasks are divided into

three categories that identify if care/support workers may undertake the tasks and under what conditions: The three categories are:

- acceptable tasks – tasks that require additional training
- delegatable tasks – tasks that require training and assessment of competence by a Health Care Professional
- unacceptable tasks - tasks that are not to be performed by care/support workers except in exceptional circumstances



## 5 REFERENCES

Department of Health and Social Care and Skills for Care (2023) Delegated healthcare activities – Guiding principles for health and social care in England [skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-topics/Delegated-healthcare-interventions/Delegated-healthcare-activities-Guiding-principles.pdf](https://skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-topics/Delegated-healthcare-interventions/Delegated-healthcare-activities-Guiding-principles.pdf); Last accessed 27/06/23

Government of Jersey (2019) *The Code of Practice: Professional standards of practice and behaviour for Health and Social Care Support Workers in Jersey*, available: <https://carecommission.je/wp-content/uploads/2020/01/Code-of-Practice-Sept-2019-Final.pdf> Last accessed 6/01/23

Health and Care Professions Council (HCPC) Standards of conduct, performance and ethics (2016); available at [Standards of conduct, performance and ethics | \(hcpc-uk.org\)](https://www.hcpc-uk.org/standards-of-conduct-performance-and-ethics) last accessed 6/01/23

Jersey Care Commission (2019) Personal Care and Clinical Tasks Guidance for Adult Social Care, available at: <https://carecommission.je/wp-content/uploads/2019/03/JCC-Guidance-personal-care-and-clinical-tasks-adult-social-care-ratified-20190314.pdf> Last accessed 22/05/23

Jersey Care Commission (2019a) *Care Standards: Home Care*, available at: <https://carecommission.je/wp-content/uploads/2019/02/JCC-Care-Standards-Home-Care-2019-v1> last accessed 6/01/23

Jersey Care Commission (2019b) *Care Standards: Care Home*, available at: [JCC-Care-Standards-Care-Homes-Adults-2019v2.pdf \(carecommission.je\)](https://carecommission.je/wp-content/uploads/2019/02/JCC-Care-Standards-Care-Homes-Adults-2019v2.pdf) last accessed 6/01/23

Jersey Care Commission (2020) *Updated Guidance on delegation of clinical tasks*, available at: <https://carecommission.je/wp-content/uploads/2020/03/Updated-Guidance-on-Delegation-of-Clinical-Tasks.pdf> Last accessed 6/01/23

Nursing and Midwifery Council (2018) *The Code: Professional standards of practice and behaviour for nurses and midwives*, available at [www.nmc-uk.org](https://www.nmc-uk.org) Last accessed 6/01/23

Regulation of Care (Jersey) Law 2014, available at [Regulation of Care \(Jersey\) Law 2014 \(jerseylaw.je\)](https://www.jerseylaw.je/regulation-of-care-jersey-law-2014) Last accessed 6/01/23

Royal College of Nursing (2018) Accountability and Delegation – a guide for the nursing team [RCN \(2018\) Accountability and Delegation - a guide for the nursing team](https://www.rcn.org/uk/about-us/our-voice/our-views/2018-accountability-and-delegation-a-guide-for-the-nursing-team)

Royal College of Nursing (date unknown) Accountability and Delegation in Practice [Accountability and delegation in practice | Professional Development | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org/uk/about-us/our-voice/our-views/2018-accountability-and-delegation-in-practice) Last accessed 22/05/23

Skills for Care (date not specified) Delegating Healthcare Interventions – a guide for social care employers and managers; [Delegated healthcare interventions guide for social care employers and managers \(skillsforcare.org.uk\)](https://skillsforcare.org.uk/delegating-healthcare-interventions-guide-for-social-care-employers-and-managers) Last accessed 22/05/23

## 6 APPENDIX

### Appendix 1 – Statutory and Mandatory Requirements

#### Statutory Requirements

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

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

Standard 6.4 of the JCC Care Standards for Home Care (JCC 2019a) and Standards for Care Homes (2019b) 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.”*

### **Mandatory Requirements**

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

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

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

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

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

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

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

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

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

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

## **Appendix 2 - Delegation Guidance from the Jersey Care Commission**

### **Questions presented to the Jersey Care Commission:**

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

### **Response from the Jersey Care Commission:**

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

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

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

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

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

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

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