

Leading with trust, the future of delegation in care homes

Real stories from care management teams

Improving care outcomes through structured delegation and training



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Background

The Essex Partnership University NHS Foundation Trust (EPUT) has been pioneering delegated healthcare activities and delivering clinical training in care homes for over eight years. The initiative began in 2018 with Sheila Holland and was later led by me from 2022 onwards. The program aims to reduce unnecessary district nurse (DN) visits, improve care home staff competency, and prevent hospital admissions.



Development of the pilot project

We decided to focus on three key areas, sepsis awareness, oral care and hydration, and clinical training within care homes with an aim to improve safety and improve care standards. Over time, the pilot expanded to include additional clinical priorities such as skin tear management, diabetes care, and insulin delegation, along with other specialised training.

Care homes frequently referred people drawing on care and support with simple wounds to the DN team, which increased the caseload and delayed timely care for people drawing on care and support. These delays often led to complications such as wound infections, which in some cases resulted in hospital admissions. For example:

- people drawing on care and support had to wait for DN visits before having breakfast due to blood glucose monitoring, disrupting their usual routine and creating a non-therapeutic approach to diabetes management
- minor wounds, which could have been effectively managed within the care home, were referred to DNs unnecessarily, leading to delays in treatment, increased risk of infection, and potential escalation to sepsis.

Planning, setup, and communication

We started the pilot with 15 domiciliary care sessions in Chelmsford and Southend, covering essential topics like sepsis, pressure ulcers, diabetes, end-of-life care, oral health, basic dysphagia, and dehydration.

We used key awareness days like 'Dying Matters Week' and 'Sepsis Day' as opportunities to provide additional training, reinforcing critical knowledge, as well as carrying out quarterly visits to care homes, monitoring progress and reviewing training needs so that care teams always had the guidance they needed.

Training process examples

Skin tear management:

- care homes were trained to manage Type 1 skin tears using dressing packs, an escalating pathway and photo referrals
- DNs review wounds after 5 days allowing them time to review and put in place an appropriate plan of treatment
- significant reduction in skin tear referrals observed in one care home.

Diabetes care:

- delegation of blood glucose monitoring (BM) and insulin administration
- competency sign-off by DNs and reviewed and monitored on a monthly basis
- whole process supported by diabetes specialists for Continuous Glucose Monitoring (CGM) (Libre sensor) and manual BM processes
- addressed information governance (IG) issues for device access.

How has this impacted care outcomes

- reduced DN call-outs for skin tears and diabetes management
- improved care home competency in managing wounds and insulin safely
- capacity increase for nurses to focus on complex cases
- no safeguarding incidents reported; safety risks mitigated through DN oversight
- better outcome for residents health.

Challenges and lessons learned

- data gaps post-COVID: difficult to track hospital admission reductions
- insurance and policy limitations: some homes unable to participate
- competency sign-off delays: capacity issues for DNs
- technology barriers: IG compliance for CGM devices.

Future possibilities

- the pilot covers a wide scope, with 272 care homes identified as part of the initiative. So far, 60% have expressed interest in participating
- our goal by June 2027 is to have at least 50% of care homes fully engaged in the pilot.

We also plan to:

- expand into domiciliary care, ensuring even more people benefit from improved training and support
- expand insulin delegation and skin tear management to more homes
- explore falls prevention as a future focus
- continue collaboration with Urgent Community Response Teams (UCRT) and other specialist teams
- secure sustainable funding and address insurance gaps.

Update

The pilot was initially supported through health funding. However, this funding has now been withdrawn resulting in the end of this service.