

Leicester, Leicestershire and Rutland Health and Social Care Protocol Pocket Book



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INTRODUCTION

This pocket book version of the Health and Social Care Protocol is designed for staff to have with them when working with patients to give quick and easy reference to delegated tasks.

The purpose of the Protocol is to promote constructive co-operation between staff of different agencies in the interests of good quality care for individuals. The Protocol sets out the responsibilities of the NHS that, with the right oversight and training, can be delivered by social care agencies, whilst remaining the responsibility of the NHS. Implicit in this working arrangement is the understanding and expectation that health agencies will also deliver services that are primarily the remit of social care. Put simply, the overriding principle is:

"If you are there and you are competent to do it, you do it."

The Protocol is a working document which will be updated as new situations arise, are resolved and become absorbed into standard practice. The full version of the latest Protocol can be found on your organisations website.

We ask you to embrace, promote and work to the principles that have been agreed and adopted by our agencies in the interests of the people you care for.



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GUIDING PRINCIPLES

The aim of the Protocol is to ensure delivery of services which are responsive to need and which make the best use of limited resources. Services will be:

- **Effective** - delivered at the correct level of intervention and in the right environment
- **Appropriate** - able to meet people's health needs to ensure recovery and maintenance of good health and wellbeing
- **Timely** - available when people need them to promote independence, choice and control
- **Safe** - provided with regard to clinical responsibilities and professional competence

The following principles apply¹:

- Activities of agencies will be well planned and co-ordinated to avoid duplication of effort and to maximise use of staff time and skills
- Staff from all agencies will be flexible about undertaking tasks, subject always to the requirement that the worker must be competent to do the task - ***"If you are there and you are competent to do it, you do it"***.

- The legal and professional limits on what staff can and cannot do will be carefully observed and explained, both to colleagues and to individuals in receipt of services, to avoid any impression of shirking responsibility
- Problems are a shared responsibility and will be dealt with in a spirit of partnership and co-operation with the aim of finding practical solutions to "get the job done"
- Where agreement cannot be reached about the undertaking of a task, interim arrangements will be made to ensure that the tasks are carried out and the case will be referred to the Health and Social Care Oversight Board which will discuss the case and make a decision on how to proceed
- Action will be guided by common sense and by the test of public opinion - how do we explain and justify our approach to the person in the street?
- The views of individuals in receipt of services and their family and carers are important and will be fully taken into account, but are open to discussion, exploration and negotiation

¹ These have been adapted from Nottinghamshire's partnership document "Working in Health and Social Services Partnership - Responsibilities for Care in the Home"

DEFINITION OF DELEGATION

Delegation is the process by which a health worker (the delegator) allocates treatment or care to a social care worker (the delegatee). The delegator will remain responsible for the overall management of the individual, and accountable for the decisions they delegate. The delegator will not be accountable for the decisions and actions of the delegatee.²

Tasks that can be delegated from the NHS to social care are categorised as either Generic or Specific. These terms relate to the type of training that is required to be undertaken by social care workers before they are deemed competent to carry out the task.

- **Generic** - once a social care worker has undertaken training for a Generic task, they will be deemed competent to carry out that task with all and any individuals that require it
- **Specific** - these are tasks that require social care workers to undertake one to one training for each and every individual person before they are deemed competent to carry out that task only with the individual that requires it

² Definition adapted from the Royal College of Nursing's *"The principles of accountability and delegation for nurses, students, healthcare assistants and practitioners"*

LINES OF COMMUNICATION

Concerns regarding Healthcare Packages

In situations where social care workers have concerns about an individual's healthcare package, they should, through normal line-management channels:

- a) refer to the individual's General Practitioner if there is no health worker involvement, or
- b) refer to the worker named in the plan of care in the individual's home where there is known health worker involvement.

If concerns are not resolved by this first course of action they should be referred to the social care worker's line manager.

Concerns regarding Social Care Packages

In situations where health workers have concerns about an individual's social care package they should, through normal line-management channels:

- a) for individuals under the care of Leicester City Council refer to the worker named in the plan of care in the individual's home, or to the responsible Locality Team if known, or the Single Point of Contact;
- b) for individuals under the care of Leicestershire County Council's in house Home Care Assessment and Reablement Team (HART) refer to the Centre;

responsible person within the Locality Team if known, or the HART service;

- c) for individuals under the care of Leicestershire County Council where services are being provided by an independent agency refer to the Customer Services Centre, or
- d) for individuals under the care of Rutland County Council refer to the Adult Care Duty Team

DISPUTES

If there is a dispute over delegation of tasks between agencies, interim arrangements should be made to ensure that the tasks are carried out and the matter should be referred to the Health and Social Care Oversight Board which will discuss the case and make a decision on how to proceed.

PERSONAL CARE TASKS

There are different reasons for someone to be incontinent. Both health and social care will play a role in good continence services; the cause of the incontinence and the response that is needed, will determine which agency accepts responsibility in each situation.

i) Health Responsibility

Incontinence caused by a clinical, medical or unexplained reason, which affects the ability to retain faeces or urine. The cause must be established through investigation by assessment followed by treatment and/or followed by a management programme overseen by a Health professional.

ii) Social Care Responsibility

Incontinence caused by incapacity to get to the toilet because of disability or a specific condition, which is not related to a medical/ clinical problem with urinary or faecal retention but is caused by a social care need. This would include, for example, mobility or forgetfulness and is where the response would be overseen by a social care worker.

PERSONAL CARE TASKS

Task	Generic	Specific
Personal Care Observe the health of individuals with a chronic progressive disease where there is an identified NHS health action plan and refer them to a health worker when there is a change in condition or a referral indicator occurs		✓
Skin Integrity Use of NHS provided equipment to lower the risk of pressure sores	✓	
Position individuals under the ongoing care of a health worker to lower the risk of pressure sores		✓
Stoma Care and Continence When prescribed by a GP or Nurse Practitioner, apply creams or lotions to the skin when a pad management system is in use by individuals with incontinence	✓	
Assist with baseline charting of urinary incontinence initiated with carers in order to identify appropriate care	✓	

Task	Generic	Specific
Stoma Care and Continence (con't) Monitor signs as identified by the plan of care for individuals with a catheter where there is a specific health need		✓
Assist renal patients on home dialysis to hang up / take down fluid bags from the stand and empty bags as per urinary catheter drainage bags		✓
Manage stoma, colostomy, ileostomy, urostomy care systems	✓	
Manage stoma, colostomy, ileostomy, urostomy with individuals with specific needs in accordance with the plan of care		✓
Check stoma, colostomy, ileostomy, urostomy care systems, recognise and report any concerns to a health worker	✓	

NUTRITION AND HYDRATION TASKS

Task	Generic	Specific
Nutrition and Hydration Assist individuals to eat who are at risk of choking and where the risk is managed by a standard plan of care (e.g. thickened fluids, softened diet)	✓	
Monitor and assist individuals with the administration and storage of feed and equipment, and care of their enteral feeding tube (e.g. PEG, PEJ, NG, RIG, etc)		✓

MEDICATION TASKS

The tasks in this Protocol should be undertaken in accordance with the medication policies, guidance and procedures of the relevant authority. Social care workers should make themselves familiar with these documents.

Task	Generic	Specific
Medication Apply steroid based creams above 1%	✓	
Administer eye / ear drops, for individuals that need artificial tears or medication except pre or post operatively	✓	
Apply and remove medicated pre-dose transdermal skin patches not including controlled drugs		✓
Help individuals to put on surgical stockings	✓	
Re-apply simple dressings in an emergency and as a short term measure until health workers can be contacted, i.e. when a dressing becomes dislodged	✓	
Assist the individual to access their oxygen in accordance with their plan of care	✓	

Task	Generic	Specific
Medication (con't)		
Administer oxygen to individuals in accordance with their plan of care		✓
Insertion of rectal valium in emergency situations and as an urgent response only in line with agreed procedure		✓
Administer buccal (oromucosal) midazolam in emergency situations and as an urgent response only in accordance with the plan of care		✓
Assist individuals to use a nebuliser in accordance with their plan of care	✓	
Undertake blood sugar finger prick tests for diabetics where included in their plan of care and take appropriate follow up action	✓	
Administer epi-pen to individuals in accordance with their plan of care		✓
Administer vagus nerve stimulation for individuals with epilepsy via a swipe card machine in accordance with the plan of care		✓

TASKS SPECIFIC TO REGISTERED CARE HOMES

In registered care homes assistance with social care tasks is provided by social care workers and is subject to legislation, guidance and inspection by the Care Quality Commission. A healthcare assessment will be required where healthcare needs impinge on the individual's ability to perform activities of daily living.

Tasks that may be delegated from health to social care in registered care homes are the same as those given in the previous tables. Additional tasks that apply specifically to registered care homes are given below.

Task	Generic	Specific
Tasks Specific to Care Homes		
Monitor the condition of the skin where there is a risk of pressure ulcers developing and refer to a health worker if required	✓	
Administer insulin injections		✓

TASKS SPECIFIC TO DAY CARE CENTRES

Health workers will not usually be involved in providing personal hygiene services to people in day care centres unless a healthcare need is identified. In such cases, a health worker will undertake a healthcare assessment and, by agreement, delegate tasks to social care workers where appropriate or provide a healthcare package.

Tasks that may be delegated from health to social care in day care centres are the same as those given above in the previous tables. Additional tasks that apply specifically to day care centres are given below.

Task	Generic	Specific
Tasks Specific to Day Care Centres		
None at this time		

OTHER READING

The revised version of the Protocol and supporting documents will be available on organisations websites.

Please refer to individual organisations websites for LA specific supporting documents:

- www.leicester.gov.uk
- www.rutland.gov.uk
- www.leics.gov.uk
- www.leicesterhospitals.nhs.uk
- www.leicspart.nhs.uk
- www.leicestercityccg.nhs.uk
- www.eastleicestershireandrutlandccg.nhs.uk
- www.westleicestershireccg.nhs.uk