

## STANDARD OPERATING PROCEDURE COMMUNITY - DELEGATION PROCESS TO SHARED SELF-CARE WITH A SERVICE USER / INFORMAL CARER

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**VALIDITY – All local SOPS should be accessed via the Trust intranet**

### CHANGE RECORD

Version	Date	Change details
1.0	June 2023	New SOP. Approved at Community Services Clinical Network Group (15 June 2023).

## Contents

1. INTRODUCTION .....	3
2. SCOPE .....	3
3. DEFINITIONS .....	3
4. DUTIES AND RESPONSIBILITIES.....	3
5. DELEGATION, RISK AND PROFESSIONAL JUDGEMENT.....	4
6. EXPECTATIONS OF COMPETENCY .....	5
7. PROFESSIONAL CODES AND STANDARDS / REFERENCES .....	6
APPENDIX 1 – DELEGATION CHECKLIST .....	7

## 1. INTRODUCTION

This Standard Operating Procedure (SOP) has been developed to guide the practice of staff working in Humber Teaching NHS Foundation Trust Community Services and ensure a robust and standardised delegation process to shared self-care with a service user / informal carer which is consistent, safe and effective.

By shared self-care we mean care that is assessed by a registered practitioner and some elements are delegated to the service user/ informal carer to undertake as self-care.

## 2. SCOPE

This SOP will be used across all community services within Humber Teaching NHS Foundation Trust where tasks are delegated from a registered clinician to a service user/ informal carer to undertake as self-care.

This SOP covers those who will delegate tasks and responsibility, i.e. registered Healthcare Professionals and therapists. It includes registered community staff that are permanent, temporary, bank or agency staff excluding students.

Working with service users/ informal carer to self care is a particularly important approach for staff in order to support individuals with personalised care in their home environment. The standard operating procedures does not replace professional judgement which should be always be used.

## 3. DEFINITIONS

### **Delegation**

Delegation is defined as the transfer to a competent individual, of the authority to perform a specific task in a specified situation (NMC, 2018).

### **Accountability**

Accountability is the principle that individuals and organisations are responsible for their actions and may be required to explain them to others (NMC, 2018).

## 4. DUTIES AND RESPONSIBILITIES

### **Matrons**

Supports and enables operational clinical leads to fulfil their responsibilities and ensure the effective implementation of this document.

### **Managers/Clinical Lead and Team Leaders**

Responsible for ensuring that staff have access to this SOP and other relevant SOPs and policies, as well as training and support.

Responsible for ensuring that individual's competencies are implemented, achieved and maintained.

### **Registered Healthcare Professional**

The registered professional should present and record a clear rationale as part of the service user record in support of all decision making. Practice should be based on the best available evidence.

The registered Healthcare Professional will undertake a holistic assessment and complete associated care planning and risk assessments for service users admitted to the caseload.

The registered Healthcare Professional will ensure the clinical documentation is recorded onto the electronic healthcare record for the service user to facilitate the safe delivery and continuity of care. The registered Healthcare Professional will ensure any delegated self-care is in the best interest of the service user.

The timescale for the face-to-face review by the registered healthcare practitioner following delegation will be decided and documented in the care plan and be based on:

- Any clinical changes that have been reported. This would include deterioration, improvement, changes to care provision, changes to underlying medical conditions, treatments or presenting problem
- The frequency of a face to face review as identified by the registered Healthcare Professional in the individualised care plan should be no less than every third visit.

All clinical staff employed by the Trust will familiarise themselves and follow the agreed SOP and associated guidance and competency documents. They will use approved documentation and complete relevant paperwork as per policy and Standard Operating Procedures as relevant to each clinical activity. They will make their line managers aware of barriers to implementation and completion

### **Responsibility and accountability of the service user**

The registered practitioner is accountable for ensuring that the service user/ informal carer is competent and confident to carry out the procedure and the right systems and processes are in place to support them. The employer is responsible for organising any training prior to any of the delegated tasks being undertaken.

## **5. DELEGATION, RISK AND PROFESSIONAL JUDGEMENT**

The NMC Code and HCPC standards are clear that registered practitioners can delegate activities to another person, provided they are satisfied that the person has received adequate training and are assured that they are competent to perform the task. Under the NMC code and HCPC code the registered Healthcare Professional remains accountable for the decision to delegate the task. They cannot delegate accountability.

Registered professionals have a duty of care and legal liability with regard to the service user. If they have delegated an activity they must ensure that it has been appropriately delegated.

The registered professional is accountable for the service users' care plan.

Registered professionals are accountable to their employer to follow their contract of duty.

Registered professionals are accountable to regulatory bodies in terms of standards of practice and service user care.

### **In Practice**

Delegation of specific healthcare tasks should be considered within the care planning process. Care / treatment planning is central to the delivery safe and effective care. It is at this stage of the process, after gathering information and understanding the person's health and wellbeing needs that detailed plans are made. Care planning should use a partnership approach between the healthcare practitioner and the service user, along with their family and carers as appropriate.

The care / treatment plan should make clear the task that is to be undertaken as self-care, the limits of the delegation and how risks will be managed. In every situation the individual context must be taken into account before making a decision to work in partnership with the service user with self-care. The registered professional will continue to carry responsibility to intervene if they feel that the proposed delegation of self-care is inappropriate or unsafe or care needs are changing.

There must be clear arrangements for timely access to the registered practitioner for advice and guidance if/when the person who is self-caring condition deviate from what is normal for them.

The registered practitioner must obtain informed verbal consent to the delegation of self care from the person undertaking self-care. The service user's informed consent to undertake self-care task should be recorded in the care record. If consent is refused, care and treatment should not be delegated. The refusal should be documented.

## **6. EXPECTATIONS OF COMPETENCY**

### Informal carers:

When delegating self-care tasks to informal carers the Healthcare Practitioner should bear in mind that:

- The responsibility for the ongoing assessment of competence and training lies with the healthcare professional.
- It is the responsibility of the healthcare professional to ensure that the delegation of the task to the informal carer has been risk assessed and that **both** the service user and the informal carer consent to the task being undertaken by the informal carer.
- The healthcare professional should also recognise that the informal carer has not been put under undue pressure by the service user to undertake the task.
- The need to implement the procedure should be led by the needs of the service user/ carer and not imposed on the service user/ carer by Healthcare Professionals.
- It should be made clear at the outset to the service user and carer that they can at any time discontinue the procedure if they so wish.
- Informal carers may have some clinical experience; however, undertaking healthcare for a family member can still be daunting.
- Documentation to be provided that supports delegation such as "what to do with your wound" leaflet.

A three-way process, where all parties agree that they are happy for the task to be delegated, can be a useful process and should be clearly documented.

## 7. PROFESSIONAL CODES AND STANDARDS / REFERENCES

Nursing and Midwifery Council (2018) The Code:

[www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf)

RCN (2011) The principles of accountability and delegation for nurses, students, health care assistants and assistant practitioners.

[www.rcn.org.uk](http://www.rcn.org.uk)

RCN (2011) Accountability and delegation checklist

[www.rcn.org.uk](http://www.rcn.org.uk)

RCN (2011) Delegation Information Sheet

[www.rcn.org.uk](http://www.rcn.org.uk)

## APPENDIX 1 – DELEGATION CHECKLIST

<b>Delegation checklist</b>	Yes/ No
Can the task be delegated?	
Has the service user given consent for the task to be delegated?	
If unable to consent - Is delegation to informal carer in the best interests of the service user? And agreed by any LPA health?	
Have you considered the clinical risk involved in delegating?	
Do you have the authority to delegate the work and the appropriate clinical knowledge?	
Does the person you are delegating to have the skills and knowledge required to undertake the activity, including communication and interpersonal skills, as well as clinical competence?	
Can you provide support and supervision and check that the outcome of the delegation meets the required standard?	
<b><u>If no to any of the above, tasks should not be delegated at this time</u></b>	