Delegated Healthcare Activities
Case study

Leading with trust, the future of delegation in care homes

Real stories from care management teams

Delegation of insulin administration to carers in care homes

By Sallie Green,
Locality Manager at South Warwickshire University NHS Foundation Trust.

Background

South Warwickshire University NHS Foundation Trust (SWFT) undertook a Service Improvement Project to review the Diabetes Pathway in the community. The review revealed that the pathway was placing a disproportionate demand on the trained community registered nursing team, who were routinely administering insulin to individuals with stable diabetes. This high demand often led to delays in insulin administration, causing patients to wait before eating breakfast or missing outings with family and loved ones. Consequently, care was not being delivered in a timely or person-centred manner.

Development of the initiative project

Using the Skills for Care Guiding Principles for Delegated Healthcare Activities and current evidence showing increasing prevalence of diabetes and co-morbidities such as dementia, arthritis among the ageing population and insulin omission as a major safety concern, Talitha Carding (Associate Chief Nursing Officer, Out of Hospital Division) and Sallie Green (Locality Manager, Out of Hospital Division) launched an initiative. The initiative commenced in 2020 as a solution to offering support for care homes during the covid pandemic but formalised and re-launched in early 2024.

It supported trained non-registered health and care workers such as healthcare assistants and support workers to safely administer insulin to adults with stable diabetes who were unable to self-administer.

Set up process

A standard operating procedure was developed and signed off by the board. With ongoing support, we then established a tailored training package and structured sign off process. This approach marked a significant transformation in diabetes management within residential settings, addressing the needs of an ageing population with complex health conditions and ensuring timely, personalised care.

Challenges and lessons learned

Implementing new approaches in care settings often comes with a set of challenges that require careful navigation. Through this process we identified:

- care Home concerns: initial hesitation around responsibility and regulatory implications
- CQC ratings: fear of impact on inspection outcomes and outdated inspection ratings
- delegation itself: cultural and operational shift in care deliver
- capacity issues: limited availability of District Nurses (DNs) and Diabetes Specialist Nurses (DSNs) to support training and oversight
- consistency: ensuring uniform messaging and standards across sites.

Through building strong relationships and developing clear communication and support, we were able to work through these challenges, focusing on the following benefits and opportunities for:

Person drawing on care and support

- timely insulin administration and meals
- greater freedom for social activities and outings
- improved blood glucose control and reduced complications
- enhanced patient experience and independence.

Care home provider

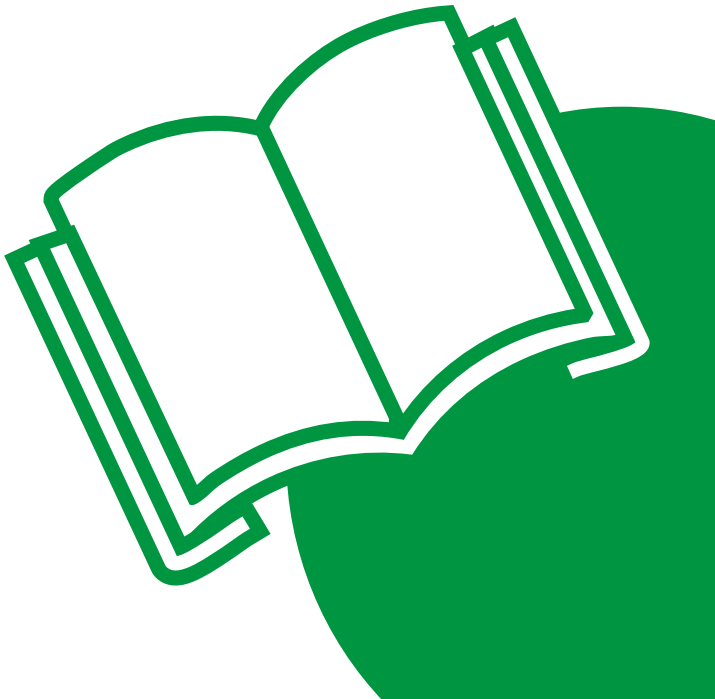
- staff upskilling and retention
- improved care quality and reputation
- increased confidence from residents and families.

Community nursing teams

- released capacity for complex care
- strengthened collaboration with care homes.

Health and social care system

- reduced hospital admissions
- more efficient use of healthcare resources
- scalable model for integrated community care.



How this has impacted care outcomes

Evaluation of the initiative was overwhelmingly positive with feedback from staff reporting feeling empowered and supported, while residents appreciated the continuity and flexibility of care. The use of Libre sensors further enhanced confidence and monitoring capabilities.

By August 2025, the initiative had expanded to seven care homes within Rugby Place, with 41 care staff having completed training and sign off of competencies. A total saving of 260 district nursing hours per month has allowed the two district nursing teams involved to ensure that timely, person-centred care and treatment can be offered to other patients on their caseloads with complex needs.

Some of the learnings we took away in this process was that involving stakeholders from the beginning of the initiative is crucial for success. Strong and effective leadership is essential to ensure consistency, standardisation of processes, and the development of trusted relationships. Additionally, it is important not to underestimate the time required to build these relationships, deliver training and mentorship, and provide ongoing support throughout the initiative.

“The residents have been really engaged with the insulin administration moving over to us and have had what feels like a much more personalised experience. If a resident has been on a day out, they no longer have to feel that they may miss their insulin administration, not that they ever did, but I think that they felt that they did not want to put it over to a later member of staff”

Care Home Manager

“Carol Judd-Winn (RJC) Caseload Manager Residential for Rugby and her team have been very supportive with competencies working around staff rotas to ensure all trained staff have had competencies. They have offered staff additional support if they felt they needed it. They continue to visit regular to check data and offer any support should we need”

Care Home Manager

What's next?

Looking ahead to Autumn 2025 – 2026, the Trust plans to expand the rollout across North and South Warwickshire, maintaining consistent communication with stakeholders, refining training and support based on feedback, and embedding the Skills for Care principles into local policies to ensure sustainability and continued improvement.

Additional information

Top tips from the teams to share with others:

1. involve everyone from the beginning
2. start small: pilot in a few homes to refine processes
3. build trust: engage care home managers early and address concerns
4. invest in training: tailored, paced, and competency based
5. support continuously: ongoing mentorship and check-ins
6. celebrate success: share positive stories and outcomes
7. follow the four **Guiding Principles from Skills for Care:**
   - person-centered care
   - governance, regulation, and accountability
   - learning, development, skills, and competency
   - monitoring and review.