

Standard Operating Procedure Delegation of Administration of Medication via an Enteral Tube to a Healthcare Support Worker (Complex Care Team)

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CHANGE RECORD

Version	Date	Change details
1.0	Dec 2022	New SOP. Approved at Physical Health and Medical Devices Group (14 December 2022).
1.1	Dec 2023	Addition of the required Nutricia Homeward Nursing Service training to training requirements and educational pathway, removal of anaphylaxis training. Removal of NMC Standards for Medicine Management as these are not available, addition of Trust medicine policies and procedures, and relating policies and procedures. Approved at Physical Health and Medical Devices Group (13 December 2023)

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1. INTRODUCTION

Adults with learning disabilities that are cared for by the Complex Care Team require medication to be administered. This client group are unable to self-administer and will require regular administration of medication by competent trained healthcare support workers under the delegation of a registered practitioner.

To enable community teams to manage the demand for this service, suitably trained non-registered practitioners can administer medication to those adults with learning disabilities who have an enteral tube in situ.

This standard operating procedure provides a framework for teaching and training of non-registered practitioners to administer medication via an enteral tube to adults who are unable to perform this task themselves and have no family or unpaid carer who can do it for them. As the medication needs to be administered via an enteral tube, this is defined as a 'specialist task' that has historically been undertaken by registered nurses or registered practitioners however were appropriate and following this SOP this 'specialist task' can be delegated to a non-registered practitioner.

This SOP must be considered alongside the following materials:

Trust Guidance

Medicine Management policy

Enteral tube management policy – currently under development

Care Quality Commission (CQC) Guidance on delegating medicines administration

Training and competency assessment

- Delegation of Administration of Medicine via an Enteral Tube to a Healthcare Support Worker Role Specific Competency

2. PURPOSE

To enable appropriately trained Health Care Support Worker to administer medication via an enteral tube to adults in the community who have learning disabilities. A registered nurse must assess the suitability for this delegation to the non-registered practitioner.

To ensure that staff who are deemed suitable to assume responsibilities delegated by a registered nurse, have proven their proficiency through a common framework of medication optimisation training, competencies and supervised practice.

To ensure that where administration of medications via an enteral tube to suitable adults in the community is delegated, this is done in a safe and consistent manner, in line with the Care Quality Commission (CQC), Nursing and Midwifery Council (NMC) standards.

3. SCOPE

This SOP covers:

- Those who will delegate tasks and responsibility, i.e. registered nurses
- Non-registered practitioners who will assume delegated responsibility i.e. Health Care Assistants, Clinical Support Worker and other similar roles.

4. DEFINITIONS

Registered nurse: The person who delegates the task of administering medication via an enteral tube to a non-registered practitioner based on their professional judgement and acts as their assessor. As this will be a nurse, their name will be listed on Part 1 of the register of the Nursing and Midwifery Council. The registered nurse is professionally accountable for the delegation of the task (NMC 2015). The assessor acts as an ongoing source of advice and guidance to the HCW. www.nmc.org.uk/standards/code.

Nursing Associates: Whilst Nursing Associates can administer medications via an enteral tube, they will not assume responsibility for the delegation of administration of medication to a non-registered practitioner or undertake delegation risk assessments or plan care.

Non-registered practitioner: The person to whom the task of administering medication via an enteral tube is delegated, either a non-regulated role Band 3 HCA, HCSW or equivalent.

Specialist task: Defined as any task involving medicines administration (in this case medications via an enteral tube) that has been deemed appropriate for a non-registered practitioner to undertake, following a risk assessment and with adherence to the principles set out in this document.

Medication administration via an Enteral Tube: For the purpose of this SOP medication administration via an enteral tube refers to the administration of medication that cannot be administered orally due to the client physical condition and inability to ingest orally.

5. INCLUSION CRITERIA

Adults receiving care are only to be considered suitable for delegated administration of medication via an enteral tube in the following circumstances:

- The patient must be under the care of the complex care team
- Verbal consent has been obtained by the patient or a best interest decision has been reached regarding the administration of enteral medication by a non-registered practitioner. This will be documented in the clinical record.
- All medications administered will be prescribed by the person's responsible primary healthcare provider and this will be reviewed annually in line with national guidelines unless there are concerns within this time frame.

The decision to delegate care remains the responsibility of the registered nurse, in accordance with the NMC Code (2018).

6. EXCLUSION CRITERIA

There are no exclusion criteria at present.

7. DUTIES AND RESPONSIBILITIES

Matrons

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

Service 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.
- Ensures the provision of training and support to the non-registered practitioner to administer medication via an enteral tube and that the task complies with all relevant trust policies and SOPs.
- Responsible for ensuring that individual's competencies are implemented, achieved and maintained.

Registered Nurse

- Will be accountable for the delegation of any aspects of the task and ensuring the individual is competent to carry out the task (NMC 2018). This includes ongoing assessment and supervision of practice.
- Will ensure that their knowledge and skills are maintained and be responsible for maintaining standards of practice.

Health care worker/health care assistants/support workers/other non-regulated staff

- The non-register practitioner must not administer medication via an enteral tube until they have been assessed as competent by the named registered nurse and completed the required training, live supervision and competency assessment.
- Once trained and assessed as competent will undertake the delegated task as per this SOP.
- Will ensure that their knowledge and skills are maintained and be responsible for maintaining standards of practice.
- Will undertake the recommended training and meet the competencies required in Delegation of Administration of Medication via an Enteral Tube by a Healthcare Support Worker as outlined in 13. Training – Essential Requirements
- Will be up to date at all times with basic life support and anaphylaxis training.
- Will participate in ongoing clinical and management supervision and assessment by a registered nurse, including observed practice.
- Will escalate concerns relating to a registered nurse, who will be accessible at all times.

8. PRINCIPLES TO BE APPLIED:

For registered nurses

The SOP, training and competencies provide a framework for registered nurses to exercise judgement about the suitability of delegation to other non-registered practitioners on a case-by-case basis.

For non-registered practitioners assuming delegated responsibility

Staff have a right to refuse to take on a delegated responsibility should they not feel confident or competent to do so. They must be enabled to undertake the training and have been assessed as competent based on supervision of their practice before they administer medication via an enteral tube.

9. DELEGATION, RISK AND PROFESSIONAL JUDGEMENT

The ability of the non-registered practitioner to carry out the task, including their pre-existing knowledge, should be determined by the registered nurse. Delegation is not mandatory and choosing to delegate duties to an individual is subject to the discretion and judgement of the registered nurse.

The NMC Code is clear that registered nurses 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 the registered nurse remains accountable for the tasks they delegate.

10. RISK ASSESSMENT AND CARE PLAN

A fully completed risk assessment for each person receiving care is essential. The registered nurse who is delegating the duty must complete this risk assessment for each person receiving care (Appendix 1). This can be found on Lorenzo.

Medication must not be administered without the completion of a risk assessment, an individualised care plan/support plan and evidence that the delegated non-registered practitioner has been assessed as competent to undertake the delegated task.

The registered nurse must complete a comprehensive assessment and record of care and identify that the person receiving care is under the care of the complex care team.

There must be clear arrangements for timely access to the registered nurse for advice and guidance if/when the person receiving care's condition deviate from what is normal for them.

11. INFORMED CONSENT

The registered nurse/registered practitioner must obtain informed verbal consent to the delegation of the task from the person receiving care, or where that person does not have the capacity to give consent, the principles of the Mental Capacity Act (2005) should be followed as set out in the Consent Policy (N-052) and Mental Capacity Act (2005).

The registered nurse/registered practitioner must ensure that the person's mental capacity is kept under review. They must ensure that the non-registered practitioner has an awareness of the Mental Capacity Act, can recognise when mental capacity may have been lost, and are obliged to liaise with them if they have any concerns about the person's capacity to consent. The non-registered practitioner is responsible for the duty to obtain ongoing consent every time medicines are administered.

Where a person receiving care lacks capacity, the non-registered practitioner has a duty to act in their best interests. An assessment of best interests should be undertaken by the registered practitioner.

If consent is refused, the administration of medication via an enteral tube should not be delegated. The refusal should be documented and reported immediately to the delegating registered nurse on duty, and the person's GP (or prescriber) informed.

12. EXPECTATIONS OF COMPETENCY

All non-registered practitioners who carry out a delegated task are expected to meet the same standard of practice as a competent professional, including for infection prevention and control, consent, best interests and mental capacity, and must have had training specific to the task, which conforms to the Trust's policies and procedures and SOPs, and follows evidence-based practice.

The registered nurse must ask the non-registered practitioner to confirm that they are willing to perform the task following training and with ongoing monitoring and supervision.

The registered nurse is accountable for ensuring that the non-registered practitioner to whom they are delegating a medication administration task is competent based on their professional judgement and supported by the framework of training, supervision and competency assessment tools, which accompany this SOP. They must therefore ensure the delegated non-registered practitioner is trained and has been assessed as competent. Competence should be reviewed on a 12 monthly basis through live supervision.

Where the non-registered practitioner has already completed initial training and demonstrated competence in practice, assessment of competence does not need to be repeated for each new person receiving care. However, the delegating registered nurse does need to complete a risk assessment for each new person receiving care, and each non-registered practitioner taking on new responsibilities.

In situations where the person receiving care transfers, e.g. to another team, the accountability for the assessment of competence lies with the registered nurse who will have ongoing responsibility for the delegation of care to the non-registered practitioner. All information relating to the administration of medication via an enteral tube must be communicated to the new team. Where the registered nurse leaves their post the responsibility for assessment/reassessment of the non-registered practitioner transfers to their replacement, i.e. the registered nurse who will have ongoing responsibility for the person receiving care (and thus the delegation of care provided to that person).

A signed confirmation or verification of training and competence assessment by the registered nurse/registered practitioner must be obtained from the non-registered practitioner as assurance that the training and assessment of competence was successfully completed.

All staff should be supported in reporting any error, incident or near miss in the knowledge that it will be investigated, and appropriate action taken. This will ensure that any lessons learnt can be fed back into the risk management process to prevent any such error, incident or near miss occurring again and to make sure similar incidents do not re-occur, and that lessons learnt can be shared.

13. TRAINING – ESSENTIAL REQUIREMENTS

Delegated non-registered practitioner must be compliant with the approved training required by the trust, which is provided by Health Education England as an e-learning module via the link:

[Training for non-registered medicines workforce | Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/training-for-non-registered-medicines-workforce)

A further training session delivered by the trust's Medicine Optimisation Nurse is a requirement for all non-registered practitioners administering medication to attend. During this training the following will be covered:

- local relevant policies and procedures
- delegation processes/responsibilities
- incident reporting via Datix and Yellow card scheme
- MAR charts
- defining prompting, assisting and administering medication

All delegated healthcare support workers will be current with Basic Life Support training requirements.

It is a requirement that all healthcare support workers successfully complete a training session facilitated by Nutricia Homeward Nursing Service on the management of enteral tubes prior to undertaking the competency assessment. This training is accessed via a line manager / supervisor who will contact the Nutricia Homeward Nursing Service.

To accept the delegated task of enteral medication administration the non-registered practitioner must have completed the competency schedule which will have been managed by the responsible registered practitioner.

Furthermore, the task may only be delegated once competency is signed off by an experienced registered nurse who will then act as a mentor.

14. EDUCATION PATHWAY FOR NON-REGISTERED PRACTITIONERS

Element	Method/frequency
E-learning training for non-registered staff administering medicines	e-learning modules Training for non-registered medicines workforce Health Education England (hee.nhs.uk)
Face to Face training for non-registered staff administering medicines	Prior to competency assessment
Face to Face training facilitated by Nutricia Homeward Nursing	Prior to competency assessment One off training, unless practitioner requires further support
Proven competence with administration of medication via an enteral tube	Assessment within workplace as per the competency assessment tool
Infection control training and hand hygiene	As per local policy and statutory/mandatory training requirements
Basic life support	Annually
Practical assessments with mentor	Live supervision with mentor. Minimum of 2 assessments as per the 'Record of practical assessment' form.
Final assessment and sign off	By mentor, then ongoing support and supervision within practice

15. ONGOING SUPERVISION AND SUPPORT

It is vital that the register nurse makes sure the non-registered practitioner can access advice and guidance from them on a regular basis (e.g. monthly clinical supervision and regular huddles to discuss patient cases) as part of a mentoring relationship - and the ability to access ad-hoc advice when needed so they can provide safe and compassionate care.

Suggested arrangements for formal ongoing supervision and monitoring are set out below

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Medication administration via an enteral tube competency assessment	Registered Nurse	Competency assessment	Five times as part of initial training/ assessment, then at 12 month intervals through live supervision	Report to line manager and log on ESR
Competency verification	Line manager	Appraisal	Annual	Appraisal by line manager

Where there is a break in practice, e.g. an individual has not been using their skills for more than three months, for example during a career break or maternity leave, they require a period of live supervision, before the delegation of duties to the non-registered practitioner can recommence.

Should there be an incident, error or near miss, the registered nurse should consider what training and further supervision the non-registered practitioner may require or if the frequency of monitoring/reassessment should increase.

16. RELEVANT SUPPORTING DOCUMENTS

16.1. Professional codes and standards

- Nursing and Midwifery Council (2018) The Code: www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf
- NMC (2012) Regulation in practice topics: Delegation: www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/Delegation
- Royal College of Nursing (RCN) Accountability and delegation: Information on accountability and delegation for all members of the nursing team: www.rcn.org.uk/professional-development/accountability-and-delegation
- RCN (2011) The principles of accountability and delegation for nurses, students, health care assistants and assistant practitioners. www.rcn.org.uk
- RCN (2011) Accountability and delegation checklist. Available at www.rcn.org.uk/support/rcn_direct_online_advice/az2/health_care_assistants_hcas_and_assistant_practitioners_aps/accountability_and_delegation
- RCN (2011) Delegation Information Sheet. Available at www.rcn.org.uk/development/health_care_support_workers/professional_issues/accountability_and_delegation

16.2. Delegation

Care Quality Commission (CQC) Guidance on delegating medicines administration: www.cqc.org.uk/guidance-providers/adult-social-care/delegating-medicines-administration

16.3. Information regarding nurse associates

Nursing associates are registered with the NMC and can administer medicines without delegation, as a taught skill, but are not able to delegate this task to others - see Standard 10.5: www.nmc.org.uk/globalassets/sitedocuments/education-standards/nursing-associates-proficiency-standards.pdf

Nursing associates - information for employers: www.nmc.org.uk/standards/nursing-associates/information-for-employers

CQC (2019) Briefing for providers: Nursing associates, provides information on what tasks nursing associates may and may not undertake as part of wider teams in residential care homes (without a Registered Nurse deployed) and in nursing homes (homes with a deployed Registered Nurse or equivalent): www.cqc.org.uk/sites/default/files/20190123_briefing_for_providers_nursing_associates_0.pdf

16.4. Medicines management:

Humber Teaching NHS Foundation Trust:

- Medicines Optimisation Policy
[Medicines Optimisation Policy M-006.pdf \(humber.nhs.uk\)](http://www.humber.nhs.uk/medicines-optimisation-policy)
- Safe and Secure Handling of Medicines Procedures
[Safe and Secure Handling of Medicines Procedures Proc431.pdf \(humber.nhs.uk\)](http://www.humber.nhs.uk/safe-and-secure-handling-of-medicines-procedures)

16.5. Relating policies and procedures:

Deteriorating Patient Policy and Procedure
Consent Policy
Mental Capacity Act and Best Interest Decision Making Policy

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Risk assessment for medication administration via an enteral tube by health care assistants/ support workers/other non-registered staff

Before a decision is made to allow the administration of medication via an enteral tube by a delegated health or care worker a risk assessment must be completed by the registered nurse/registered practitioner who will take responsibility for delegation of the task.

The assessment must be completed for each person receiving care, health or care worker and each new task required.

If the answer is 'no' to any of these questions an alternative strategy for administration is required.

Name of person receiving care	
NHS number	

Person receiving care	YES/NO
1.1 An assessment and individualised care record / care plan has been completed by a registered practitioner.	
1.2 The person receiving care requires prescribed medication via an enteral tube	
1.3 The person receiving care is unable to self-administer (Please state reason why)	
1.4 The person is receiving care from the LD Complex Care Team	
1.6 The person receiving care consents to the delegation of the administration of medication via an enteral tube to the health and care worker, or where they lack capacity to give consent, the principles of the Mental Capacity Act (2005) should be followed (Consent to Treatment (2015) and Mental Capacity Act 2005)	
1.5 There are no safeguarding issues	
Health care worker	
Name: Name: Name: Name:	
2.1 Administration of prescribed medication via an enteral tube is within the health care assistants/ support workers/other non-registered staff job description/ competencies	
2.2 The health care assistants/ support workers/other non-registered staff employer will have access to the individualised support plan/care plan for the named person	

2.3 Health care assistants/ support workers/other non-registered staff accepts responsibility to perform the task of administration of medication via an enteral tube to the required standard following training and assessment	
2.4 The health and health care assistants/ support workers/other non-registered staff signs to confirm that training was received, understood and that they will comply with the relevant policy and procedures	
2.5 Health care assistants/ support workers/other non-registered staff signs to confirm that they understand the necessity of good record keeping	
Delegated TASK	
Medication (name): Medication (name): Medication (name): Medication (name):	
3.1 Administration of medication via an enteral tube by health care assistants/ support workers/other non-registered staff is to a named person receiving care only	
3.2 There is a suitable supply and adequate storage for the prescribed medication	
3.3 There are suitable disposal facilities for medication	

**All aspects of the risk assessment have been completed and control measures achieved
To be completed by registered nurse/registered practitioner:**

Name	
Designation	
Signature	
Date	
Review date/rationale	