

QUESTION

On a CCG call it was made very clear that the NHS are expecting that care homes without nursing will “have to” and, or “they will need to” do what would be considered nursing tasks, such as injections, EOL BP monitoring etc as many of their residents will need this care during the present situation and for COVID19. As there is little, if any possibility that these people would be admitted to hospital.

There are CQC related issues here;

- 1) Regulated Activities (Registration)
- 2) Staff training / staff willingness to undertake tasks they did not sign up for
- 3) How is this to be monitored
- 4) What happens when / if there is an issue

Actually, accessing the training and carrying it out when staff are under pressure from unplanned absence is a further issue.

As is the insurance for the organisation (& so for the actions of their staff) which will cover the usual roles undertaken, etc. We are talking with insurers about this and a number of issues and progress is very slow.

Whilst this refers to a specific CCG (Surrey), similar has been raised from Herefordshire, W Mids, Cornwall, etc, etc.

It may be, that the NHS people making these statements / demands do not understand the Registration process, or requirements. We also find, this is not new, that health can often be somewhat dismissive of social care and the abilities of those within it.

RESPONSE

We encourage providers to be willing to work flexibly at this time to support the local health and social care system to respond to Covid-19. It may be that this means providers providing enhanced support to people using their service. The key considerations that we would ask providers to follow is that they have ensured that their staff are confident and competent in providing safe care to people.

I have also ccd in our Medicines Management team for specific advice regarding delegation of nursing tasks.