

THE SUPPORT WORKER ROLE IN CONTINENCE CARE

The current emphasis on providing care closer to home has resulted in increased demand on existing primary care services (Department of Health, 2006). There is a need to redesign existing services and develop the skills of frontline staff. Following a review of the existing role of support workers in the Leeds NHS Primary Care Trust district nursing service, it was agreed that their role should include performing catheterisation. This article describes how the trust reviewed the support workers' role and devised protocols and training requirements.

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The government's NHS modernisation agenda is placing increasing emphasis on the provision of care in the community setting (Department of Health [DoH], 2000; 2002a; 2002b; 2006). In order to adapt to these changes and remain responsive to the demands placed upon services, it is crucial that roles are reviewed to meet these demands.

While the role of the registered nurse is being developed to incorporate extended skills, the role of the support worker has changed little. *The NHS Plan* (DoH, 2000) pledged investment to make better use of support workers in raising standards in primary care and ensuring effective use of all levels of staff.

In Leeds NHS Primary Care Trust the role of the support worker has changed little in recent years, leading to this group of

staff feeling undervalued and demotivated. Confusion among registered nurses about the tasks appropriate for support workers exacerbated this issue. This led to discrepancies across the service, both in the expectations of registered nurses and also in the work that they delegate to support workers.

In order to address these issues a balanced consideration of the appropriate duties for support workers was required. An assessment of training and educational needs, competency, quality assurance and risk management for each aspect of the support workers' role was undertaken and a comprehensive competency-based portfolio developed.

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THE APPROACH

Preliminary discussions with district nursing teams revealed wide variation in both the

activities delegated to support workers and in the level of training and support they received. Frustrations were expressed by some support workers at being denied the opportunity to carry out some activities that their colleagues in other areas were undertaking.

A stakeholder group was formed consisting of practice development leads for district nursing, support workers and registered nurses from across Leeds (*Table 1*). A review of the existing role of support workers in the District Nursing Service was undertaken to establish appropriate duties for them to undertake.

Several areas of patient care that support workers did not undertake but were considered capable of performing with training were suggested. In order to determine if these were suitable a risk analysis was undertaken.

RISK ASSESSMENT

Elements of risk are inherent in all aspects of clinical care and cannot be entirely eliminated (British Medical Association

Table 1**Stakeholder group objectives**

- Engage relevant staff groups in role redesign discussions
- Agree core role and responsibilities of support workers
- Agree role development priorities
- Identify training and support needs
- Develop training and educational programme that complement national occupational standards
- Develop evidence-based competency frameworks for each aspect of the support worker role incorporating both knowledge and skill requirements
- Agree protocols for specific work areas to ensure clarity regarding levels of responsibility and lines of accountability. This will ensure appropriate delegation to protect both staff and patients
- Build a skilled workforce who can support each other in developing new roles and competencies.

[BMA], 2002). However, risk can be minimised and managed by giving due consideration to several key questions (*Table 2*).

When determining appropriate duties for the support workers each question was explored in turn by the stakeholder group. A decision was then made on whether or not to progress with these areas taking into account the level of remaining risk.

Following the assessment process it was decided that one procedure that could be used to develop the support workers' role was catheterisation.

However, it was felt that not all patients would be suitable as the associated risks were too high in some cases, either because of the patient's clinical condition or due to other ongoing clinical issues, for example, acute recatheterisation due to blockage, which requires in-depth assessment and care planning.

Therefore a protocol was developed that made clear the circumstances in which the

support workers could undertake catheterisations, what training they should receive and how their competence should be assessed.

ASSESSMENT STRATEGY

One area of the city's nursing service volunteered to develop the support workers' catheterisation role and pilot it on behalf of the others.

A smaller working group was established led by the practice development lead and consisting of representatives from the district nursing teams (including registered nurses and support workers) and the clinical nurse specialist for bladder and bowel health.

This smaller group began by considering the knowledge necessary to undertake catheterisations. Emphasis was placed on the competencies needed for safe practice (knowledge and skill) rather than the qualifications of the individual undertaking the procedure.

Existing national occupational standards such as National

Vocational Qualifications (NVQs) that related to catheterisation were reviewed to ensure consistency with the level of knowledge expected nationally.

After determining the required knowledge base for competent catheterisation, appropriate training was then considered. Existing training offered by Leeds Primary Care NHS Trust to registered nurses was adapted to meet the needs of the support workers. This meant that the support workers and registered nurses could undertake training side-by-side and share knowledge. This ensured a consistent approach and reduced the risk of confusion.

Attention was then turned to how competency could be consistently assessed. Competency requires an appropriate level of knowledge in addition to the ability to carry out the practical aspects of the procedure. Therefore any assessment tool needed to encompass both of these aspects.

The resulting competency frameworks uses a structured approach to knowledge and skill acquisition. The knowledge

Table 2**Risk assessment criteria**

- What skills/knowledge are required to undertake this role safely?
- How complex is it?
- What is the margin for error?
- What are the implications/risks if something goes wrong - how serious are these?
- Can we appropriately minimise the risks and what do we need to do this?

necessary for performing catheterisations is detailed in the competency and covered in the training.

In addition, when they are being assessed support workers are required to give a rationale for their actions providing evidence that they understand what they are doing and why.

It was recognised that attending a training session does not indicate competency (RCN, 2006) and this approach enables the assessor to ascertain what the support workers have understood from their training and whether they will be able to transfer that knowledge to the clinical setting.

The competencies cover all aspects of caring for the catheterised patient (Table 3). A question and answer form has also been developed that explores the support workers' knowledge and understanding.

A number of experienced district nurses were also asked to

complete the form as a control group and their results were comparable to those of the support workers, indicating that standards can be maintained using this approach.

FUNDAMENTAL PRINCIPLES

While developing these frameworks it was acknowledged that there are fundamental principles that underpin all aspects of care.

These core skills are crucial as they form the foundation of safe and professional practice (NMC, 2004a,b; DoH, 2003). They include:

- » Accountability/responsibility
- » Record keeping
- » Confidentiality and consent
- » Team working
- » Communication
- » Privacy and dignity
- » Clinical governance
- » Infection control
- » Moving and handling.

While elements of these are incorporated in all of the frameworks it was agreed that competence in these areas should also be assessed separately. To maintain quality standards the support workers must be assessed as competent in each of the core standards before undertaking catheterisation.

However, because all competencies have been mapped to national occupational standards those who have undertaken an NVQ Level 2 or 3 do not need to duplicate this work provided they can demonstrate up-to-date knowledge.

With any of the competency frameworks the assessor must be confident that the support worker is proficient in the practical skills and satisfied that he or she has the required knowledge to perform catheterisation.

Only then can the support worker be signed off as competent and be delegated to undertake the procedure without direct supervision.

This approach provides a structured method for role development and a supportive environment for the support workers. The use of a scoring system for each competency and a comments/progress record provides specific feedback. This enables the support workers to determine what steps they need to take to achieve competence.

ACCOUNTABILITY

Before this work began registered nurses were unclear about their accountability for work undertaken by support workers. This had contributed to a reluctance to develop the support workers' role.

However, it is a misconception that registered nurses are accountable for work undertaken by support workers. Registered nurses are accountable for appropriate delegation (NMC, 2004a) and must ensure that the support worker has the necessary competence before delegating care. The support worker is then accountable for his or her own actions (RCN, 2006).

Accountable practice dictates that duties should only be undertaken

Table 3

Competencies for care of the catheterised patient

- Changing a catheter bag
- Emptying a catheter bag
- Connecting a night drainage bag
- Disconnecting a night drainage bag
- Administration of a catheter maintenance solution
- Obtaining a catheter sample of urine
- Intermittent catheterisation – female
- Intermittent catheterisation – male
- Female re-catheterisation
- Male re-catheterisation
- Supra-pubic re-catheterisation

if the individual can demonstrate the following:

- ▶▶ Responsibility for assisting in the care needs of the patient (part of the support workers' job description and also agreed in protocols)
- ▶▶ The ability to carry out the specified task (knowledge and skill)
- ▶▶ The authority to carry out the care (appropriate delegation).

Registered nurses and support workers should ask themselves three key questions when determining whether delegation of a task is appropriate. If the answer to any of these questions is 'No' the task should not be carried out by the support worker:

- ▶▶ Does the patient fit the protocol?
- ▶▶ Is the support worker appropriately trained and assessed as competent?
- ▶▶ Has the procedure been delegated by a registered nurse?

CONCLUSION

Clinical roles are changing in line with changes to both health and social care provision. Support workers are an untapped resource capable of undertaking care with the right support.

In Leeds, competency frameworks provide a structured approach to knowledge and skills acquisition while the protocols contained in the portfolio determine whether duties are suitable to be delegated to a support worker. This ensures all involved in care are clear on appropriate roles and responsibilities.

The development of the support workers' role has resulted in increased motivation and job satisfaction. Continued support is provided through ongoing training and by the establishment of peer networks. **CE**

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Key Points

- ▶▶ Clinical roles are changing in line with changes to both health and social care provision.
- ▶▶ In order to adapt to these changes and remain responsive to the demands placed upon services, it is crucial that roles are reviewed to meet these demands.
- ▶▶ Support workers are an untapped resource capable of undertaking care with the right support.
- ▶▶ In Leeds, an assessment of the training and educational needs for each aspect of the support worker's role was undertaken.
- ▶▶ There was wide variation in both the activities delegated to support workers and in the level of training and support they received.
- ▶▶ Following the assessment process it was decided that one procedure that could be used to develop the support workers' role was catheterisation.
- ▶▶ A protocol was developed that made clear the circumstances in which the support workers could undertake catheterisations, what training they should receive and how their competence should be assessed.
- ▶▶ The resulting competency frameworks uses a structured approach to knowledge and skill acquisition. The knowledge necessary for performing catheterisations is detailed in the competency and covered in the training.
- ▶▶ Allowing support workers to undertake catheterisation has resulted in increased motivation and job satisfaction.