New job role delivers seamless service

St Monica Trust

A new job role, devised by St Monica Trust, successfully blends nursing with care assistant duties and effectively uses resources.
Background
St Monica Trust is a charity, providing care, residential and nursing care and supported housing to older people, with a range of needs. The Trust set up a project eight years ago, using Skills for Care funding. It created a new senior nurse care assistant (SNCA) role that incorporated a range of basic, clinical skills in addition to the core care and support skills. A job description is at Appendix 1.

Aims
The purpose was to give residents a more seamless service with fewer people required to provide support and to free up the time of qualified nurses for other tasks.

What was done?
Staff were given initial training at a local hospital, to develop their underpinning knowledge and were then assessed at NVQ level 3 in their workplaces.

“Team members who have received the enhanced training feel very positively about their roles and there is no problem with recruitment or retention.” Jacqui Ramus, Practice development manager.

Trained workers provide basic clinical assistance under the supervision of the on duty registered nurse. The nurse may delegate responsibility where the SNCA has been assessed as being competent in the relevant area. SNCAs can do a range of tasks including:

- administering medication
- wound, tracheotomy, catheter, ileostomy and colostomy care
- enteral feeding
- diabetes monitoring
- booking in and disposing of drugs.

The project has been successfully embedded into the practice of the Trust and developments have taken place. A Practice development officer: clinical skills trainer is now employed to provide update training and assessment of all care staff, including the level three SNCA workers. The nursing skills training is now tailored to the needs of individual residents, and is updated annually.
Training is linked to the following units within the QCF framework:

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
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<tbody>
<tr>
<td>Dem 302</td>
<td>Understand and meet the nutritional requirements of individuals with dementia</td>
</tr>
<tr>
<td>HSC 2024</td>
<td>Undertake agreed pressure area care</td>
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<tr>
<td>HSC 3047</td>
<td>Support use of medication in social care settings</td>
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<tr>
<td>HSC 3050</td>
<td>Prepare for and carry out extended feeding techniques</td>
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<td>HSC 3051</td>
<td>Undertake tissue viability risk assessments</td>
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<td>HSC 3052</td>
<td>Undertake physiological measurements</td>
</tr>
<tr>
<td>IC 01</td>
<td>The principles of infection prevention and control</td>
</tr>
<tr>
<td>IC 02</td>
<td>Causes and spread of infection</td>
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Note: there are no units for some areas such as Physiological Measurements, or wound care in the HSC diploma, other guidelines, such as Marsden, are used for these areas.

**Outcomes**

The project is now fully integrated into the way care is delivered in residential units:

- residents expect this seamless support as a matter of course
- training is provided on site and tailored to individual resident needs
- qualified nurses are freed up to focus on more skilled areas of work and can branch out into new areas, such as leadership and management
- sufficient SNCAs are in post to ensure that one trained worker is part of each shift team, as well as a registered nurse
- enhanced understanding of medical conditions means that SNCAs can recognise significant symptoms at an early stage and can alert the registered nurse who quickly initiates appropriate interventions.

**Bill's experience**

Bill, a resident at St Monica Trust, had a chronic and deteriorating wound that was finally brought under control when the staff caring for him received training in these new skill areas. Better management of his condition meant that he was closely monitored; care staff were able to manage his daily care and recognise when the skills of the nurse were required. Prompt and appropriate treatment quickly led to his condition improving.
**Impact**

The project has made an impact on the national priorities:

- the new senior nurse care assistant role has increased levels of clinical care provided and increased personalisation, with fewer handovers
- there is a reduction in the number of residents being admitted to hospital
- some residents have been discharged from hospital more speedily
- fewer GP callouts have been required to the homes
- creating the SNCA role has provided capacity to respond to increased resident needs and managed resources effectively.

**Learning**

The project team have identified key learning points:

- sell the benefits of the new role to gain staff support and overcome resistance to change
- identify financial support for the SNCA role so it can be extended to its full potential
- offer professional development for nursing staff as well, their assessment and supervision skills are key to supporting the assistants.
Learning

Key learning points include:

- the expertise and backing of the National End of Life Care Programme and support from senior operational managers were crucial to the success of the project
- many older people think about end of life care and they, and some staff, want to talk about it
- managers need to give staff time to increase their confidence on end of life issues and reinforce the value of the resource pack and encourage them to refer to it often
- a ‘one size fits’ all approach is not appropriate
- care must be sensitive and person centred, for example, not everyone will want to complete an advance care plan, even if they have opportunity to do so
- staff need to be able to take what they know and apply it to each person differently.

Next steps

The resource has been updated by the National End of Life Care Programme and the Housing Learning and Improvement Network to include further information on advance care planning and other key areas.

Housing 21 continues to be involved in developing initiatives aimed at reducing hospital admissions and length of stay when residents are admitted to hospital. Examples of one of the pilots, along with details of the cost savings can be found in the National Housing Federation report On the Pulse (Leng, 2012).

References

Department of Health, 2008


Easterbrook, 2008

Easterbrook, Lorna with Vallelly Sarah; *Is it that time already? Extra Care Housing at the End of Life: A policy-into-practice evaluation.* Housing 21, 2008.  

Jones et al, 2011

Jones, Anwen; Croucher, Karen and Rhodes, David; *Evaluation of Learning Resources for End of Life Care in Extra Care Settings, Executive Summary,* Centre for Housing Policy, The University of York, 2011.  
http://www.york.ac.uk/media/chp/documents/2011/eolcaresum.pdf

Leng, 2012

Leng, Gill; *On the Pulse: Housing routes to better health outcomes for older people.* National Housing Federation, 2012  
http://www.housing.org.uk/publications/find_a_publication/care_and_support/on_the_pulse.aspx
**Links**

NToW41 - project report
NToW41 - Transforming end of life care
Updated End of Life Care Learning Resource Pack
End of Life Care Programme, http://www.endoflifecare.nhs.uk/
Skills for Care, End of Life Care Programme http://www.skillsforcare.org.uk/developing_skills/endoflifecare/endoflifecare.aspx
http://www.skillsforcare.org.uk/workforce_strategy/workforce_innovation_programme/prevention/NToW41.aspx (includes video)

**Contacts**

www.housing21.co.uk

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**Further information**

For further information about the health and social care integration work between Skills for Health and Skills for Care please contact:
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