

### **Delivering Health and Social Care Tasks: Policy for homebased care and support providers**

#### Introduction

The Care Act (2014) requires Health and Social care to work in partnership to ensure good quality support, that focuses on a person's wellbeing, is provided to service users and their families.

This policy applies to homebased care and support providers also known as domiciliary agencies and to community health teams.

In Nottinghamshire, homebased care providers are commissioned to undertake social care and healthcare tasks on behalf of Nottinghamshire County Council and Clinical Commissioning Groups. These organisations must have clear policies, protocols, insurance and learning and development in place to allow and support staff to undertake any appropriate task.

Extensive consultation has been undertaken with operational and strategic County Council teams, nursing staff working for Clinical Commissioning Groups, clinicians, District Nurses, hospital discharge teams, Nottinghamshire Integrated Care Systems staff, Nottinghamshire Healthcare Trust staff (who are working on the delegation of healthcare tasks to Personal Assistants project) and homebased care and support providers to produce this policy.

This policy does not circumvent any standards set by a Healthcare Professionals regulatory body, which they are required to meet (e.g. Nursing & Midwifery Council (NMC) or Health and Care Professions Council (HCPC)).

#### The Purpose of the Policy

The policy has been developed to:

- a. Articulate current and future service requirements
- b. Reflect the principles of the Care Act
- c. Give a clear rationale as to reasoning behind the changes
- d. Reflect current health and social care practices
- e. Follow current NICE and SCIE guidance around delivering health care tasks
- f. Clearly establish the tasks that social care can undertake with healthcare support
- g. Clearly set out the tasks that only healthcare professionals can deliver
- h. Ensure that social care workers delivering healthcare tasks are appropriately supported  
e.g. ongoing learning and development provided by healthcare professionals

#### General Principles of the Policy

The following principles apply when deciding who is best placed to undertake a particular task with an individual service user in their own home. We must:

- Promote the wellbeing of the individual as defined in the Care Act
- Support people to manage their own conditions wherever appropriate
- Provide continuity of care for individuals

- Prevent an individual's condition from deteriorating
- Support an individual's choice over who is best placed to deliver their care
- Consider the skills, knowledge and risks required to undertake such tasks
- Provide opportunities for social care staff to develop their knowledge and skills which will help their career development
- Ensure staff follow formal, consistent, person centred, safe working practices led by a relevant health professional
- Ensure the homebased care and support providers have the appropriate insurance in place to cover the tasks described in this document.

### Health and Social care Tasks

The list of tasks which have been agreed jointly with Nottinghamshire County Council, Health/CCGs, homebased care providers and partners have been divided into two sections.

- Section 1 describes the tasks routinely undertaken by Social care staff, those which can be undertaken by Social care on behalf of Healthcare Professionals and tasks which remain the responsibility of Healthcare Professionals. Additional information and notes for consideration by providers and Social care staff are included regarding some of the tasks listed.
- Section 2 describes the medication tasks for homebased care and support providers.

The role of healthcare professionals and social care staff in completing particular tasks as described in this document will be reviewed regularly; to reflect technological advances, legislative changes and the progress of health and social care integration.

This list of tasks is neither prescriptive, exhaustive nor needed in all cases, and will depend on which tasks are identified as most likely to meet agreed outcomes, as identified in the person's care and support plan. It should not preclude alternative solutions which may better suit a person (for example telecare). Where the person requires support in decision making or lacks the mental capacity to make specific decisions for themselves, the Principles of the Mental Capacity Act 2005 must be applied.

**If “medication only” tasks or single “health” care needs tasks need to be carried out for a service user then this will be looked at on an individual case by case basis and liaison will occur between Health & Social care.**

It should be noted that many of the activities are routinely performed by relatives and that adults should be encouraged to perform some of the health care tasks for themselves where appropriate.

A range of equipment is available to support individual service users receiving homebased care & support.

Service users may be able to access benefits such as the attendance allowance to pay for any their social care or health care needs. <https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/benefits-for-over-65s/>

## Funding of social care and healthcare tasks

The tasks that need to be undertaken to meet an individual service user's needs and circumstances will be reviewed jointly by commissioners from Health/CCGs and social care to ensure the appropriate funding is in place (Local Authority funded, Continuing Health Care funded or Joint funded) and where appropriate for delegated tasks, this includes the provision to cover costs for any necessary training and competence assessment

Intermediate level tasks can be undertaken by social care staff providing their organisation has trained them and appropriate insurance is in place. Continuing Health Care or Joint Funding should be agreed prior to social care staff undertaking these tasks. This is to secure the appropriate funding and ensure robust processes are implemented regarding the specific roles & responsibilities of all involved.

## **Section 1**

This is a description of the tasks routinely undertaken by social care staff, those which can be undertaken by social care on behalf of Healthcare Professionals and tasks which remain the responsibility of Healthcare Professionals. Additional information and notes for consideration by providers and social care staff are included regarding some of the tasks listed.

### **Definitions of low, intermediate and advanced levels of health & social care tasks**

**Low Level** – As outlined in the Care Act, if a service user has an eligible need these activities can be routinely undertaken by all social care staff.

**Intermediate Level** – As outlined in the Care Act, if a service user has an eligible need, providers can also support with intermediate level tasks.

- The decision to allocate a healthcare task to social care should be made by a registered practitioner who is occupationally competent in the task, delegation of tasks must be in the best interest of the person receiving care and support.
- Where tasks are delegated, the Healthcare Professional must provide written procedures for social care staff to follow, as well as how ongoing clinical reviews of the persons' needs is maintained and by whom.
- The Healthcare Professional delegating to social care staff must identify and inform the provider of the type of training required for the type of task being delegated.
- Intermediate tasks must only be completed by staff who have completed the appropriate training followed by assessment and confirmation of competence. The training will give social care staff the knowledge, confidence and competence to undertake the task.
- The provision of appropriate training and competency assessment will vary depending upon the task, training can be delivered by a Healthcare Professional or competent person (either within the provider organisation or sourced from external organisations)
- The training could be generic and applicable to any service user or specific and particular to an individual service user, this would need to be proportionate to the specific tasks and individuals needs and circumstances.
- Training and competence to perform these tasks must be re-assessed on a regular basis. It is advisable to refresh knowledge and reassess competence annually.
- Social care staff may not assess an individual or make clinical decisions based on their own assessment; therefore Healthcare Professionals need to make arrangements for ongoing oversight and contact arrangements for advice and reassessment and ensure these are communicated as part of the procedures produced for social care staff.
- Social care staff responsible for completing risk assessments for undertaking Intermediate tasks must have completed specific risk assessment training.

**Advanced Level** – tasks which can only be carried out by Healthcare Professionals.

|                                 | Social Care   | Health Care responsibility but can be carried out by Social Care | Health Care/ Not permitted                                   | Notes for providers & Social Care staff   |
|---------------------------------|---|--|--|---|
| <u>Area</u>                     | Low Level   | Intermediate Level   | Advanced Level   |   |
| <b>Assistance with mobility</b> | <b>Transfers</b><br>(e.g. Getting up/going to bed, transferring from a chair/wheelchair to a commode)<br>Utilisation of all appropriate moving and handling equipment an individual service user has been assessed as needing e.g. hoists, stand aids, turners, glide sheets, handling belts etc. |  |  |   |
| <b>Personal Care</b>            | <b>Washing, bathing &amp; hair care</b><br>Using appropriate equipment if needed  |  |  | Social care staff must respect the personal religious beliefs and customs of the people they are supporting with regards to cleansing as long as it is within Health and Safety guidelines. If staff should notice any changes in an individual service user's appearance that may require attention e.g. rashes, blisters, sores etc. report to appropriate Healthcare Professional/manager and support the individual service user to seek medical attention. |
|                                 | <b>Dressing</b><br>Using appropriate equipment if needed  |  |  |   |
|                                 | <b>Support with spectacles, hearing aids etc.</b><br>May assist people to clean and put on glasses.<br>May assist people to insert and adjust hearing aids.   |  | Insert contact lenses not permitted by health or social care |   |

|                      | Social Care   | Health Care responsibility but can be carried out by Social Care | Health Care/ Not permitted  | Notes for providers & Social Care staff  |
|----------------------|---|--|---|--|
| <u>Area</u>          | Low Level   | Intermediate Level   | Advanced Level  |  |
| <b>Personal Care</b> | <p><b>Apply sun creams, sun blocks, simple body moisturisers without prescription from a doctor or non-medical prescriber</b></p> <p>If the service user has used these before. These preparations can be used as part of a personal care routine.</p>  |  |   | Products containing paraffin should be documented on the MAR chart e.g. Emulsifying ointment, Zinc ointment BP, Zinc and Salicylic Acid Paste BP, Diprobace® ointment, Hydromol® ointment, White Soft Paraffin, Liquid paraffin 50% WSP 50% ointment, Dihranol ointment, Epaderm and Imuderm liquid due to the flammability risk when applying to large areas. |
|                      | <b>Shaving with an electric shaver</b>  |  |   |  |
|                      | <p><b>Wet Shaving</b></p> <p>Following consultation with Healthcare Professionals regarding known infections, diseases, skin conditions or other medical conditions that may make wet shaving inappropriate for the individual service user or when an they are prescribed anticoagulants (Blood thinning agents e.g. Warfarin/Aspirin)</p> |  |   | Where information about blood borne infection/diseases (e.g. Hepatitis/HIV/AIDS) is not sourced Risk Assessments should include risks associated with possible blood borne infections/diseases and any appropriate incidents reported to RIDDOR due to the absence of such information.  |
|                      | <p><b>Routine nail care</b></p> <p>Care of finger nails may be undertaken where a risk assessment indicates there are no contra-indications. Nails should be filed with an emery board.</p>   |  | Podiatry services provided on the basis of assessed need and in accordance with eligibility criteria. |  |

|                      | Social Care   | Health Care responsibility but can be carried out by Social Care | Health Care/ Not permitted                              | Notes for providers & Social Care staff |
|----------------------|---|--|---|---|
| Area                 | Low Level   | Intermediate Level   | Advanced Level  |   |
| <b>Personal Care</b> | <b>Dental Care &amp; Oral hygiene</b><br>May assist individual service users to clean and insert false teeth.<br>May assist individual service users to cleanse their natural teeth and perform mouth care tasks. |  |   |   |
|                      | <b>Support with menstruation care</b><br>Support to apply, change, dispose of pads  |  | Health or social care are not allowed to insert tampons |   |
| <b>Household</b>     | <b>General tidying</b><br>Including emptying bins, bed making, general tidying after carrying out tasks within the home   |  |   |   |
|                      | <b>Cleaning</b><br>Including cleaning things such as, floor areas (sweeping ,mopping and vacuuming), baths, toilets, commodes (emptying and cleaning of), microwaves, ovens, work surfaces, crockery and cutlery  |  |   |   |
|                      | <b>Ironing &amp; Laundry</b>  |  |   |   |
|                      | <b>Shopping &amp; Collecting</b><br>Including shopping (May include shopping on-line) collecting, prescriptions, paying bills etc.  |  |   |   |
|                      | <b>Fire Lighting</b><br>As part of a Care Plan  |  |   |   |
|                      | <b>Pet care</b><br>Feeding/providing water/essential care   |  |   |   |

|                                       | Social Care  | Health Care responsibility but can be carried out by Social Care             | Health Care/ Not permitted  | Notes for providers & Social Care staff   |
|---------------------------------------|--|--|---|---|
| <u>Area</u>                           | Low Level  | Intermediate Level   | Advanced Level  |   |
| <u>Care</u>                           | <b>Care at night</b><br>(i.e. between 10 pm and 7 am)  |  | If active health interventions are required e.g. specialist palliative nursing services i.e. through fast track or continuing health care. DN team also provide care through the night for catheter issues, and End of Life Care drug administration. |   |
|                                       | <b>Respite for Carers</b><br>On a regular and planned basis as part of the Service User's package of care  |  |   |   |
| <u>General Health &amp; Wellbeing</u> | <b>Support with the organisation of essential day to day living activities</b><br>including household management and maintaining health and well-being e.g. assisting to make appointments, where the Service User has no other suitable person to offer support. Some of the time may be non-direct contact |  |   |   |
|                                       | <b>Support with putting on appliances</b><br>After having read the instructions (e.g. leg callipers, special boots, artificial limbs, trusses)   | Social care staff could be trained in the application of specialist devices. | <u>Social care staff will not:</u><br>Adjust appliances or change the application without direction from healthcare professional.   | Social care staff should always ensure that the individual service user is comfortable with the appliance after putting on. Report and record any difficulties experienced by the individual service user or staff member with putting on the appliance |



|  | Social Care   | Health Care responsibility but can be carried out by Social Care   | Health Care/ Not permitted   | Notes for providers & Social Care staff |
|--|---|--|--|---|
| <u>Area</u>  | Low Level   | Intermediate Level   | Advanced Level   |   |
| <u>General Health &amp; Wellbeing</u>              | Promote good health   | <b>Observation and monitoring of physical or mental health condition</b> where the Service User is under the supervision of a Healthcare Professional and specific guidance has been given as to the observations/monitoring required e.g. monitoring fluid charts | <p><u>Social care staff will not:</u><br/>Make any judgements on the care required</p> <p>Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs. They will provide Social care staff with information of contact arrangements for advice and reassessment.</p> |   |
| <u>Eating, Drinking, Nutrition &amp; Hydration</u> | <b>Basic food &amp; drink preparation</b><br>Including associated kitchen cleaning and hygiene as appropriate | <b>Prepare modified liquids and food</b><br>Following a GP/SALT assessment<br><b>Use of drink thickeners</b><br>is covered in the "medication tasks" section of this policy  | <p><u>Social care staff will not:</u><br/>Make any judgements on the care required</p> <p>Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs. They will provide Social care staff with information of contact arrangements for advice and reassessment.</p> |   |
|  | <b>Assisting to eat and drink</b><br>Where there is no identified risk of choking                             |  |  |   |

|  | Social Care  | Health Care responsibility but can be carried out by Social Care   | Health Care/ Not permitted  | Notes for providers & Social Care staff  |
|--|--|--|---|--|
| <u>Area</u>  | Low Level  | Intermediate Level   | Advanced Level  |  |
| <u>Eating, Drinking, Nutrition &amp; Hydration</u> |  | Assisting with feeds & fluids via a PEG (percutaneous endoscopic gastrostomy) is covered in the “medication tasks” section of this policy  | <b>Naso-gastric tube feeding</b><br><u>Social care staff will not:</u><br>Make any judgements on the care required<br>Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs.<br>They will provide Social care staff with information of contact arrangements for advice and reassessment. |  |
| <u>Wound Care</u>                                  |  |  | <b>Wound care</b><br>including both simple and complex dressings<br>(excluding application of Holding Dressings to pressure areas upon the advice of a healthcare professional see “Tissues Viability & Pressure Area Care”)  |  |
| <u>Tissue Viability &amp; Pressure area care</u>   | <b>Supporting the maintenance and improvement of pressure areas</b><br>Through basic tissue viability advice/care and planned interventions such as positioning the person supported by the Tissue Viability Team<br>Report and access appropriate health services as required upon identifying possible pressure ulcers | <b>Applying a “holding dressing”</b><br>without otherwise cleaning or treating the site<br>Only with direction from a relevant Healthcare Professional as an interim measure until relevant Healthcare Professional can carry out required care.<br>Not be completed on a regular basis, only when leaving a wound uncovered would increase risks. Agree | <u>Social care staff will not:</u><br>Make any judgements on the care required<br><br>Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs.<br>They will provide Social care staff with information of contact arrangements for advice and reassessment.                                 | Social care staff should document who requested “holding dressings” are applied, when this advice was given and when the dressing was applied. |

|  | Social Care  | Health Care responsibility but can be carried out by Social Care   | Health Care/ Not permitted   | Notes for providers & Social Care staff |
|--|--|--|--|---|
| Area   | Low Level  | Intermediate Level   | Advanced Level   |   |
| <b>Tissue Viability &amp; Pressure area care</b> |  | <b>Clean &amp; apply prescribed creams to pressure areas where the skin is not broken</b> (e.g. Grade 1 pressure sore) | <p><u>Social care staff will not:</u><br/>           Make any judgements on the care required<br/>           Apply creams purchased by the service user to pressure areas</p> <p>Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs.<br/>           They will provide Social care staff with information of contact arrangements for advice and reassessment.</p> |   |
| <b>Continence</b>                                | <b>Signpost</b> any issues to relevant services/agencies regarding continence  |  | Manual evacuation of the bowel   |   |
|  | <b>Support to gain allocated or prescribed provision of incontinence materials</b> (e.g. requesting deliveries/ringing regarding prescription) |  |  |   |
|  | Applying incontinence pads   |  |  |   |
|  | Disposal of used incontinence materials  |  |  |   |

|                              | Social Care   | Health Care responsibility but can be carried out by Social Care  | Health Care/ Not permitted   | Notes for providers & Social Care staff  |
|------------------------------|---|---|--|--|
| <u>Area</u>                  | Low Level   | Intermediate Level  | Advanced Level   |  |
| <u>Catheter Care</u>         | <b>Catheter Bags</b><br>Empty day, night & leg bags<br>Attach night bags to day bags<br>Detach night bags from day bags<br>For both urethral and supra-pubic catheters. | <b>Catheter Bags</b><br>Change day and night bags<br>Keep the area clean where the catheter enters the body.  | <b>Changing, inserting or removing catheters</b><br><br>Social care staff will not:<br>Provide personal care where there is evidence of infection or soreness to the entry site.<br>Make judgements on a person's health.<br>Apply leg bags where there is broken skin | Social care staff should report any change in appearance of condition/bodily fluids, no matter how small to appropriate Healthcare Professional/manager and support the individual service user to seek medical attention. Risk assessments should be carried out regarding the application of leg bags. |
|                              |   | <b>Intermittent self-catheterisation</b><br>The individual service user does this themselves, Social care staff can be trained/briefed to help the individual | Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs. They will provide Social care staff with information of contact arrangements for advice and reassessment.                               | Risk assessments & care plans should outline what the individual service user does themselves and what help Social care staff can provide  |
| <u>Male sheath (Conveen)</u> | <b>Catheter Bags</b><br>Empty day, night & leg bags<br>Attach night bags to day bags<br>Detach night bags from day bags   | <b>Change the sheath</b>  | Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs. They will provide Social care staff with information of contact arrangements for advice and reassessment.                               |  |

|  | Social Care  | Health Care responsibility but can be carried out by Social Care   | Health Care/ Not permitted   | Notes for providers & Social Care staff  |
|--|--|--|--|--|
| <u>Area</u>  | Low Level  | Intermediate Level   | Advanced Level   |  |
| <b>Stoma Care</b><br>colostomy/ ileostomy/urostomy | Empty the bags if the flange connection to the user does not have to be disturbed but NOT where "closed" systems are in use. | <p>Empty the bags if "closed" systems are in use</p> <p>Support with the removal of the bag, cleaning the area and applying the new bag.</p>   | <p><u>Social care staff will not:</u><br/>Provide assistance where there is evidence of infection or soreness to the site.</p> <p>Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs. They will provide Social care staff with information of contact arrangements for advice and reassessment.</p> | Social care staff should report any change in appearance of condition/bodily fluids, no matter how small to appropriate Healthcare Professional/manager and support the individual service user to seek medical attention.   |
| <b>Post-Operative Care</b>                         |  | <p><b>Post-Operative Care</b><br/>Discharge reports and post-operative care guidance should be received by Social care staff. Specific support plans to be implemented for post-operative care needs as per Healthcare Professionals guidance. Information should be included about who to contact if there are any changes in a person's presentation/health &amp; wellbeing following post-operative discharge</p> | <p>Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs. They will provide Social care staff with information of contact arrangements for advice and reassessment.</p>  | Where Social care staff are involved in post-operative care and specific Healthcare Professional input has not been allocated to review following discharge from hospital, Social care staff should support the individual service user to seek a review from the GP to assess the post-operative care being delivered and the individual service users health and wellbeing |

|              | Social Care | Health Care responsibility but can be carried out by Social Care                                    | Health Care/ Not permitted   | Notes for providers & Social Care staff |
|--------------|-------------|---|--|---|
| <u>Area</u>  | Low Level   | Intermediate Level  | Advanced Level   |   |
| <u>Other</u> |             | The taking of a <b>capillary blood test</b> - finger prick test (e.g. to test blood glucose levels) | Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs. They will provide Social care staff with information of contact arrangements for advice and reassessment. |   |
|              |             |   | <b>Bladder compression</b>   |   |
|              |             |   | <b>Taking pulse or blood pressure readings</b>   |   |
|              |             |   | <b>Assisting with the dialysis process</b>   |   |
|              |             |   | <b>Fitting of prescribed supports for the control of hernias</b>   |   |
|              |             |   | <b>Assisting with the cleaning and replacement of tracheostomy tubes</b>   |   |
|              |             |   | <b>Oral suction</b>  |   |

## **Section 2**

## **Medication Tasks for Homebased Care and Support Providers**

This is guidance for **homebased care and support providers only**.

All homebased care and support providers must have a comprehensive medication policy (or may adopt /adapt the “Nottinghamshire County Council Assistance with Medication Policy”) in order to support with medication tasks. If providers are using their own policy this must follow the principles and guidance included in the NCC policy.

### **Definition and requirements of levels of medication tasks**

#### **Level 1**

Following induction, social care staff may carry out Level 1 support tasks.

#### **Level 2**

Following enhanced training and competency sign off, social care staff may also carry out level 2 support tasks.

Competency assessment and appropriate training should be delivered by a Healthcare Professional or competent person (either in their own organisation or an external organisation). Refresher medication training and competency will take place at least annually.

#### **Level 3** (support tasks associated with a higher level of risk)

The following tasks are associated with a higher level of risk and must only be undertaken by social care staff who have also been signed off as competent to support with level 2 tasks.

Those marked with an **asterisk \*** also require specific training and competency sign off before social care staff can carry out the specific task.

Competency assessment and appropriate training for specific medication tasks should be delivered by a Healthcare Professional or competent person (either in their own organisation or an external organisation). Refresher medication training and competency will take place at least annually.

All level 3 tasks should have the following:

- A specific risk assessment must be carried out by a competent person (someone who has received Risk Assessment training) for all level 3 tasks, this should be in conjunction with staff from applicable healthcare professions e.g. community nursing service, GP practice etc.
- A specific support plan for that area of need/task should be completed for those tasks marked with an **asterisk \*** Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs and will provide Social care staff with information of contact arrangements for advice and reassessment.
- Input required should be negotiated on a case by case basis
- Responsibility will be retained by healthcare professionals with clear documentation, detailing roles and responsibilities.

#### **Health Care only/Not permitted to be carried out by social care staff**

Tasks which can only be carried out by health staff

|  | <u>Level 1</u>  | Health Care only/Not permitted by Social Care Staff  |
|--|---|--|
| <b>Preparation of medication/ Non Administration</b> | <b>Collect prescriptions from surgery or medicines from the pharmacy</b> when there is no alternative means of collection and delivery. Ensuring the name on the medicines matches the name on the MAR chart and that of the service user when delivered to their home. | <u>Social care staff will not:</u><br>Accept any change to medication unless it is clearly identified on the Medication Label. |
|  | <b>Make sure medicines are stored safely</b> and securely in the individual service users own home  |  |
|  | <b>Note and record any change in the individual service user's ability to manage their medication.</b><br>Notifying their line manager if there are any concerns.   |  |

|   | <u>Level 2</u>  | Health Care only/Not permitted by Social Care Staff    |
|---|---|--|
| <b>Medication &amp; prescription only</b> | <b>Support to take oral medication</b>  |  |
|   | <b>Take tablets/ capsules out of pharmacy labelled containers, remove tablets/capsules from foil strips contained within an original pharmacy labelled pack.</b><br>(NB assistance with medication may not be given for medicines that are not in their original pharmacy labelled containers). | Transferring medication from their original containers |
|   | <b>Shake bottles of liquid medicines and remove the bottle cap</b> so that the individual service user can take the required dose.  |  |
|   | <b>Pour liquid into measuring cups, spoons</b>  |  |
|   | <b>Draw up liquid into an oral syringe</b>  |  |
|   | <b>Mix or dissolve soluble medicines</b>  |  |
|   | <b>Insert an eye drop bottle into a compliance aid</b><br>So that the individual service user can self-administer their eye drops. Assistance may only be provided for eye drops that have been prescribed by a doctor or non-medical prescriber.   |  |



|   | <b><u>Level 2</u></b>   | <b>Health Care only/Not permitted by Social Care Staff</b>   |
|---|---|--|
| <b>Medication &amp; prescription only</b> | <b>Administer eye drops/ointment</b> that have been prescribed by the individual service user's GP or non-medical prescriber. The prescriber's instructions should always be followed. Prior to administration of eye drops the use of an aid to assist with instillation of eye drops should be tried (opticare available via prescription) and deemed to be unsuitable.   | Provide assistance with any drops that are over the counter.   |
|   | <b>Administer ear drops</b> that have been prescribed by the individual service user's GP or non-medical prescriber. The prescriber's instructions should always be followed.   | Provide assistance with any drops that are over the counter  |
|   | <b>Administer nasal drops, nasal creams or nasal sprays</b> that have been prescribed by the individual service user's GP or non-medical prescriber. The prescriber's instructions should always be followed.   | Provide assistance with any drops that are over the counter  |
|   | <b>Assist with the use of inhaler devices</b><br>By passing the device to the individual service user, inserting a capsule into the device or, where necessary, press down the aerosol canister when the inhaler is used in conjunction with a spacer device. Prior to assisting with inhaler devices, the use of a compliance aid should be tried.   | Make decisions on when required inhalers   |
|   | <b>Application and removal of transdermal patches</b><br>With appropriate documentation to include body maps regarding application sites & where applicable, monitoring charts for rotation of application.   |  |
|   | <b>Apply creams and ointments</b><br>To clean skin and only to the area it has been prescribed for by a doctor or non-medical prescriber. Only apply to skin that is <b>not</b> broken or inflamed (unless documented as the reason it is being applied). Any concerns on the skins condition should be reported to line manager.   |  |
|   | <b>Use of drink thickeners</b><br>That have been prescribed by the individual service user's GP or non-medical prescriber. The prescriber's instructions should always be followed. There needs to be a regular review from the prescriber.   | Supplement drinks on advice from anyone other than a relevant medical professional which must be recorded. |
|   | <b>Compression stockings</b><br>Provided they have been prescribed by a doctor or non-medical prescriber and a shared care agreement is in place with the community nursing team.<br><br>The agreement details the reasons for use, responsibilities of healthcare staff and social care staff, including how often stockings need to be changed. The Nottinghamshire Community Health nursing team and prescribing advisor have developed a 'working in partnership agreement' for assistance with application of compression hosiery (Information can be found within the START Medication Policy – Appendix 3 regarding agreements for application of compression hosiery) | Apply stockings where there are areas of broken skin   |

|                                | Level 3   | Health Care only/Not permitted by Social Care Staff   |
|--------------------------------|---|---|
| Medication & prescription only | <b>Administration of Controlled drugs</b> Administered in the same way as all other forms of medication, however, their documenting and storage may be different for some individual service users.<br>(Examples include morphine tablets and solution; buprenorphine sublingual tablets; oxycodone tablets, capsules and solution.)  |   |
|                                | <b>Cytotoxic oral medicines</b><br>Administered in the same way as all other forms of medication, however, their documenting and storage may be different for some individual service users. These preparations are usually supplied from a hospital pharmacy.<br>(Examples include methotrexate tablets, hydroxycarbamide capsules, fluorouracil cream, mercaptopurine tablets and fludarabine phosphate tablets)  |   |
|                                | <b>Administration of Warfarin</b><br>Under no circumstances should social care employees remind/ assist/administer with warfarin that is not in the original container. The dose should always be checked against written instructions provided by the anticoagulant clinic or GP practice.   |   |
|                                | <b>PRN Medication</b><br>Some medication will only be required to be taken when needed e.g. painkillers<br>A clear protocol must be in place which includes the following: <ul style="list-style-type: none"> <li>• Why it is needed (e.g. for pain)</li> <li>• When should it be taken/dose interval (e.g. four hourly, when required)</li> <li>• Time needed between doses</li> <li>• Maximum dose/quantity to be given in any 24 hour period</li> <li>• Clear information about what would indicate that the medication should be administered ('for pain' or 'for agitation' is not adequate)</li> </ul> Where an individual service user lacks the capacity to identify when PRN medication is required the protocol must include the behavioural indicators that the individual service may display when they need the medication. Advice and guidance should be sought the doctor or non-medical prescriber to inform the assessment.<br>The following should be recorded on the MAR chart: <ul style="list-style-type: none"> <li>• Actual dose given (where this is variable)</li> </ul> The effect of the medication (if known); usually recorded on the back of the MAR chart. | Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs.<br>They will provide Social care staff with information of contact arrangements for advice and reassessment. |

| Medication & prescription only | Level 3  | Health Care only/Not permitted by Social Care staff   |
|--------------------------------|--|---|
|                                | <b>Administration of Buccal midazolam *</b> (Examples include Buccolam and Epistatus)  | Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs.<br>They will provide Social care staff with information of contact arrangements for advice and reassessment.   |
|                                | <b>Support with TED (Thrombo-Embolic-Deterrent)/compression stockings *</b><br><br>Provided they have been prescribed by a doctor or non-medical prescriber and a shared care agreement is in place with the community nursing team.   | Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs.<br>They will provide Social care staff with information of contact arrangements for advice and reassessment.<br><br><u>Social care staff will not:</u><br><br>Remove or apply TED stockings.   |
|                                | <b>Assisting with the use of oxygen at home *</b> via a pre-set facility <b>ONLY</b><br>Report and access appropriate health services as required upon if concerned regarding oxygen intake. <ul style="list-style-type: none"> <li>Assist the individual service user to fit the mask/tube.</li> <li>Switch the machine on or off as required.</li> <li>Notify appropriate Healthcare Professional/manager when pressure gauge indicates the contents of the cylinder are running low.</li> </ul>                               | <u>Social care staff will not:</u> <ul style="list-style-type: none"> <li>Make any decision as to when the oxygen is or is not required.</li> <li>Set any controls to regulate the flow of oxygen.</li> <li>Change oxygen cylinders.</li> </ul> Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs.<br>They will provide Social care staff with information of contact arrangements for advice and reassessment.                       |
|                                | <b>Support with use of nebulisers &amp; medication via a nebuliser*</b><br>Provided they are routine and have been prescribed by a doctor or non-medical prescriber. Medications should preferably be pre measured   | The administration of medicines through a nebuliser for acute/emergency conditions  |
|                                | <b>Support with use of a PEG (percutaneous endoscopic gastrostomy) *</b><br>Only using feeds, fluids and medications prescribed by a doctor or non-medical prescriber.<br>Ensure tubes are clean and running free - Inserting water through the tube before and after the feed.<br><br>Clean PEG site area when required and attaching the pump<br><br>Attaching feeds, inserting fluids into the tube using the correct utensils provided.<br><br>Insert medication into the tube as per MAR chart using the utensils provided. | <u>Social care staff will not:</u> <ul style="list-style-type: none"> <li>Make decisions about the quantity, content and speed of the feed provided.</li> <li>Rectify any faults identified with the feed apparatus.</li> <li>Flushing to unblock the tube</li> </ul> Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs.<br>They will provide Social care staff with information of contact arrangements for advice and reassessment. |

|                                |  | Level 3   | Health Care only/Not permitted by Social Care Staff  |
|--------------------------------|--|---|--|
| Medication & prescription only |  | <b>Administering laxative suppositories*</b><br>Must be linked to a review by a Healthcare Professional   | Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs.<br>They will provide Social care staff with information of contact arrangements for advice and reassessment.  |
|                                |  | <b>Administration of Adrenaline auto-injectors *</b><br>Brands include EpiPen, Jext and Emerade. These devices are prescribed to people with allergies who are at risk of having a severe allergic reaction (anaphylaxis). The devices and dose administered can differ between brands, therefore the risk assessment & support/care plan should be reviewed following each prescription/pharmacy dispense. | <u>Social care staff will not:</u><br>Make any judgements on the dose required by the individual service user<br><br>Health retains responsibility for management, monitoring, oversight and ongoing clinical review/support of the person's needs.<br>They will provide Social care staff with information of contact arrangements for advice and reassessment. |

|                                |  | Health Care only/Not permitted to be carried out by Social Care staff  |
|--------------------------------|--|--|
| Medication & prescription only |  | Social care staff will not carry out any invasive procedure including:   |
|                                |  | Rectal administration of creams or enemas<br>Vaginal administration of creams or pessaries   |
|                                |  | Injection or procedures which break the skin (with the exception of an adrenaline auto injector e.g. EpiPen) including administration of insulin |
|                                |  | Syringe drivers  |
|                                |  | Assisting or supporting the individual service user with medication that has not been prescribed by the individual service user's GP             |
|                                |  | Any procedure that requires the Social care staff to make medical judgements.  |

**This policy replaces the “Responsibilities for Care in the Home” 2010 document.**

## **GLOSSARY**

**Carer** - A family member or friend of the service user who provides day-to-day support to the service user without which the service user could not manage

**Care and Support Plan** - A document that explains the type of support an individual needs, how this support will be given & the responsibilities of people involved in care delivery

**CCG** - Clinical Commissioning Groups

**Competency Assessment** – The system to measure and document that social care staff are applying the knowledge, skills and behaviours required to perform specific tasks.

**Health/CCG** – NHS (National Health Service)

**Homebased Care & Support Providers** - Also known as domiciliary agencies are private, independent organisations which provide staff who support individual service users in their own home.

**Healthcare Professional** – A person qualified in a healthcare related profession, who is regulated by statute and so is specifically accountable to their regulatory body as well as to their employer. Healthcare Professionals may include; Nurses, GPs, Physiotherapists, Occupational Therapists, dieticians, Speech & Language Therapists and psychiatrists (this list is not exhaustive).

**Joint Funding** - a package of care which is jointly funded between the local authority and health.

**Local Authority** – Nottinghamshire County Council

**NHS Continuing Health Care Funding** – Is funding through the NHS for people who are assessed as having significant ongoing healthcare needs.

**PRN** – pro re nata – medication as needed

**RIDDOR** – Reporting of injuries, diseases and dangerous occurrences regulations

**Risk Assessment** – A document that records what might cause harm to people when carrying out a certain activity and the steps that will be taken to prevent or reduce that harm

**SALT** – Speech and Language Therapy

**Social care staff** - Staff employed by Homebased Care & Support providers to support individuals in their own home.