Delegated Healthcare Activities
Case study

Carers experience of delegated healthcare activities

By Ciara Burke
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Care Professional.

How did you find out about delegated healthcare activity?

We’re fortunate to be part of the Home Instead franchise network, supported by Michelle Tennant, our Clinical Governance Lead, who has been really driving delegated healthcare activities in domiciliary care.

What was your experience?

When I was initially approached about supporting a person with motor neurone disease (MND), which involved taking on delegated healthcare activities (DHAs), I felt both nervous and excited. I was excited about developing my skills as a care professional, but also nervous about not getting things right. As I got to know her, those nerves quickly disappeared as we built a wonderful relationship. She was very clear about her routines and how she wanted things done, always in a calm and easy-going way, which helped me feel more confident and relaxed in my role.

As time went on, she lost her ability to speak, and because of the close relationship we had built, I was able to support her communication when healthcare professionals checked in for reviews. When she couldn’t communicate verbally, I understood what she wanted to express through the hand signals and facial expressions I had become familiar with over time.

I felt that visiting healthcare professionals listened to and valued my input, recognising the difference this made to my client's experience of MND. During a period of respite in a hospice, she asked me to keep visiting because familiar routines helped her feel safe. I collaborated with the hospice team by sharing her communication cues, daily preferences and established routines, which supported consistent person-centred care and the safe continuation of her DHAs under the team's clinical direction.

What was the process?

Train the Trainer (TTT) training was completed by three members of office staff in non-invasive ventilation (NIV), cough assist and suction. This enabled them to teach, assess and sign off the competencies required by care staff delivering these DHAs.

Client-specific Percutaneous Endoscopic Gastrostomy (PEG) training was provided in-house by Nutricia. They also offered ongoing support in the community, including access to specialist nurses via an app if any concerns or issues arose.

In-house training was delivered by Rare Neurological Nurses to provide more in-depth knowledge of motor neurone disease and its impact on day-to-day care and communication.

Papworth Hospital provided training via a Teams call on the equipment used. They also permitted videos to be taken during review appointments, allowing staff to refer back to demonstrations and maintain safe, consistent use of the equipment.

What were the challenges and how did you overcome them?

Ciara's challenges

As motor neurone disease is a progressive condition, changes in the client's needs could occur very quickly. One of the challenges was sourcing appropriate training at the same pace as these changes. Once the training had been identified, a further challenge was securing healthcare professionals who were available to formally assess and sign off the care team as competent. Due to time and capacity constraints within clinical services, this was not always possible, and as a result we sourced Train the Trainer (TTT) courses for the office team to enable this to be managed internally.

Kelly’s challenges

Trying to think on your feet and changing the routine from the way you’ve always done something to something entirely new. For example, when a standing hoist became involved, it was figuring out how to work this into the routine.

The most challenging thing about supporting this client was the emotional impact, we developed such a strong, trusting relationship and it was tough to watch her deteriorate and to be there for the family during this time.

What was the impact on others?

Kelly’s perspective
Supporting our client to remain in her family home, where four generations lived together, was a privilege. Delegated healthcare activities made it possible for her complex needs to be safely met at home, allowing her to remain surrounded by the people she loved and continue her role as a mother and grandmother despite the progression of her condition. During this time, she achieved milestones she never thought possible, including becoming a published author and attending significant family events such as her grandchild’s christening and a gender reveal. Being able to host family freely made a profound difference to her wellbeing. Over time, I also became part of the wider family, supporting them through both the challenges and the joyful moments of her journey.

Ciara’s perspective
This experience had a lasting impact on our organisation and strengthened our confidence in delivering delegated healthcare activities to people with complex needs. The high standard of care achieved through safe delegation was recognised by healthcare professionals and enhanced our reputation for supporting people living with motor neurone disease. Strong collaborative relationships were developed with Rare Neurological Specialist Nurses, PEG nurses, Occupational Therapists, Physiotherapists and Speech and Language Therapists (SALT). These partnerships improved coordination and continuity of care and led to further referrals, enabling us to support more people living with MND and extend the benefits of this approach to other families.

What would be your top tips for other carers thinking about delegation?

Don’t be scared and take the leap. I know it can feel daunting when you’re supporting clients with complex, progressive conditions. It’s natural to feel a little nervous.

The difference you can make is invaluable. The quality of care you provide can completely transform someone’s life, and being part of that journey is one of the most rewarding experiences you’ll have.