

# **Comparison Costing's for Safe and Effective Delegation.**

## **For Personal Health Budget Personal Assistants vs Nurse Led or Health Care Support Worker Packages.**

Using the Coventry and Warwickshire children's competency framework provides a safe and robust training framework in order to delegate health care tasks to personal assistants and health care support workers. Within Nursing we are guided by the Royal College of Nursing who have provided us with guidelines on what and how to delegate safely health care tasks to non registered practitioners working within care (RCN 2015).

Evidence suggests that the nursing workforce is in decline. The RCN in March 2012 raised concerns from the outcome of the NHS workforce census of September 2011 which indicated a decline in nursing staff working within the NHS. Also The Kings Fund in 2015 in its Transforming workforce planning document shows a decline more specifically in community staff in all areas other than in health visiting where the increase could be attributed to the government 2011 health visiting programme (Department Of Health 2011a). Therefore by releasing valuable decreasing nursing time safely to more junior members of staff the every growing health care needs of the population can be met. The Moving Health Care Closer To Home (September 2015) document provides a summary of evidence to guide both providers and commissioners to make an evidence based appraisal of how the benefits compare with the cost of various approaches to move care closer to home demonstrating that the need for delegation is being supported from all aspects of health care.

Summarising the cost implication of the delegation of health care tasks is a difficult and contentious subject and this example is provided as a best estimate based on clinical judgement and is not provided for use outside its scope of intention.

If we take the example of a continuing health care funded package of care that is commissioned to deliver care directly to the child in their own home and in the various community settings such as school or social activities. To provide an example which is quite common we have chosen the task of enteral feeding via a gastrostomy tube. The system generally is aimed at tasks significantly more complex than this example justifying the level of training involved and increasing the overall cost savings. From the information that is gathered via the back system of the e competency system we can estimate that it takes a new carer who has never accessed the system or looked after a child with a similar health care need previously approximately 4 hours to complete their theoretical training and workbooks and 8 hours to complete the practical sign off and delegation with a nurse. Prior to the competency training system the nurse would have directly given the theoretical training saving approximately 4 hours of nursing time (including travel preparation etc). A carer who has completed this task previously we would expect to be quicker and on average would take approximately 2 hours to complete the theoretical training and 2 hours to complete the practical sign off and delegation with a nurse. In this example in a large geographical area such as Warwickshire the nurse travel time can be disproportionately high so the nursing time saving would be 2-3 hours

It is noted that these are just average times and that each individual learner will process information at a different pace and therefore may require more or less training and delegation time to become not just competent but also confident to carry out the delegated task.

If we were looking at providing a package of care that included 5 supported day shifts in a school for example for a child who had enteral feeding needs, we would be looking at a package of 32.5 hours a week.

Example 1. Nursing cost of this package.

Average costing out rate of a nurse including 30% on costs, travel and out of hour's expenses would be:

Band 5 £31.85

Band 6 £38.18

Average this out for a midpoint band 5 would be approximately £35.00 an hour.

So to provide this package based on nurse with the appropriate skills would be

£35.00 x 32.5 hours a weekly cost of £1,137.50

Annual cost of weekly cost x 39 weeks a year = **£ 44,362.50 per annum**

Example 2. Health care support worker.

Using an example of a carer with no previous experience of enteral feeding.

Average delegation cost of nursing time for practical sign off and initial support to complete the task approximately 24 of a band 6 nurses time:

24 x £38.18 = £916.32

Cost of carer receiving the training based on a health care support worker with 30% on costs and including travel management and out of hours costs would be:

Band 4 £25.94

Band 3 £23.33

Average this out as a midpoint band 3 who would be appropriate banding for this level of health care skill at £24.00.

Training cost for 24 hour supported training and an additional 8 hours self guided learning for theory and workbooks would be a total training cost of:

£24.00 x 32 = £768

The cost of providing the package of 32.5 hours a week with a band 3 health care support worker:

32.5 x £24.00 = £780 per week

Annual cost of weekly cost x 39 weeks = **£30,420 per annum**

Including all the training costs on an average basis.

Nursing and carer training plus package costs = **£32,104.32**

This example would assume that the additional underlying management and support costs are being provided by the organisation but could be provided as a separate manage support cost as outlined in the attached breakdown of costs, rational and scope of role.

I would anticipate that the additional cost of this for this example would be approx 1/4 of the costing highlighted within the attached package based on this being a total package of 4 health care support workers requiring support, therefore would be an additional £4,674.50.

**Making a total costing for safe delegation in this example of £3,6778.82 per annum.**

### Example 3. Personal assistant in a Personal Health Budget package.

Based on longer average training and delegation time needed to support the personal assistant and assuming they have had no previous experience of providing health care tasks.

Average delegation cost of nursing time for practical sign off and initial support to complete the task approximately 30 hours of a band 6 nurses time to include familiarisation with the e-learning system:

30 hours x £38.18 = £1,145.40.

An average personal assistant salary paid to those staff providing care in a personal health care budget is £14.00 per hour.

Training cost for 30 hours supported training and an additional 10 hours self guided learning for theory and workbooks would be a total training cost of:

40 hours x £14.00 = £560

The cost of providing the package of 32.5 hours a week with a personal health care assistant is:

32.5 x £14.00 = £455 per week

Annual cost of weekly cost x 39 weeks = £17,745

Including the carer training and the Nursing delegation plus package costs = **£19,450.40**

Additional to these costs we have found it important to include an annual management cost to support the personal assistants to prevent unsupervised and potentially unsafe practice. Please see attached breakdown of costs, rational and scope of role.

I would anticipate that the additional cost of this for this example would be approx 1/4 of the costing highlighted within the attached package based on this being a total package of 4 personal assistants requiring support, therefore would be an additional £4,674.50

**Making a total costing for safe delegation in this example of £24,124.90 per annum**

These figures are provided as a rough guide and make the following assumptions:

- That there are available registered nurses that can be recruited to provide the training to the staff.
- That the nursing staff feel competent and confident to delegate the nursing tasks to others.
- That the nurse is fully aware of the child and has consent to share information relating to the health care needs of the child as appropriate.
- That the personal assistants and health care support workers have access to the Coventry and Warwickshire e learning competency system and have an associated nursing team to administer the training to the staff.
- That both the personal assistant and health care support workers have continued ongoing access to supervision and support as an outlet to share concerns and issues relating to training, delegation and the provision of the care package.

### References.

The Royal College of Nursing in March 2012 Front line first congress update available online royalnursing.3cdn.net accessed at April.

The Kings Fund (2015) , Transforming workforce planning document available online,kingsfund.org.uk. accessed April 2016

Royal College of Nursing accountability and delegation a guide for the nursing team 2015 available online rcn.org.uk accessed April 2016

Moving Health Care Closer To Home (September 2015) available online at

<https://www.gov.uk/guidance/moving-healthcare-closer-to-home> accessed April 2016

## Personal Budget Clinical Support Package Quote

The clinical support package is designed to support Personal budgets in young people with highly complex and specialized care requirements. This support package enables Personal Budgets to include the same level of training, governance and support as a NHS provided care package enabling young people with the most complex and specialized needs to access Personal health care budgets.

Components of the package:

1. Clinical delegation of care tasks. This encompasses theoretical and practical training, assessment of competence, 24 hour support via an on-call service staffed by senior nurses. Updates as required. Yearly theoretical and practical reassessment of competency. Access to The Coventry and Warwickshire on line competency system for each DP worker.
2. Clinical supervision. All DP workers will receive 6 - 8 weekly clinical supervision by nurses skilled in clinical supervision.
3. Clinical records and planning. Each young person will be provided with an individual clinical care plan reviewed at least annually but also reviewed to meet changing needs; a Contact sheet, evaluation sheets, risk assessments and escalation plan. Emergency plans will be drawn up with each young person to cover power loss, fire and any other deemed appropriate on the risk assessment. Check sheets will be drawn up to support the care plan and risk assessment. All care plans and documentation will be devised in conjunction and consultation with the young person. Clinical Policies will be provided for each DP care team
4. Clinical case management assessment and review. A nurse skilled in LTV will visit to review MM monthly to review his clinical condition and make referrals to other professionals as required. The nurse will also review the clinical operational aspects of the package .The package includes access to24 hour support via an on-call service staffed by senior nurses.
5. Clinical advocacy. The nurse will offer clinical support to enable a young person to undertake activities they wish to pursue, e.g. starting college. The Nurse will aid the young person's access by being involved in discussions, formulating risk assessments and modifying care plans etc.

**Total staff requirement:** 0.3 WTE Band 6 nurse = £18,698

Including:

- All on costs and mileage.
- Night allowance for 0.2 WTE and normal time for 0.1 WTE to cover training and delegation a of night team.

If the Personal budget team are stable and there hasn't been a large turnover of staff a lower tariff may be possible in year 2.

Extras if required:

- Equipment. (None NRS stock). We can purchase equipment and consumables at significant discounts via SWFT and for specialist equipment such as ventilators we have preferential rates with all the main suppliers. MM's existing equipment is fully funded and will transfer with him.
- Consumables. We can cost, order, and deliver all the required consumables. Each young person will have their own stock management system devised with check lists and training in its use.
- Maintenance. We can provide maintenance for all clinical equipment via our medical engineers at SWFT or where required directly through the manufacture.
- Staffing Bank. Where a young person's package is for essential ventilation and contingency resources have been included or a young person requires enhanced support to undertake a particular activity we can offer access to our bank of highly trained Nurses and Support Workers.

## **COVENTRY AND WARWICKSHIRE CHILDREN AND YOUNG PEOPLES INTERACTIVE COMPETENCY FRAMEWORK.**

The child competencies E-Learning tool was developed by the children's nursing team at Coventry and Warwickshire Partnership Trust and South Warwickshire NHS Foundation Trust. The idea was born because of one child in particular, who would never be able to leave hospital because his needs were so complex that there were no carers sufficiently trained to be able to let him come home safely. The Framework facilitated discharge and enabled the child to live with his family and be part of his community.

The aim is to enable children to live as "near to normal" life as possible and fully participate in school, after school activities and family life.

To achieve this, the child needs every carer that they come into contact with to provide a safe and consistent standard of care....

...and the nurse with delegated responsibility needs to know that they are safe to delegate that responsibility

The training is customised by the delegated nurse so that it is child specific. This means that carers are trained to care for individual children and they focus on gaining competencies to manage that individual child's specific complex needs

The E-Learning tool also promotes accessibility, providing the capability for nurses and carers to access training wherever they are. The training is formed of theoretical modules that are completed by on line and practical assessment which is signed off by the nurse. Each carer must complete both parts to a standard that is satisfactory to the system and the nurse with delegated responsibility.

## COVENTRY AND WARWICKSHIRE CHILDREN AND YOUNG PEOPLES INTERACTIVE COMPETENCY FRAMEWORK.

### Technical Support – Themes and Numbers since June 2015 to February 2016.

Since setting up the telephone advice technical support system to help current users of the interactive competency framework the total number of calls from June 2015 to February 2016 is 244. Please see attached breakdown of themes and exact numbers.

The telephone is accessed daily for up to an hour flexibly at various times of the day to suit the administrator. Callers are able to leave a message on the dedicated phone line and the administrator calls back at the next convenient slot. Prior to this the technical support was provided by the system creators which are clinical nursing staff who weren't always available to answer calls or provide dedicated time to do this job with a computer in front of them to answer queries. The administrator has been involved in the systems design and development from the original paper based system and is able to sign post queries if they are clinically based which she is unable to answer.

The feedback that we have received is that the service is efficient and helpful and prevents delays in use of the system. The volume of calls increases following the training that is put on for sites using the system as people familiarise themselves with the way the system can be used in their unique areas. From this feedback we have also been able to design some useful tools that give people an insight into the system before they sign up to using it.

The themes roughly fall into three categories these being initial enquiries about the systems use and suitability, technical queries relating to direct use of the system and clinical questions around content,

- initial enquires 75 calls - 32%
- technical queries 127 calls - 51%
- clinical content 42 calls - 17%



Themes / Problems	Number of instances in 8 months
Logged in as trainer can see other peoples details.	4
Transfer role of local admin	15
Staff cannot access system due to not receiving their passwords	17
Need to see answers to questions (trainer)	5
I need to be put on the system so that I can see children's names and their codes.	1
Cannot get section 7 in enteral feeding for a specific child	2
Cannot get carers logged onto system	6
Would like access to system	13
Can I have more information regarding the system	31
Do you have a demo module for the system	3
System states my email is already registered so I cannot log onto the system.	24
I am now a trainer but the system will no longer let me use the same email address.	8
We have been using the paper competencies, can we not continue to use these instead of having to pay for the E- System	3
Can we have the system for use in a Russian hospice, would it work their?	1
Cannot access system bandwidth has been exceeded.	2
What are the system costs	14
How many people can you put on the system in one area	3
What does the £1000 include	7
Once a carer is registered do they have to do all the learning nuggets or just the ones relevant to the particular child	2
I haven't received my pin number, what is the pin number	36
Buccal Midazolam, Q1 ticked off but will not let continue	5
Need to purchase system before next financial year	1
We stopped using the system a couple of years ago and the Local admin has left we would like to start using the system again, how do we do this?	2
Trouble accessing the system from apple devices	1
When we allocate child codes , do we need to send you the names of whom they are allocated to	1
All boxes seem to be ticked, how do I untick them	2
I need to transfer a carer, how?	7
Carer completed several work books re enteral feeding and has clicked on the gastrostomy not gastrostomy balloon. She is unable to correct this, is there a way of changing to balloon gastrostomy or will she need to do the whole competency again.	3
There does not appear to be a competency for Gastro/Jejunal tube feeding, or is this planned for the future	1
When will chest physio be up and running	7
oxygen comp completed the theory and workbook but somehow can't seem to finish the workbook so it lets me print off the child specific questions	3
Can we pull off the system the amount of time one person has done a specific training in the last 12 months	2
particularly interested in suctioning and deep suctioning, is this something that the competency framework covers and if so is it designed for registered and unregistered staff	1

Launch Day – COMPETENCY FRAMEWORK.



# Appendix 1.

Welcome to  
Coventry and Warwickshire's  
Children and Young People's  
Interactive Competency Framework

Liz Herd & Joe Holder



The plan is to follow the rainbow & reach the goal



## History from 2001 (Various steps in paper)

- ▶ 2001 – using Bell's taxonomy we developed a competency document
- ▶ 2004 – Nurse consultant sought legal advice to encourage staff to delegate responsibility
- ▶ 2005 – following legal advice workbooks and model answers added – recommended in Including Me and Text Book of Community Nursing
- ▶ 2007 – Grant from Coventry PCT £ 11,200 to create power points and teaching aids – now recognised all assessing consistent but teaching was not!!
- ▶ 2009 – update started **when.....**

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When a successful bid of

**£130,000**

from the £30 million Department of Health money was granted to improve children's palliative care services .

This was Part of the large West Midlands bid supported by Coventry university under the auspices of The West Midlands Palliative Care Network.

It Allowed us to develop the Interactive Tool Kit

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## Benefits of being on-line Interactive Framework

- ▶ Can be accessed from anywhere there is web access
- ▶ Child codes ensure confidentiality and are compliant with Information Governance
- ▶ Password Protected system – each area can only see their own area – overseen by Super administrator
- ▶ Less repetitive more user friendly for all staff
- ▶ Cloning reduces time by up to up to 40%
- ▶ Evaluated by Coventry University Breathing matters project - <http://www.coventry.ac.uk/research/ref-2014-units-of-assessment/allied-health-professions/funded-projects/breathing-matters-improving-care-of-ventilated-children-young-people-families-and-professionals/>

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This is the Front page of our website

Please take time to read our acknowledgement of all the children young people and their families have taught and shared with us so much

[www.covandwarkschildcomps.org.uk](http://www.covandwarkschildcomps.org.uk)

Peoples Interactive Competency Framework Home Contact

**Introduction**  
 Welcome to the Coventry & Warwickshire children & young peoples interactive framework.  
 This e-learning resource replaces the widely used paper based competency system. Our aim is to enhance the training and educational experience of nurses and carers of all levels by delivering a high quality interactive online system.  
 It is hoped that this system will equip you and complement your existing knowledge and skills, so that you will feel confident in delivering the best possible care to the children and young people we are privileged to look after.

**Log in / Register**  
 Email:   
 Password:   
 Remember Me:   
 Login Forgot Password?

**1. Why are we doing this?**  
 For the wonderful children we have the privilege to care for ...  
 Thank you to everyone who has helped in this work over the last 11 years. You know who you are, we couldn't have done it without you.  
 Thank you to the parents and carers of the amazing children and young people we care for. Thank you for trusting us, supporting us and for sharing your wonderful children. And young people with us.  
 Most importantly THANK YOU to the wonderful, amazing children and young people who have made this work possible. You are amazing. Thank you for being you. You brighten our lives, you make our jobs the best jobs in the world.  
 Thank You!

**2. What Difference will it make?**  
**3. How Does the system work?**  
**4. What competences are covered?**  
**5. What do I do next?**

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## Structure of system and definitions of Roles

- ▶ **Super admin** admits **local admin** for new areas – has access to all areas of system
- ▶ **Local admin** then admits and is responsible for **trainers** for that area – when accepted their passwords will be sent to email address provided
- ▶ **Carers** when they have group code and at least one child code they can admit themselves – you will need an email address – this is the unique identifier. When carers have submitted an application they will receive their very very long password immediately on the screen. This is not able to be changed, case sensitive and may include symbols.

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## Topics available on Interactive Framework

Topics available on training tool  
Some topics contain several competencies e.g. Enteral feeding contains NG, gastrostomy pump and bolus feeding and Jejunostomy. Chest physio is also now available



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## It contains – Theory

-known as learning nuggets for 18 different areas of care but all include

- ▶ Privacy and dignity
- ▶ Anatomy and physiology
- ▶ Psychological issues for children, young people and families related to their condition and the implications for families
- ▶ Record keeping guidelines as well as topic specific record keeping guidance
- ▶ A section on sexuality, consent and well being specifically for young adults
- ▶ References



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## It contains - Workbooks - interactive, less writing with Cloning!

There are a variety of types of questions

- ▶ Grey questions are generic to every topic so once a workbook has been approved on the computer this will clone to any other workbook for up to 4 months – computer marks can only be right or wrong
- ▶ Pink questions specific to topic may be cloned but only for same topic –different child
- ▶ Blue questions –child specific will never be able to be cloned



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## Cloning - when information is cloned across all workbooks that contain that question

- ▶ Will only happen when competency approved on computer
- ▶ Cloning will last for 4 months from last competency signed - to ensure all staff remain updated either through repeated assessment at competency or completing complete competency
- ▶ Grey generic question such as hand washing will clone for every competency
- ▶ Pink questions are competency specific - will only clone if you do the same competency on a different child
- ▶ Blue questions are child specific - will not clone as the computer cannot mark child specific questions

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## Benefits of cloning

- ▶ Time saving – 30-40% of time saved for both carers and nurses depending on the frequency the system is used
- ▶ Much less paper so less storage may be kept within child's notes
- ▶ Much less marking time for nurses - saving on nursing time
- ▶ Less repetitive for staff – less time to complete - as requested by staff so more user friendly
- ▶ Cost saving!!

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## Competency sign off

- ▶ When the work book is complete the computer will allow you to print of this part of the document
- ▶ It will only print off
  - child specific answers
  - practical assessment grid
  - sign off sheet
- ▶ When all is complete trainer then approves on the computer
- ▶ Trainees must also agree they are competent to carry out procedure
- ▶ Across Bell's Taxonomy
  - E – experienced P- participated
  - I – competent Ia -internalised
  - D – teach ( only for nurses)

### Suction of Natural Airways - Oral Suction

This competency is for Patient ICF0000166 only

Child code

THIS COMPETENCY EXPIRES ON

This competency certifies Carer to  by

Carer's name

PRACTICAL DEMONSTRATION OF REQUIRED SKILLS & KNOWLEDGE	LEVEL REACHED				
	E	P	(A)	(N)	D
<ul style="list-style-type: none"> <li>• Carer to demonstrate age/child appropriate preparation.</li> <li>• Safe hand washing technique (if safe to do so).</li> <li>• Setting appropriate suction pressure.</li> <li>• Selection of appropriate suction catheter/yankeur sucker.</li> <li>• Carer to identify areas of the mouth where it is appropriate to apply suction.</li> <li>• Demonstrate how far to insert catheter/ yankeur.</li> <li>• Safe suctioning technique.</li> <li>• Effective suctioning.</li> <li>• Risks of Loose teeth.</li> <li>• Risks of bleeding.</li> <li>• Ensure Child Comfortable.</li> <li>• Thank child/young person for co-operation.</li> <li>• Restock equipment.</li> <li>• Cleaning and charging of equipment.</li> <li>• Waste disposal policy.</li> <li>• Accurate, appropriate documentation (if possible from own records).</li> <li>• Carer to recognise intimate nature of procedure.</li> <li>• Carer to be aware of other peoples curiosity.</li> </ul>					

Assessors please remember that when the competency is complete it is your responsibility to ensure the inputting of the completion of the competency into the data base

13

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## Sign off sheet

- only registered professionals may sign overall competency
- This is unchanged from the paper copy as this has had legal approval
- Carers signature is as valid as nurses as they agree they are confident and competent
- Competency is valid for 1 year from sign off date
- Trainer must then approve competency on system to activate reminder to carer 6 weeks prior to expiry

Individual levels assessed by:

NAME	INITIAL	SIGNATURE
_____	_____	_____
_____	_____	_____

I certify that the person named, as carer on this document is competent to carry out the procedure detailed above and that I have current N.M.C. registration.

Overall competency: \_\_\_\_\_ Date \_\_\_\_\_

I the above named carer certify that I am happy to carry out the above procedure within the competencies detailed above. I understand the scope of these competencies. I will only use this training in respect of the child specifically named on the front of this form and I will not carry out procedures, which are contrary to or not covered by this training. I will seek further training if I have any concerns about my competency and in any event six weeks before the expiry date on the front of this form renew my training. Upon the date of expiry of this competency, if my training has not been renewed, or if I have concerns about my competency, I will discontinue undertaking the procedure detailed in this document and seek appropriate advice from a suitably qualified clinician and or my employer. In all other respects I will seek all necessary advice guidance and further training needed from time to time in order for me to continue to operate within these competencies.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**EMPLOYERS OF NON NHS TRAINEES.**

We will use our best endeavours to ensure that our employee /staff member delivers care to the person named within the boundaries of this competency as outlined above.

NAME \_\_\_\_\_ DESIGNATION \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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14

## How to start

[www.covandwarkschildcomps.org.uk](http://www.covandwarkschildcomps.org.uk)

- ▶ Apply to super admin to set up area
- ▶ Local admin will be invited to system
- ▶ When accepted local admin and trainer will be offered 1 days training.
- ▶ This is a 4 level system
  - ▶ Super admin
  - ▶ Local admin
  - ▶ Trainers
  - ▶ Carers



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## Once into the system

- ▶ Dash board - everyone has access to this tab - sends and receives messages
- ▶ The theory and workbooks are available to all and can be accessed by clicking to open each topic
- ▶ The theory for each topic must be completed before the computer will allow access to a work book



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## Back system

- ▶ In time the local admin will be able to access carers training records – create a skills passport
- ▶ Skills passport may support a more flexible children's workforce
- ▶ We are hoping that this information will be able to be used to cost continuing care packages more effectively as we can gain realistic training times
- ▶ Support time management
- ▶ Allows local admin and trainers to Observe training times for each carer

17

## Conclusion

- ▶ This is a Nationally and internationally recognised training system with a 12 year history
- ▶ The interactive framework has been piloted in several areas as part of national initiative
- ▶ Staff who have used both systems prefer this method and find assessing more equitable and the repetition much reduced
- ▶ Staff find the system more efficient which allows more time for patient care

18

## The system won the Nursing Standard Child Health Award 2014



# Appendix 2. – Example Workbook.

## Coventry & Warwickshire Children & Young Peoples Interactive Competency Framework



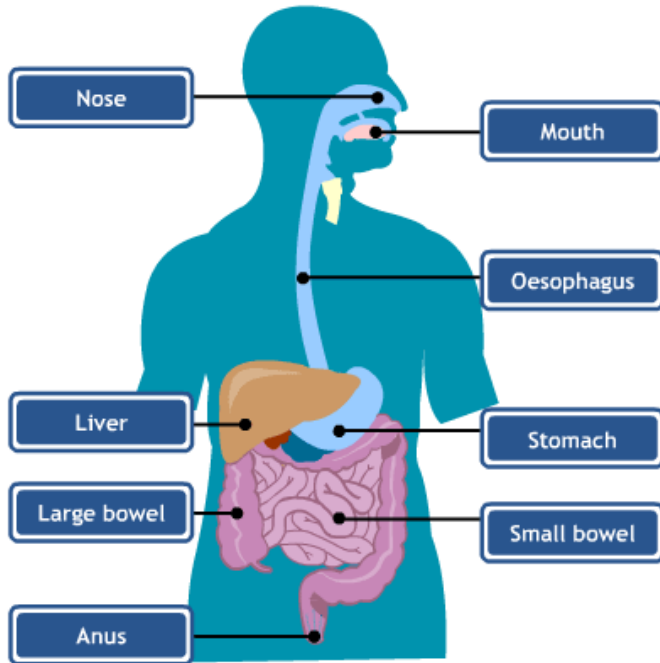
Enteral Feeding

# Section 1

Carer to understand reason for nasogastric feeding tube

## Enteral feeding

Question: What is the anatomy of the digestive tract?



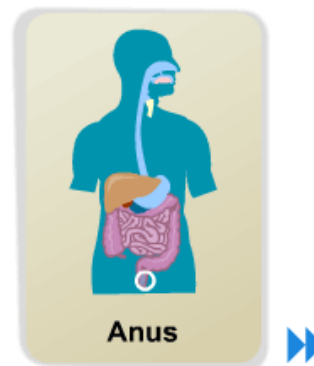
That's right. The labels are in the correct positions.

## Enteral feeding

Question: What are the functions of the anatomical parts of the digestive system?

For breathing	Nose
For chewing food and speech	Mouth
Tube from mouth to stomach	Oesophagus
Produces bile and detoxifies poisons in the blood	Liver
Digests food and acidifies and cleans food	Stomach
Absorbs food using enzymes from the pancreas	Small bowel
Reabsorbs water from food	Large bowel
Where waste products are excreted	Anus

The labels are in the correct positions



2) Why is the young person enterally fed?

.....  
.....  
.....

3) Can the young person have anything at all orally?

If answer is YES:

Provide details

.....  
.....  
.....

4) Who prescribes the young person's enteral feeding and is allowed to change the feeding regime for the young person?

## Section 2

Carer to understand psychological aspects of feeding young person via a tube

---

- 1) Describe what kind of oral care is appropriate for the young person.

.....

.....

.....



## Section 3

### Carer to understand psychological aspects of feeding for family

---

1) In what 5 ways do you think that enteral feeds will impact on the young person and their family?

(Tick all that apply)

- a. Additional family training needed for extended family to help
- b. Loss of feeding role
- c. People staring
- d. Problems at college/workplace
- e. Storage issues
- f. The young person doesn't have to pay for food

## Section 4

### Carer to understand the safety aspects of feeding

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- 1) How often does the young person get their enteral feed supplies?
  - a. Weekly
  - b. Fortnightly
  - c. Monthly
  
- 2) Where is it safe to store the feed prior to being opened?
  - a. At the back door
  - b. In a cupboard
  - c. In the fridge
  
- 3) How is the young person's feed supplied?
  - a. Mixed at home
  - b. Pre-packed
  
- 4) How do you know how long to store feed before it is opened?
  - a. All feed can be stored for one month
  - b. By looking at the 'use by date' and how the feed looks
  - c. Young person tells you when the feed is not to be used

- 5) What temperature is safe for storage of feed?
- i) Pre-packed closed:
    - a. 0-2°C
    - b. 3-5°C
    - c. 5-25°C
- 6) What temperature is safe for storage of feed?
- ii) Pre-packed opened:
    - a. 0-2°C in a fridge for 4 hours
    - b. 0-5°C in a fridge for 4 hours
    - c. 3-4°C in a fridge for 4 hours
- 7) What temperature is safe for storage of feed?
- iii) Freshly-mixed feeds:
    - a. Use straight away
    - b. For up to 4 hours in a fridge
    - c. For up to 24 hours in a fridge
- 8) What temperature is safe for storage of feed?
- iv) Feeds with additives:
    - a. Use as fresh food
    - b. For up to 4 hours in a fridge
    - c. For up to 24 hours in a fridge
- 9) Does the young person have anything added to their feeds?
- a. Yes
  - b. No

10) If 'Yes':

What is added to the feed?

.....

.....

.....

11) If 'Yes':

How much is added?

.....

.....

.....

12) If 'Yes':

How often is it added?

.....

.....

.....

13) What things do you need to check prior to every feed?

(Tick all that apply)

- a. If young person has had a feed recently
- b. The amount to be given
- c. The rate at which the feed should be given
- d. The type of feed
- e. What the expiry date is
- f. What the prescription says

14) Is the young person's feed delivered by pump or gravity?

a. Gravity

b. Pump

15) If by pump, which pump do they use?

.....  
.....  
.....

16) How much feed does the young person have?

.....  
.....  
.....

17) When does the young person prefer to have their feeds?

.....  
.....  
.....

18) Is there a minimum angle the young person should be at to be fed?

If answer is YES:

What is the minimum?

a. 30°

b. 45°

c. 90°

19) What is a flush? How much was used for a flush and why do they have it?

20) Can they have extra water in summer?

- a. Yes
- b. . No

21) What 3 things would make you realise that the young person requires extra fluid?

(Tick all that apply)

- a. Their eyes will be sunken and their skin will lose its elasticity
- b. Their mouth would become dry and their tongue furry
- c. They would tell you
- d. Their speech would sound slurred and they may be able to tell you
- e. They would feel sick

## Section 5

Carer to show awareness of importance of record keeping

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1) What do you understand by accurate, appropriate documentation?

.....

.....

.....

2) What do you need to write about?

3) What 5 things might you need to see in the young person's notes in relation to the feeding prior to starting to feed?

(Tick all that apply)

- a. Any issues related to the feeding site
- b. Any recent changes to the feed regime
- c. How old the young person is
- d. How the young person is
- e. The name of the person who orders the feed
- f. When young person was last fed

4) Should you document who is present in the young person's home when you carry out care?

Yes

No

5) Does it matter when you write the document?

If answer is YES, place in order:

1. Within shift
2. Within 24 hours
3. As soon as possible

6) Who should read this document?

.....

.....

.....

7) What colour should you write this in?

- a. Black
- b. Blue
- c. Purple
- d. Red

8) How do you know these records belong to this young person?

9) Can you leave spaces for others to fill in later?

- a. Yes
- b. No



10) Check the words which apply to good recordkeeping

(Tick all that apply)

- a. Abbreviations
- b. Accurate
- c. Concise
- d. Consecutive
- e. Consistent
- f. Contemporaneous
- g. Current
- h. Factual
- i. Fiction
- j. Fit for purpose
- k. Jargon
- l. Legible
- m. Patient condition
- n. Subjective comments
- o. Understandable

11) List 3 things you must do to identify who wrote the record and when the record was written:

(Tick all that apply)

- a. Date and time
- b. Job title
- c. Place of work
- d. Postcode
- e. Previous married or maiden name
- f. Sign and print name

## Section 6

### Carer to demonstrate awareness of issues of privacy and dignity

---

1) In a short sentence, explain what privacy means to you

- a. Privacy is ensuring that all those who care for the young person, know how to do so safely
- b. Privacy is ensuring that the young person has the company of their friends only
- c. The dictionary lists privacy as time out, time alone, confidentiality and solitude

2) Has this young person got capacity under the Mental Capacity 2005? Act to make decision about their care.

Yes

No

If No who has responsibility for this young person?

3) Do you need the young person's consent to share Information about them?

- a. Yes
- b. No

4) How can you protect the young person's confidentiality?

(Tick all that apply)

- a. By ensuring the whole team knows for the young person's safety
- b. By not discussing the young person outside work
- c. By only discussing the young person with people within the team who need to know

5) Is there ever a time when breaching confidentiality is permissible?

If answer is YES:

When?

.....

.....

.....

6) In a short sentence, explain what dignity means to you

- a. Dignity is being firm and fair with the young person and treating all young people equally regardless of their beliefs
- b. Dignity is ensuring that I pass on my values to the young person
- c. Dignity is listed as seemliness, nobility, self-respect
- d. Dignity is enabling the young person to live by and develop their individuality.

7) List 3 words that will reflect how you speak to the young person

(Tick all that apply)

- a. Dictatorially
- b. Firmly
- c. Friendly
- d. Pleasantly
- e. Politely
- f. Respectfully

8) What do you perceive to be the level of intrusion in the young person's home?

9) What would you do if the young person develops abdominal pain?

Place in order

1. Stop the feed
2. Give them pain relief/comfort measures
3. Change their position

10) What would you do if the young person develops vomiting or diarrhoea?

Place in order

1. Stop feeding
2. Clean up the young person
3. Call the dietician
4. Document

11) How does the young person express the feelings?

-----  
-----  
-----

## Section 6 a consent sexuality and well being

To be completed only if appropriate following discussion with the nurse

1) what do you understand by the term informed consent?

- a. a person is able to make a decision based on the information that is presented and that they understand the consequence of their decision
- b. the person can say yes or no
- c. the person can not talk so can't make decisions for themselves

2) Depending on the consent that is required can this young person make an informed decision?

No

Yes - how do they express this?

3) In law Consent is an act of reason; the person giving consent must be of sufficient mental capacity and be in possession of all essential information in order to give valid consent.

A person who is mentally incompetent, or is under the influence of drugs is incapable of giving consent. Consent must also be free of coercion or fraud. How do you know that the consent that this young person gives is valid and informed?

4) Who decides this young person has capacity for consent?

5) Could their decision making process change with illness/ deterioration?

6) Who is responsible for this young person's health and wellbeing?

7) What happens if the young person's parents or carers disagree with the young person's life choices?

8) Are there any additional risk assessments to be considered for this young person in relation to alcohol and smoking?

9) Spirituality is the expression of a person's individuality and what makes them unique from another person. This can include their religion and moral beliefs. How does this person express their spirituality?

10) What would you do if there is a conflict between your beliefs and the young person's?

- a. it should not matter and my care will not be affected by this
- b. I can request to be removed from providing care
- c. I can use it to educate the person in the ways of my spirituality
- d. we can have an open non-judgmental debate about individuality

11) sexuality is an important part of growing into adulthood and occurs at different times for each individual.

How does this young person express their sexuality?

12) as part of growing up a young person will experience bodily changes and how they view their own body may change.

Does the young person express any concerns about their body image ?

13) Does this young lady have a monthly cycle?

No

NA

Yes - if yes how do they manage them and do they need assistance ?

14) A young person discloses that they have sexual desires how do you react to this?

- a. tell them not talk about rude things
- b. I would discuss these feelings with the young person at a level appropriate to them
- c. I would leave the room
- d. discuss the information sources available to them

15) a young person you are working with discusses with you that they are homosexual . How would you deal with this? Tick all that apply

- a. I would have an open conversation with them providing support and information if needed
- b. if I don't feel comfortable talking openly about this advise them of where and who they can talk to
- c. tell them their feelings will pass and not to worry about it
- d. arrange for more activities for the young person to distract them

16) A young person who you are working with asks you to assist them in purchasing goods of sexual nature.

What would you do? Tick all that apply

- a. if you don't feel comfortable yourself doing this discuss with the young who would be the best person to help them
- b. support them with this purchase discreetly
- c. tell them this sort of thing is very inappropriate
- d. tell them it's not my job to do this

17) does this young person use a contraceptive?

No

Yes - is any assistance required ?

18) A young person's mental health is very important aspects of the care you give please select which things may help you provide this care. Tick all that apply

- a. Allowing the young person space alone
- b. Talking openly about feelings emotions and worries
- c. assisting the young person in socialising



- d. assisting the person to reach their full potential
- e. encouraging them to talk about their hopes dreams and aspirations
- f. allowing to make choices
- g. allowing them to experience the consequences of the choices they make

- h. respecting the young person's privacy and dignity
- i. respecting the young person as a unique individual

19) what can affect the young person's mental health ?

Tick all that could apply

- a. medication
- b. Hormones
- c. Social situations
- d. isolation
- e. money worries
- f. fear
- g. illness
- h. substance misuse
- i. Mental physical sexual abuse
- j. nothing
- k. this is not a consideration for those with disabilities

20) Does this person or anyone around them have mental health concerns or expressed any suicidal thoughts ?

## Section 7 - Gastrostomy Feeding

Carer to be competent in daily care of tube

---

1) Attaching a gastrostomy feed is an intimate procedure. What 4 things help to maintain the young person's dignity?

(Tick all that apply)

- a. Ask them for their consent
- b. Find a secluded space to attach extension
- c. Give them a cuddle or a hug
- d. Help them to become independent
- e. Invite anyone interested to come and watch
- f. Listen to their requests and their opinions

2) How long is it before the stoma will start to close after the tube is removed?

- a. 10-30 minutes
- b. 1-2 hours
- c. 2-5 hours
- d. 5-10 hours

3) How should the young person's stoma site be cleaned?

- a. With a rough cloth to remove any dead skin from the area
- b. With alco wipes
- c. With warm water or as prescribed by doctor

4) Does the young person have their tube rotated?

Yes

No

If Yes how is this done?

5) What signs may lead you to suspect that a stoma site infection is present?

(Tick all that apply)

- a. The area around the tube is swollen
- b. The area is itchy/painful
- c. The young person is being sick
- d. The parents or child / young person tells you
- e. The site is red
- f. The site is sticky/smelly
- g. The tube site is hot
- h. over granulation

## Section 7 - Gastrostomy Feeding (Balloon)

Carer to be competent in daily/weekly care of tube and to demonstrate awareness of potential problems and solutions

---

1) Attaching a gastrostomy feed is an intimate procedure. What 4 things help to maintain the young person's dignity?

(Tick all that apply)

- a. Ask them for their consent
- b. Find a secluded space to attach extension
- c. Give them a cuddle or a hug
- d. Help them to become independent
- e. Invite anyone interested to come and watch
- f. Listen to their requests and their opinions

2) How long is it before the stoma will start to close after the tube is removed?

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- b. 1-2 hours
- c. 2-5 hours
- d. 5-10 hours

3) How should the young person's stoma site be cleaned?

- a. With a rough cloth to remove any dead skin from the area
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- c. With warm water or as prescribed by doctor

4) Does the young person have their tube rotated?

Yes

No

If Yes how is this done?

5) What signs may lead you to suspect that a stoma site infection is present?

(Tick all that apply)

- a. The area around the tube is swollen
- b. The area is itchy/painful
- c. The young person is being sick
- d. The parents or child / young person tells you
- e. The site is red
- f. The site is sticky/smelly
- g. The tube site is hot
- h. over granulation

6) How much fluid should the young person's balloon contain?

7) What fluid is prescribed to be in this young person's balloon?

8) Why is the balloon checked?

(Tick all that apply)

- a. To check the integrity of the balloon
- b. To obtain regular practice
- c. To prevent accidental loss of feeding tube
- d. To stop the young person being sick

9) What is the risk if the balloon has too little fluid in it?

- a. It will leak into the stomach
- b. It will start to deteriorate
- c. The feeding tube will fall out

10) What is the risk whilst checking the balloon?

- a. The balloon will fall out
- b. The young person will be sick
- c. The tube will fall out

11) How can the risk be minimised?

(Tick all that apply)

- a. Do not check it
- b. Have two people present
- c. Lay the young person down
- d. Tape the device in place

12) Where does the young person keep their spare?

13) Who can change the young person's tube?

(Tick all that apply)

- a. CCN
- b. Hospital
- c. Mum/Dad
- d. Other carers
- e. Young person themselves

14) How would you recognise if the young person's tube is Blocked?

- a. You would be unable to flush their tube and would feel pressure
- b. You would know because mum would tell you it was blocked
- c. You would see the blockage in the tube

15) What is done to try and prevent blockages in the tube?

- a. Bend the extension tube before and after feed
- b. Flush with fresh tap water/cool boiled water (if under one or immune suppressed) before and after feed and before and after every medication
- c. Rub the outside of the tube before and after feed

18) Who would you contact for help if the tube was blocked?

19) What would you do if you suspected the tube was dislodged?

Place in order

1. Tape feeding tube in place
2. Re-assure the young person
3. Check balloon

## Section 7 - Nasogastric Feeding

Carer to understand the physiological aspects of nasogastric tube feeding, checking tube position and demonstrate competence using equipment required

---

1) What is a nasogastric tube?

- a. It is a long thin piece of plastic feeding tube which hangs from the nose
- b. It is a surgical procedure to insert a thin feeding tube into the stomach
- c. It is a thin tube passed from the nose through the back of the throat to the stomach

2) What type of tube does the young person have?

.....

.....

.....

3) What size is the young person's tube?

.....

.....

.....

4) Does the young person have:

- a. All feeds enterally
- b. Nil orally
- c. Supplementary feeding



5) Prior to feeding, what check is essential to the young person's Safety in relation to the NG tube?

- a. Ensuring that someone else is around
- b. Ensuring the nasogastric tube is in their tummy

6) How do you do this check?

- a. As per the young person's care plan
- b. Ask a nurse to do it for you as they are qualified
- c. Smell the stomach contents

7) What equipment do you need to do this check?

(Tick all that apply)

- a. Saturation monitor
- b. Suction catheters
- c. pH paper

8) What should you do if you do not get the required result?

(Tick all that apply)

- a. I would call an ambulance
- b. I would carry on
- c. I would check it again
- d. I would not feed them

9) Who would you contact if you had a problem with this?

.....  
.....  
.....

10) Can you change the tube?

- a. Yes
- b. No

11) What must the pH paper read for it to be safe to feed the young person?

- a. Over 5.5
- b. Over 7
- c. Under 5.5
- d. Under 7

12) What does the young person's care plan say to do if you do not get an acid reaction?

.....  
.....  
.....

13) What 3 things should you check as well as pH?

(Tick all that apply)

- a. If the young person has vomited or coughed since the last feed
- b. If the young person is well
- c. If the young person wants to be fed
- d. The external length of tube
- e. The time that the young person last went to the toilet
- f. If the young person has had a feed.

14) What should you do if you are unable to obtain aspirate?

(Tick all that apply)

- a. Contact the GP/District Nurse
- b. Phone the emergency services
- c. Take the young person to hospital
- d. Try moving the young person to different positions
- e. Give them a drink if they have a sale swollen

15) Does the young person have measures on their tube?

If answer is YES:

What would measure normally read?

.....

.....

.....

16) If the young person has a coughing fit or vomits during the feed, what must you do in relation to the tube?

- a. Check its position
- b. Dial 999 immediately
- c. Wipe it with a tissue

17) What 3 things would you record if you could not get an appropriate reaction?

(Tick all that apply)

- a. The date and time
- b. What happened once you had followed the advice
- c. What you had done previously
- d. Who you had contacted and the advice given

18) Where would you record it?

- a. In the care plan/home notes
- b. In their school/home diary
- c. In your diary
- d. In your records

19) List all the equipment you will require to give the young person a nasogastric feed

(Tick all that apply)

- a. Alco gel
- b. Bottle opener if required
- c. Equipment bag
- d. Feed
- e. Giving set
- f. Spare Nasogastric tube
- g. Syringes
- h. Tape
- i. Tube introducer
- j. fresh tap water/cool boiled water (if immunosuppressed)
- k. pH paper
- l. scissors

20) What must be observed very closely?

- a. The size of their stomach
- b. The skin around their fixings
- c. The urine they pass

21) What are potential hazards of nasogastric feeds?

(Tick all that apply)

- a. Aspiration into the young person's lungs
- b. Bloating stomach
- c. Nose bleeds
- d. Oral aversions
- e. Sore skin under the tapes
- f. The young person getting lazy

22) How can the problems with nasogastro feeds be prevented?

(Tick all that apply)

- a. By doing checks correctly
- b. By doing everything for the young person
- c. By ensuring young person is in a good position
- d. By not changing the tape too often
- e. By not using any tape on the face

23) What 4 things should be recorded in the care plan to help you check tube placement?

(Tick all that apply)

- a. Any complicating factors such as medication
- b. Anything different from normal
- c. Young person's date of birth
- d. Young person's family history
- e. Young person's external length of tube
- f. Young person's normal pH

## Section 8

### Carer to describe emergency action plan

---

- 1) Where is the young person's care/escalation plan & spare tube kept?
  - a. At home
  - b. Locked in a cabinet
  - c. With them
  
- 2) Can you access it at all times?
  - a. Yes
  - b. No
  
- 3) Explain what the expression 'young person-specific' means to you
  - a. It means I can only ever work with one child
  - b. It means I have to be trained about what is in the care plan
  - c. It means I may not use this training for another young person