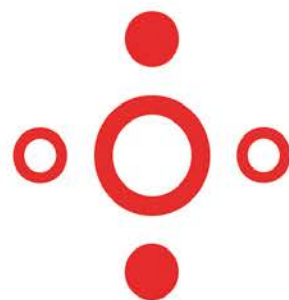


Grŵp Strategaeth Meddyginiaethau Cymru Gyfan
All Wales Medicines Strategy Group



All Wales Guidance for Health Boards/Trusts and Social Care Providers in Respect of Medicines and Care Support Workers

June 2020

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1.0 INTRODUCTION

The guidance is specifically intended for use by health boards/trusts, care homes with nursing, and registered nurses and midwives within those organisations, who delegate duties to health or social care support workers employed by health boards/trusts and care homes with nursing (both adults and children), run by private or voluntary sector providers or by local authorities in Wales. Table 1 defines the terms used within the guidance.

Table 1. Guidance terminology

| Term | Application within this guidance |
|---------------------|--|
| Organisation | Covers health boards/trusts and care homes (nursing) |
| Care support worker | Health care support worker or social care support worker or Assistant Practitioner |
| Manager | Care home managers or health board/trust responsible individuals |
| Medicines support | Covers all levels of medicines support listed in Appendix 1 |
| Inspectorate | Health Inspectorate Wales or Care Inspectorate Wales |
| Registered Nurse | Includes both registered nurses and midwives |
| Individual | Patient or resident |

The law does not prevent care support workers from administering medicines in any setting providing they are acting in accordance with the directions of an appropriately regulated prescriber^{1,2}.

The guidance is applicable to health board staff working in both hospital and community settings and also staff working in care homes providing nursing care.

It is not applicable to the delegation of tasks within social care (e.g. care homes without nursing support or domiciliary care) when a registered nurse is not involved in the care.

Any care support worker responsible for supporting an individual with their medicines must be suitably trained and competent; competency must be assessed annually. Care support workers who have been delegated the task of medicines support must follow the organisation's policies and procedures.

Where a registered nurse is responsible for delegation of medicines administration (see Appendix 1 - Level 2 or C support), the care support worker must either have completed a relevant Level 3 qualification or above on the Credit and Qualifications Framework for Wales (CQFW)³ or be able to demonstrate training that is equivalent to, and can map across to, Level 3 on the CQFW³. In addition, an appropriate recognised accredited unit of learning in relation to supporting individuals with medication must be achieved.

2.0 BACKGROUND

Prudent healthcare⁴ is at the heart of *A Healthier Wales*⁵: Welsh Government's long-term plan for health and care. Workforce modernisation is one of the strategies used for addressing the challenges of delivering prudent healthcare, requiring changes to workforce configuration, individual jobs and roles, and even to the ways in which staff carry out their roles.

Support with medicines has traditionally been carried out by a registered nurse; however, to help deliver the prudent healthcare concept, new roles have developed to ensure all individuals are working at the top of their competency levels through new

team approaches to the delivery of care. Support with medicines is therefore often delegated by a registered nurse to a care support worker, where the support worker will not be under the direct supervision of the registered nurse. Delegation of support with medicines should only occur when it is in the best interest of the individual to facilitate improved quality of care, taking into account the individual's best interests.

Delegation is one of the essential building blocks to support the optimisation of skill mix and is a key tool to improve service delivery and outcomes for individuals, enabling registered nurses to attend to care elements that require a professional qualification.

The *All Wales Guidelines for Delegation* developed the following definition:

- Delegation is the process by which you (the delegator) allocate clinical or non-clinical treatment or care tasks to a competent person (the delegatee). You will remain responsible for the overall management of the service user, and accountable for the decision to delegate. You will not be accountable for the decisions and actions of the delegatee⁶.

3.0 SCOPE

This guidance is intended to provide managers, responsible individuals, registered nurses and care support workers with information on how and when a registered nurse may delegate the task of medicines support to a care support worker, and the necessary education and training standards, and policies and procedures that are required to facilitate this.

In applying this guidance, providers must also take into account and respect any additional guidance or expectations set by the respective inspectorate.

The guidance will also be applicable to registered nurses who delegate medicines administration to agency and bank care support workers.

4.0 AIMS AND OBJECTIVES

The purpose of this guidance is to enable registered nurses and organisations to ensure that:

- policies and procedures are in place to support registered nurses delegating medicines support to a care support worker.
- roles and responsibilities are clarified in relation to the delegation of medicines support.
- an individual who requires support with medicines receives this from suitably trained and competent staff.
- policies and procedures are in place to safely manage medicines and to support the responsibilities and required level of training for care support workers.

5.0 ACCOUNTABILITY

Accountability is the principle that individuals and organisations are responsible and answerable for their actions⁶.

The registered nurse is accountable for ensuring that medicines support is appropriately delegated to competent care support workers who have completed appropriate training. When a registered nurse delegates medicines support to a care support worker they must:

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- only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand the instructions.
- make sure that everyone they delegate tasks to are adequately supervised and supported so they can provide safe and compassionate care.
- confirm that the outcome of any task delegated to someone else meets the required standard⁷.

The registered nurse, manager or any other members of the team that observe inappropriate delegation must intervene if the delegation is not safe for the individual receiving the medicines. Where inappropriate delegation is observed, processes should be in place to ensure this is managed from a staff perspective and consideration given as to whether additional education and training is required. Ultimately, the accountability for the overall nursing care of the individual rests with the delegating registered nurse^{8,9}.

The care support worker is accountable for all actions and omissions, including accepting the delegated task of medicines support, the performance of the task or tasks, and for administering the medicine in line with the directions of the prescriber. Any care support worker accepting the delegated task of medicines support must take responsibility for ensuring that their actions are carried out carefully, safely, correctly and according to their organisation's policies and procedures. Care support workers need to be aware of their responsibilities if an individual declines to take their medicines; these responsibilities should be included in their training, and in the organisation's policies and procedures. The care support worker has a duty to inform the registered nurse and/or the manager if at any point they do not feel competent or have the capacity to support the individual with their medicines. This may be at the time of delegation or at a later date should circumstances change.

The care support worker should not provide, or offer to provide, any support with medicines unless this task has been delegated to them and the individual they will be supporting has undergone a risk assessment of need, which is documented in their care and support plan where applicable. If the care support worker identifies any deterioration in an individual's condition or their ability to manage their own medicines, this must be reported to the registered nurse for re-assessment immediately. Care support workers are not expected to make any clinical judgements about medicines when they are supporting people to take their medicines

Both the registered nurse and the care support worker should accurately interpret and consistently apply the standards and requirements of their respective codes of conduct and practice^{7,10,11}.

The organisation must have robust policies and procedures in place to aid the delegation of medicines support. The organisation will accept responsibility for all tasks undertaken by the care support worker, providing they are competently trained and are compliant with the agreed local written policies and procedures. The delegating organisation has vicarious liability for its employees.

The registered nurse who is delegating the activity (and not the organisation) must have the final say on whether the task can be delegated to the individual. The registered nurse must be satisfied with the organisation's policies and procedures, and the care support worker's competence and training before delegation occurs and can refuse to delegate the task if they are unhappy with any aspect of this.

Delegation, accountability, liability and criminal responsibility need to be clearly understood by registered nurses and care support workers¹.

6.0 ACTIONS FOR ORGANISATION

The organisation must ensure that they have their own policies and procedures in place that comply with current legislation for:

- delegation of medicines support by the registered nurse to a care support worker.
- ordering, receipt, recording, storage, handling, administration and disposal of medicines. These should include the role of the care support worker to reflect local/regional practice. It is good practice for medicines-related policies to be in line with the following: *All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal*¹²; *Royal Pharmaceutical Society Professional guidance on the safe and secure handling of medicines*¹³; *Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings*¹⁴ and the *All Wales Vaccine Preventable Disease Programme (VPDP) Advisory Document on Ordering, Storage and Handling of Vaccines*¹⁵.
- gaining the consent of the individual receiving the medicines. The registered nurse who delegates the task must obtain informed consent from the individual receiving the medicine(s), prior to the proposal to delegate the activity. This must be recorded in the individual's care and support plan. If an individual cannot give consent because of health reasons, e.g. dementia, the current recommendations for treating adults without capacity must be followed. Current guidance for children and young people who lack the capacity to consent should be followed.
- any medicines-related incidents that occur in the prescribing, dispensing, administration or omission of medicines. These must be recorded, investigated and reported in line with the organisation's incident policy and procedure, and inspectorate guidance.
- documentation of all aspects of medicines management support provided or declined. Only documentation approved for use by the organisation may be used.
- cases where it is appropriate for individuals to manage their own medicines. Individuals with capacity should be encouraged, where appropriate, to manage their own medicines with appropriate support from staff. Individuals in hospitals or care homes have the same rights as individuals living in their own homes to choose to manage their own medicines, including the right to refuse medicines.

Final sign-off of the policies and procedures should be made by the nurse director, chief pharmacist and medical director for health boards/trusts or responsible individual and senior/clinical lead nurse for the care home.

The organisation must ensure that:

- there is a culture that supports open and transparent reporting of concerns and incidents / near misses.
- a contemporaneous care support worker register is present, which lists the care support workers who are able to undertake the tasks of assisting, prompting and administration of medicines not under the direct supervision of the registered nurse. This register should identify, for each care support worker, specific areas of practice, training undertaken, evidence of competence and the date of the last review, and should be annotated with their scope of practice (i.e. tasks the support worker is competent to undertake).
- to enable the register to be updated, the care support worker must submit an annual declaration identifying specific areas of practice, evidence of updated competencies, date of last review and profiles of agreed medication.
- the register should be present in each registered care home (nursing) premises
- for health board/trusts a contemporaneous centrally held healthcare support worker register is present. Where practical, the electronic staff record (ESR) may be used.

7.0 TRAINING

Each care organisation should ensure that care support workers have access to the appropriate accredited education to support individuals with their medicines whilst not under the direct supervision of a registered nurse. The responsibilities involved in the role of medicines support, and the education needed to carry out the role, should be stipulated by the organisation in the relevant job description.

Continuing professional development underpins delegation and competence. Individuals and employing organisations need to consider both immediate needs (related to current responsibilities and competence) and longer-term needs (related to future responsibilities and capability) when considering the development needs of staff⁶.

Where medicines administration forms part of the medicines support provided to individuals, care support workers must only administer medicines that they have been trained to give (see Appendix 2 for guidance on routes of administration).

7.1 Care support workers

Where medicines administration forms part of the medicines support, care support workers must have completed one of the identified specific education units at Credit and Qualifications Framework for Wales (CQFW) Level 3 as a minimum, or be able to demonstrate training that is equivalent to, and can map across to, CQFW Level 3³. In addition, an appropriate recognised accredited unit of learning in relation to supporting individuals with medication must be achieved. Robust competency assessments must be in place to assure ongoing competency. This will be documented in the organisation's care support worker register, which will be annotated to indicate whether the skills are deemed transferable, or specific to one individual, and will be discussed fully during the care support worker's annual review. The completion of these units will support the broad education and knowledge of the care support worker, specific training for an individual's specific needs may also be required (for enhanced support tasks). There are a number of units currently available in line with the CQFW.

In line with the organisation's local policies and procedures:

- the care support worker's competence must be kept up-to-date and reviewed annually; the organisation must provide updates and specialised training as appropriate. The knowledge and skills acquired by the care support worker whilst completing appropriate accredited training units are deemed to be transferable between organisations; speciality-specific knowledge/training is not. A new competency assessment is recommended when the care support worker moves from one organisation to another. Depending on the organisation a new assessment may also be required if the care support worker is transferring departments within the same organisation.
- care support workers who have undertaken the additional training and initial competency assessment to carry out enhanced support tasks (see Appendix 1 for levels of medicine support) must have their competency re-assessed by an appropriate registered nurse on an annual basis as a minimum, and included in the individual's personal development review.
- it may be appropriate for a care support worker providing Level C or enhanced support to an individual to administer a medicine by one route only or by a number of routes (see Appendix 2 for guidance on routes of administration).

7.2 Registered nurse

In line with the organisation's local policies and procedures, all registered nurses supervising care support workers, with regard to supporting individuals with their medicines, must:

- work within the *Nursing and Midwifery Council Professional standards of practice and behaviour for nurses, midwives and nursing associates*⁷ and the *Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings*¹⁴
- Have a clear understanding of, and adhere to:
 - the organisation's policy and procedures associated with care support workers and medicines
 - the organisation's policies and procedures for ordering, receipt, recording, storage, handling, administration and disposal of medicines.
 - the *All Wales Guidelines for Delegation*⁶. The registered nurse is accountable for ensuring that the treatment or care is appropriately delegated to competent care support workers.
- appropriately teach, supervise and assess care support workers according to the *Royal College of Nursing Accountability and Delegation Guidance*⁹.
- ensure ongoing support is provided to the care support worker, and assessment of the individual receiving the support.

7.3 Temporary or agency staff

The ability of temporary (or bank) staff (where the worker has terms of engagement with the employer) to delegate or be delegated to will depend on their training and competency.

For an agency/temporary employed registered nurse, their ability to delegate medicines support is a professional decision and should be in line with this guidance and other national policies. There must be policies in place to assure the registered nurse that the named care support worker has the correct up-to-date competency to carry out the support.

If the care support worker is a temporary employee then, to facilitate the registered nurse's ability to delegate medicines support, the organisation should ensure that the care support worker has the appropriate training and competency to undertake this. The care support worker will be required to undergo a competency assessment if evidence of previous competency assessment cannot be provided or assured. If the care support worker is employed from an agency, the organisation should ensure the requirement for an adequately trained and competent care support worker is clearly documented to ensure that delegation of medicines administration can continue.

If there is any doubt or concern regarding the care support worker's competency, delegation of medicines support must not occur.

8.0 HIGH-RISK MEDICINES AND SUPPORTING SAFER SYSTEMS

High-risk medicines are medicines that are more likely to cause significant harm to an individual, even when used as intended. Although errors are not necessarily more common with high-risk medicines, when errors occur the impact on the individual can be significant¹⁶. Examples of high-risk medicines include anticoagulants, opioids, non-steroidal anti-inflammatory drugs (NSAIDs) and insulin.

The administration of a medicine that carries a higher risk of harm should be given particular consideration and oversight by the registered nurse. Care support workers should not necessarily be prevented from administering these medicines, but extra caution should be exercised to overtly promote a patient safety culture.

If there is a decision to delegate administration of a medicine defined as a controlled drug under the Misuse of Drugs legislation, it is good practice for there to be a separate documented risk assessment which demonstrates that any potential risks have been anticipated and managed. A risk assessment should be carried out to determine if controlled drugs in Schedule 3 and 4 should be handled in the same way as controlled drugs in Schedule 2. Legally, a care support worker may administer a Schedule 2, 3 or 4 medicine under the Misuse of Drugs Regulations 2001, provided they are acting in accordance with the directions of an appropriately regulated prescriber. A registered nurse can also request a competent care support worker to be a second signatory for the administration of controlled drugs.

Organisations should have a process for handling and administering 'when required' (PRN) medicines. When the administration of a 'PRN' medicine is to be delegated, a specific plan must be documented in the care and support plan. This must be clearly communicated to ensure medication is given as intended and that clinical decisions are not made by non-clinical staff.

Care support workers must only administer medicines that they have been trained to give. The risk of administration of medicines to an individual's safety increases depending on the route of administration, not purely on the medicine itself. The administration of medicines by invasive or specialised techniques, will normally involve a registered nurse. However, suitably trained and competent care staff may administer certain medicines when it has been deemed in the best interest of the individual.

Local policies should not create barriers that prevent registered nurses from delegating administration of high-risk medicines or medicines deemed vulnerable to misuse (for example controlled drugs), to competent care support workers providing there are sufficient safety measures in place to minimise the risk of errors.

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APPENDIX 1. LEVELS OF MEDICINES SUPPORT/ROLES AND RESPONSIBILITIES

The levels of medicines support needed by an individual must be assessed and documented in the individual's care and support plan. This must be reviewed on a regular basis.

| Levels | Term | Support required by the individual |
|--|-------------|---|
| Level 0 or A – Self administration | Independent | The individual takes full responsibility for their own medicines and requires no assistance with medicines from the care support worker. |
| Level 1 or B – General support or Assistance | Assist | <p>The individual is aware of, and understands their medicines regime and retains responsibility for their medicines, but may have difficulties with undertaking the task.</p> <p>This type of support includes:</p> <ol style="list-style-type: none"> Reminder: The individual may require a simple reminder to initiate the task but is then able to self-administer without physical assistance. This is not appropriate for individuals with significant cognitive/memory difficulties. Physical assistance: The individual manages their own medicines but has difficulty with dexterity and/or mobility and may ask the care support worker to help carry out certain tasks. It is the responsibility of the individual to direct which package/bottle/topical medicines they require assistance with and to direct the task (e.g. open, close, place in mouth, store). Such tasks must be completed within sight of the individual at all times. <p>Care support workers may give either, or both types of support listed above within this level. The exact assistance given will be documented by the care support worker.</p> <p>Only trained competent and confident staff should be assigned to individuals who require help with their medicines.</p> <p>N.B. The individual, not the care support worker, retains sole responsibility for their medicines management and administration.</p> |
| Level 2 or C – Administering medicines | Administer | <p>The individual is not aware of and is unable to understand the medicine regime, cannot retain responsibility for the medicines and cannot self-administer. This may be due to difficulties around distinguishing which/when medicines are to be taken, often associated with impaired memory, cognition, or visual impairment.</p> <p>The care worker will have the responsibility of selecting the medicine from packets and preparing the medicines for administration by the individual after gaining consent (including placing in the individual's hand or mouth if appropriate). This includes oral, topical, inhaled medicines, buccal and transdermal patches (see Appendix 2).</p> <p>The care worker will fully document administration/non-administration using the appropriate documentation.</p> <p>Full training and competency assessment of care support worker providing this level of support will be required.</p> <p>N.B. The care support worker, not the individual, is responsible for the medicines management and administration.</p> |

Enhanced Support

Enhanced support is defined as a task for which specific training is necessary (e.g. administering rectal medicines), in addition to being at CQFW Level 3 or above. Enhanced support tasks will be deemed locally as individual-specific or transferable, depending on the task, and are strictly limited to those approved by the organisation.

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Enhanced support may only be given through delegation by a registered nurse, supported by risk assessment and individualised care and support plans that have been constructed in conjunction with the individual, or via the best interest process for adults that lack mental capacity, and children with complex needs. This would include children who are developmentally delayed, do not have capacity or dexterity and are represented by a consenting parent/carer with parental responsibility. Where a need is identified for a medicines administration task to be undertaken by care support workers that is not currently included on the approved list (Appendix 2), a risk assessment must be undertaken and agreement sought from the designated local medicines governance structure.

APPENDIX 2. GUIDANCE ON ROUTES OF ADMINISTRATION

Medicines are administered by a number of routes, and it may be appropriate for a care support worker giving Level C or enhanced support to an individual (see [Appendix 1](#)) to administer a medicine by one route only, or by a number of routes.

Guidance on routes of administration of medicines by care support workers giving Level C or enhanced support

| Routes | Guidance |
|---|---|
| Oral, topical, inhaled, nebulised medicines. Buccal and transdermal patches. | Medicines may be administered via these routes at Level C and/or enhanced support. Where deemed as enhanced support, this would be subject to the care support worker having a Level 3 or above on the CQFW ³ in addition to the specific skills, or being able to demonstrate training that is equivalent to, and can map across to, Level 3 on the CQFW ³ . |
| Gastrostomy, jejunostomy. Vaginal, rectal. Intramuscular, subcutaneous. | <p>Medicines should not routinely be administered by care support workers via these routes. However, the health board/trust may decide to support the administration of medicines by these routes following the appropriate training in specific areas, e.g. gynaecology or vaccination.</p> <p>This would be deemed enhanced support and would be subject to the care support worker having a Level 3 or above on the CQFW³ in addition to the specific skills, or being able to demonstrate training that is equivalent to, and can map across to, Level 3 on the CQFW³.</p> <p>The Administration of an injectable medicine must not be delegated under a Patient Group Direction (PGD)¹⁷</p> |
| Nasogastric | Medicines should not routinely be administered by care support worker via these routes. However, the health board/trust may decide to support the administration of medicines by these routes following the appropriate training in specific areas, e.g. neonatal units. This would be deemed enhanced support and would be subject to the care support worker having a Level 3 or above on the CQFW ³ in addition to the specific skills, or being able to demonstrate training that is equivalent to, and can map across to, Level 3 on the CQFW ³ . |
| Intravenous saline flush – using a prefilled syringe only | The health board/trust may decide to support this practice being undertaken by care support workers in specialist areas identified by the health board/trust. |
| Immunisation and vaccination administration | The health board/trust may decide to support this practice in accordance with National Immunisation and Vaccination Standards and guidance ¹⁸⁻²⁰ . |
| Intravenous and intrathecal medicines | Medicines must never be administered by care support workers via these routes. |