



# Healthcare Professional Band 3 Redeployment Competency Programme for Adult Community Services (IMT)



Staff Name..... Mentor.....



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## Introduction to Competency Programme

Due to the Covid - 19 crises these competencies have been developed to support staff who will move working base under redeployment to work within an community area.

### Responsibilities and duties of role

**All redeployed staff will work under the guidance of a registered practitioner and work will be allocated accordingly to skill set of redeployed staff at HCA trained level.**

The **registered practitioner/clinical team leader** remains accountable for the appropriate and effective delegation of activities and must ensure that all health care professionals have the competencies, confidence and expertise to carry out such activities. Having accepted the activity, **the health care professional is also accountable** for their actions and must work within the Code of Conduct for Healthcare Support Workers, (2013)

***(If the health care practitioner feels they do not have the necessary skills or ability to undertake delegated tasks (as supported in the BCHC Delegation Policy) they must alert the nurse in charge immediately.)***

Following the Francis inquiry (2012) and the Cavendish Review (2013) recommendations, Birmingham Community Healthcare NHS Foundation Trust (BCHC) require all clinical health care professionals Band 2-4 to complete a job specific Induction and Competency Programme.  
(Plus completion of the Care Certificate, if not already completed, within 12 weeks of induction, this is essential to your job role, Or provide evidence of health qualifications – Diploma Level 2 / 3, (BTEC) )

This Competency Programme will assist you and your identified mentor to establish a current level of competence and to further develop your skills into a competent practitioner for the role that you are undertaking.

**This competency workbook has been adapted to cover the skill set for redeployment. The 6c's elements will have been applicable and relevant in your substantive roles.**

### Responsibilities and duties of role

All HCA level redeployed staff will work under the supervision and guidance of a registered practitioner in accordance with employer protocols.

The **registered practitioner/clinical team leader** remains accountable for the appropriate and effective delegation of activities and must ensure that all health care professionals have the competencies, confidence and expertise to carry out such activities. Having accepted the activity, the health care professional is also accountable for their actions and must work within the Code of Conduct for Healthcare Support Workers, (2013).



***(If the health care practitioner feels they do not have the necessary skills or ability to undertake delegate's tasks (as supported in the BCHC Delegation Policy) then they must alert the registered practitioner immediately.)***

**The first section of the Competency programme** is to be completed as soon as possible.

To support the knowledge and practice base skills, the Trust provided a bespoke HCA level redeployment training session and identified online learning that will compliment these competencies.

A wound assessment learner work book will also support you with your competencies.

Access the Birmingham Community Virtual Campus for online training.

To commence the programme you are required to at the earliest opportunity complete the Competency Contract with your assigned mentor.

**Disclaimer This Development programme used relevant clinical literature, policies, clinical and nursing web sites that were available at the time of writing.**

## HCA level redeployment – Training

Existing band 3 (EX) External band 3 (E) = those that have joined BCHC

	Medicines management online	MCA Training online	Clinical record keeping online	Anaphylactic Online	Basic life support - Yearly	Manual Handling bespoke Cat1	Wound Care Learner Handbook	Redeployment ACS area specific training; documentation & care planning, clinical observations, administration of eye drops/ ointment, prompting and assisting oral medications, palliative telephone support, pressure ulcers, moisture lesions and simple wounds.
E	Prior to redeployment if not already completed	Prior to redeployment if not already completed	Prior to redeployment if not already completed	Prior to redeployment if not already completed	BLS annually for all	Prior to redeployment or as soon as possible (PRIORITY)	Prior to redeployment	Before redeployment
Ex								



## Process of Assessment for Clinical Competency

**This competency workbook is specific to new clinical skills required to support COVID 19 redeployment**

The Competency programme will be assessed using triangulation of assessment.

These are: -

### **Theoretical knowledge;-**

Ability to discuss rationale/depth of diagnosis/procedure

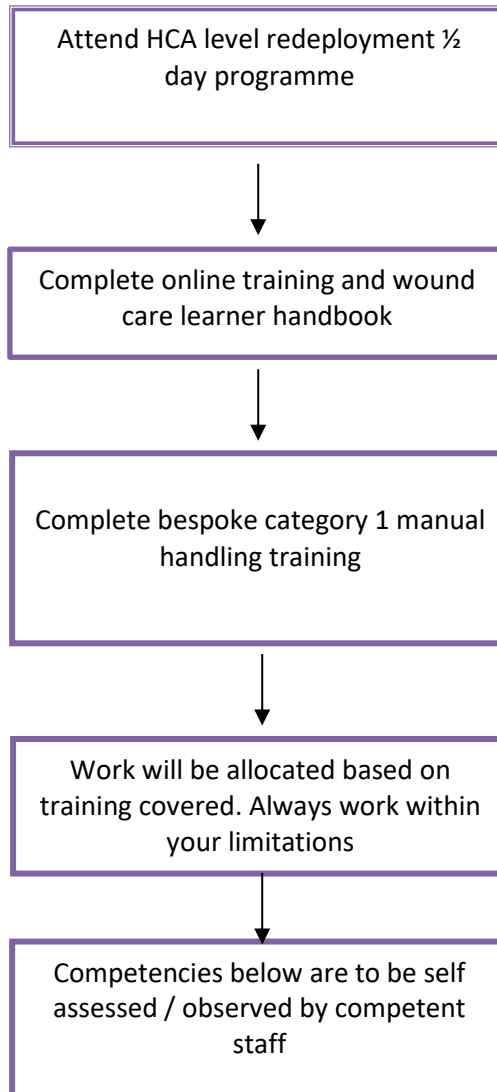
### **Practical Ability/Demonstrating a skill;-**

Arrange patient visits with the mentor and to be observed delivering patient care.

***There is an action plan template on page included that can be used if the mentor feels that the health care professional is under achieving at any stage throughout the programme. The completion of the action plan is to be supported by a representative from the Education and Development Department.***



## Flow Chart to complete the Healthcare Competency Programme





## Health Care Practitioner Competency Contract

Health Care Practitioners Name and Band	
Competency Programme commencement date for section one core competencies ( ) Section One Completion date (within 3 month) ( )	
Start date of second section this may coincide with the commencement of section one, ( )	
Review date of clinical competencies ( )	
Completion date of all competencies ( )	
Signatures of Mentor and Health Care Practitioner	
Action plan implemented/date and signatures of Mentor. and health care professional	
Action plan review date ( )	

**\*You must work inline with the 'The Code of Conduct for Healthcare support workers and Adult Social Care workers in England, 2013.**

Assessor/mentor signature .....

Health Care Practitioners signature .....

Date .....





# Clinical Skills for Redeployed Health Care Professionals

## HCA Level



## **List of clinical competencies for redeployed staff working in the community (District nursing) at HCA level**

- Administration of Topical Medication (Eyes)
- Administration of Topical Medication (Creams)
- Blood Pressure, (digital) recording and reporting
- Catheter Care
- Measuring and monitoring vital signs
- NEWS2
- Pressure Ulcer prevention and clinical management
- Prompting/assisting with medication
- Sepsis
- Wound management



	<b>COMPETENCE</b> <b>Administration of Topical Medication (Eyes)</b>	<b>COMPETENT</b> Date and Signature	<b>NOT YET COMPETENT</b> Date and Signature	<b>EVIDENCE</b>	<b>ACTION PLAN</b>
1	To understand and follow 'Authority to administer drug administration card' instructions.				
2	Explain the rationale / purpose for eye preparations, being prescribed and the factors that could affect their administration (delete as appropriate).				
3	Demonstrate the ability to follow the care plan to deliver the care required.				
4	Always obtain patient consent regarding the procedure and promote patient comfort, maintain dignity and reassure the patient at all times.				
5	Can explain where to find information on the expiry dates for eye preparations once in use and where it should be documented.				
6	Demonstrate the rationale of when it is necessary to have separate containers for each eye and when it is appropriate for one container to be used.				
7	Be able to explain the time delay needed if patient receives more than one type of eye preparation at the same time.				
8	Follows the appropriate infection control procedures during the procedure (i.e. hand washing, aprons, and gloves) and understands				



	the proper procedures for handling and disposal of waste.				
9	Explain how and where to store eye preparations and how to check if unsure.				
10	On the authority to Administer / Administration of medication chart check: <ul style="list-style-type: none"><li>• The name of patient</li><li>• That the prescribed drug has not already been given</li><li>• Name of medication</li><li>• Strength</li><li>• Route</li><li>• Prescribed dose</li><li>• Frequency of administration</li><li>• Allergies</li></ul> On the original packaging check: <ul style="list-style-type: none"><li>• Drug name</li><li>• Drug strength</li><li>• Dose</li><li>• Patient name</li><li>• Expiry date</li></ul>				
	Demonstrate the procedure of; <ul style="list-style-type: none"><li>• eye drop insertion</li><li>• eye ointment insertion</li></ul> in a safe and effective way following the 6R's NICE Guidance <ol style="list-style-type: none"><li>1. Right person</li><li>2. Right medicine</li><li>3. Right route</li><li>4. Right dose</li><li>5. Right time</li></ol>				



	6. Person's right to decline Ensuring all documentation is completed correctly.				
11	To demonstrate awareness and understanding of potential side effects of the drug administration including anaphylactic shock reaction.				
12	Be up to date with Basic life support (BLS) or successfully completed annual trust training on BLS.				
13	Always uses correct administration method/technique in accordance with the District Nursing Manual of Clinical Procedures.				
14	Demonstrate when it is important to report to the GP or shift lead with concerns regarding patient monitoring/health status.				



	<b>COMPETENCE</b>  <b>Administration of Topical Medication (Creams)</b>	<b>COMPETENT</b> Date and Signature	<b>NOT YET COMPETENT</b> Date and Signature	<b>EVIDENCE</b>	<b>ACTION PLAN</b>
1	Demonstrates a practical skill in administration of topical creams				
2	Follows the appropriate infection control procedures during the procedure (i.e. hand washing, aprons, and gloves) and understands the proper procedures for handling and disposal of waste.				
3	Demonstrates an understanding and follows the 'Authority to administer drug administration card' instructions.				
4	Demonstrate the ability to follow the care plan to deliver the care required.				
5	Explains how and where to store topical creams preparations, and how to check if unsure.				
6	Demonstrate the procedure: On the authority to Administer / Administration of medication chart check: <ul style="list-style-type: none"> <li>• The name of patient</li> <li>• That the prescribed drug has not already been given</li> <li>• Name of medication</li> <li>• Strength</li> <li>• Route</li> <li>• Prescribed dose</li> </ul>				



	<ul style="list-style-type: none"><li>• Frequency of administration</li><li>• Allergies</li></ul> On the original packaging check: <ul style="list-style-type: none"><li>• Drug name</li><li>• Drug strength</li><li>• Dose</li><li>• Patient name</li><li>• Expiry date</li></ul>				
7	Demonstrate the procedure of applying topical medication in the correct way as per prescription. Always read the directions. <b>Consider:</b> <ul style="list-style-type: none"><li>• Quantity- steroidal cream to be applied sparingly, to affected area only unless otherwise instructed</li><li>• Emollient creams, if applying to legs use a downward stroke to avoid infection of the hair follicles</li><li>• Antifungal creams – check if you need to wash the affected area before application</li></ul>				
8	Demonstrate the procedure of topical creams application: in a safe and effective way following the 6R's NICE Guidance <ul style="list-style-type: none"><li>1. Right person</li><li>2. Right medicine</li><li>3. Right route</li><li>4. Right dose</li></ul>				



	5. Right time 6. Person's right to decline  Ensuring all documentation is completed correctly.				
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	<b>COMPETENCE</b>	<b>COMPETENT</b>	<b>NOT YET COMPETENT</b>	<b>EVIDENCE</b>	<b>ACTION PLAN</b>
	<b>Blood Pressure (Digital) recording and reporting</b>	Date and Signature	Date and Signature		
1	Demonstrates knowledge of the normal and abnormal ranges of blood pressure readings.				
2	Demonstrate the ability to gain consent and explain the procedure to the patient.				
3	Demonstrates the ability to undertake patient blood pressure accurately using an automated machine.  <b>(Because automated devices may not measure blood pressure accurately if there is a pulse irregularity (such as Atrial Fibrillation) therefore after palpating pulse and noting irregularity present (MEASURE BLOOD PRESSURE WITH MANUAL SPHAGMONOMETER)</b>				
4	Demonstrate knowledge of contributing factors that affect blood pressure reading				



5	Demonstrates the ability to provide appropriate basic information to support positive changes to lifestyle factors that can help in reducing blood pressure.				
6	Acknowledging their own level of competence, escalates/reports any abnormal readings to the Team Manager and or GP				
7	Demonstrates ability to complete accurate legible and complete records relating to the recording of blood pressure reading and relevant action in the nursing care plan				
8	Demonstrates the ability to communicate to team leader/nurse in charge, results of blood pressure recordings at handover				



	<b>COMPETENCE</b>  <b>Catheter Care</b>	<b>COMPETENT</b> Date and Signature	<b>NOT YET COMPETENT</b> Date and Signature	<b>EVIDENCE</b>	<b>ACTION PLAN</b>
1	Attend Redeployment Trust training covering catheter care				
2	Demonstrate an understanding of the reasons why a patient may have a urinary catheter in situ. <b>Consider:</b> <ul style="list-style-type: none"> <li>• Female catheterisation</li> <li>• Male catheterisation</li> <li>• Urethral and supra-pubic catheterisation</li> </ul>				
3	Demonstrate an understanding of the risks associated with urinary catheters. Follow the care plan. Discuss the potential signs and symptoms of complications and when to report to the Nurse/GP <b>Consider:</b> <ul style="list-style-type: none"> <li>• Signs of infection – odour, colour, blood, low back pain, burning, chills, fever, headache</li> <li>• Uro- sepsis</li> <li>• Blockage</li> <li>• Bypassing</li> </ul>				
4	Demonstrate an understanding of catheter care. <b>Consider:</b>				



	<ul style="list-style-type: none"><li>• Correct procedure for emptying a catheter bag or valve</li><li>• Correct procedure for changing a catheter bag</li><li>• Undertaking a urinary sample for analysis</li><li>• Movement of a patient with an indwelling catheter</li><li>• Encouraging fluids</li><li>• Maintaining appropriate bag positions – ensuring you have secured a ‘closed’ drainage system and if the patient is in bed the night bag is secured to a catheter stand- not laying loosely on the floor</li><li>• Checking the patency of the tube and that it is not kinked</li><li>• Checking the day the bag is secured with a leg stabilising device (G – Strap) and leg bag sleeve or straps (remove sleeve or straps whilst in bed)</li><li>• Record keeping</li></ul>				
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	<b>COMPETENCE</b>	<b>COMPETENT</b>	<b>NOT YET COMPETENT</b>	<b>EVIDENCE</b>	<b>ACTION PLAN</b>
	<b>Measuring and monitoring vital signs</b>	Date and Signature	Date and Signature		
1	Demonstrates an understanding of normal temperature, pulse and respiration (TPR) measurement.				
2	Ability to use the relevant equipment to monitor vital signs correctly and understands the importance of calibration of equipment.				
3	Demonstrate ability to undertake accurately record and repeat the following: <ul style="list-style-type: none"> <li>• Temperate</li> <li>• Pulse</li> <li>• Respiratory rate</li> <li>• Use Pulse Oximetry</li> </ul>				
4	Discuss the effects that a client's medical history, prescribed medication and treatment may have on vital signs.				
5	Acknowledges their own level of competence, escalates/reports any abnormal readings to the Team Manager and GP if appropriate / as directed.				
6	Demonstrates ability to complete accurate, legible and complete records relating to patients vital signs in the care plan evaluation.				



	<b>COMPETENCE</b>  <b>NEWS2</b>	<b>COMPETENT</b> Date and Signature	<b>NOT YET COMPETENT</b> Date and Signature	<b>EVIDENCE</b>	<b>ACTION PLAN</b>
1	Discuss the reasons and demonstrate understanding of vital signs.				
2	Demonstrate what actions to take, if the recordings are abnormal				
3	Demonstrate an understanding of the reporting system within your team when the scoring of the News2 has changed.				
4	Discuss the 6 <b>parameters</b> ;- Respiratory rate, O2 saturation (SpO2), Blood pressure (systolic) Pulse, Level of consciousness or new confusion, temperature.				



	<b>COMPETENCE</b>  <b>Pressure ulcer prevention and clinical management</b>	<b>COMPETENT</b> Date and Signature	<b>NOT YET COMPETENT</b> Date and Signature	<b>EVIDENCE</b>	<b>ACTION PLAN</b>
1	Attend the Redeployment Trust Tissue Viability clinical Training Session..				
3	Demonstrate a clear understanding of pressure ulcer grading (1-4) plus DTI and un-stageable.				
4	Demonstrate the ability to identify suitable/ appropriate pressure relieving equipment and justification reasoning.				



	<b>COMPETENCE</b>	<b>COMPETENT</b>	<b>NOT YET COMPETENT</b>	<b>EVIDENCE</b>	<b>ACTION PLAN</b>
	<b>Prompting/Assisting with Medication</b>	Date and Signature	Date and Signature		
1	Demonstrates an understanding of the Mental Capacity Act.				
2	Demonstrates the process of checking the care plan for information on the prompt / assist of medications for that patient.				
3	<p>Demonstrates an understanding of the definitions of prompting &amp; assisting medication. Referring to the Medicine Management Policy.</p> <p><u>Prompting definition</u></p> <p>Prompting: To remind a patient who has mental capacity to make their own decision about taking their own medication, to take their medication at a particular time or with food.</p> <p><u>Assisting definition</u></p> <p>Assisting: To physically help a patient who has mental capacity and ability to instruct a care worker on what they require, for example opening a medication container or removing tablets from a blister pack.</p>				





	Please refer to the trusts medicines management policy for guidance				
4	Demonstrates knowledge and ability to ensure medication is stored safely in an appropriate place as per manufacturer's instructions				
5	Demonstrates awareness and understanding of potential side effects, including anaphylaxis reaction				
6	Demonstrates safe and accurate prompt/assist of the correct medication as per care plan  Ensuring the <ul style="list-style-type: none"><li>• Right patient</li><li>• Right Medication</li></ul>				
7	Demonstrates ability to complete accurate, legible and complete records relating to the prompting/assisting of medication in the evaluation				
8	Discusses in what circumstances to escalate any concerns in relation to patient care to the Team Manager				



	<b>COMPETENCE</b>  <b>Sepsis</b>	<b>COMPETENT</b>  Date and Signature	<b>NOT YET COMPETENT</b>  Date and Signature	<b>EVIDENCE</b>	<b>ACTION PLAN</b>
1	Complete online training on Sepsis				
2	Demonstrate awareness of the NICE Guidelines:  'Sepsis: recognition, diagnosis and early management. July 2016'.  <a href="https://www.nice.org.uk/guidance/ng51/resource/s/sepsis-recognition-diagnosis-and-early-management-pdf-1837508256709">https://www.nice.org.uk/guidance/ng51/resource/s/sepsis-recognition-diagnosis-and-early-management-pdf-1837508256709</a>  <b>AND</b>  Deteriorating Patient (Adults) – Prevention and Management Policy (including the management of Sepsis) Policy including the Community Nursing Sepsis Screening and Action Tool				
3	Demonstrate an understanding of the risk factors for sepsis.				
4	Demonstrate an understanding of recognising severe Sepsis/Septic Shock and its significant impact on patient outcomes.  Understand the importance of:				



	<ul style="list-style-type: none"><li>• Recognising the symptoms of sepsis</li><li>• Assessing patients who may have sepsis with extra care if they cannot give a good history</li><li>• Assessing patients with suspected infection to identify the possible source, the factors that increase the risk of sepsis and any indication of clinical concern, such as abnormalities of behaviour, circulation of respiration</li></ul>				
5	Outline the indicators and demonstrate understanding of the completion of the Sepsis form and the importance of carrying the laminated copy into all patient's homes to use when indicated.				
6	Discuss the potential complication of neutropenic sepsis in patients receiving anticancer treatment and actions to take				
7	Outline the action to take if sepsis is suspected. Consider: <ul style="list-style-type: none"><li>• 999 referrals (patient should have a rapid evaluation by a Dr within 30 minutes)</li><li>• Aim for treatment within the 'Golden hour'</li></ul>				



	<ul style="list-style-type: none"><li>• Follow through to monitor outcomes</li></ul>				
8	Demonstrate awareness of The UK sepsis Trust for additional information.  <a href="http://sepsistrust.org/">http://sepsistrust.org/</a>				



	<b>COMPETENCE</b>	<b>COMPETENT</b>	<b>NOT YET COMPETENT</b>	<b>EVIDENCE</b>	<b>ACTION PLAN</b>
	<b>Wound management and clinical competencies</b>	Date and Signature	Date and Signature		
1	Attend the trust redeployment Tissue Viability training session				
2	Access the TV website. Instruction for this shown on 'helpful resources' information. Download and print competencies pertinent to Band and role.				
3	Complete wound care learner work book (access via the virtual campus or TV intranet page)				



## Useful Policies to Support Competency Achievement

Title	Document Ref Number
Bed Rail Usage Policy	CH394
Being open including Duty of Candour Policy	CH396
Blood Glucose Capillary Monitoring Procedure	CH465
Care of the Cadaver Policy	CH 593
Catheterisation of the Urinary Bladder in Adults Guidelines	CH 602
Clinical Record Keeping and Management Policy	CH 501
Clinical Supervision Policy	CH 316
Consent Policy	CH 360
Consent Procedures & Guidance	CH 360B
Constipation guidelines – Adults	CH589
Disciplinary Policy	CH 342
Falls involving Patients & Service Users- Prevention & Management (Community & Inpatients)	CH 392
Food Hygiene and Safety Policy	CH 656
Guidelines for the Catheterisation of the Urinary Bladder in Adults	CH 602
Hand Hygiene Policy	CH 528
Health & Safety at Work Policy	CH 435
Incident reporting and management policy	CH262
Lone Working Policy	CH 409
Malnutrition Screening Tool ‘ MUST’ for Adults in the community and Bedded Units	CH 552
Mandatory Training Policy & Training Needs Analysis	CH 408
Medicines Management Policy	CH 457
Mental Capacity Act Policy	CH 387
Pressure Ulcer Prevention & Management Policy	CH 391
Privacy, Dignity and Respect Policy	CH 428
Resuscitation Policy	CH 274
Safeguarding Adults Policy	CH 429
VTE policy	CH412
With holding treatment from violent or abusive patient’s policy	CH412



**ACTION PLAN FOR CLINICAL PRACTICE**

Health Care Professional Name \_\_\_\_\_ Assessor/Mentor Name \_\_\_\_\_ CDF Name \_\_\_\_\_  
 Area \_\_\_\_\_ Date Plan Written \_\_\_\_\_

**Aim:** This action plan links to the competency programme and is to help the health care professional to achieve in practice following a review of competency and/or where difficulties have been identified by the assessor and the health care professional it is to be written in consultation with your Clinical Development Facilitator aligned to your area.

<b>Competency /Professional Issue causing concern:</b>

Has achieved/not achieved

<b>Identification of actions and standards required</b>	<b>Resources and support provided to facilitate achievement</b>

<b>Comment:</b> I have had the opportunity to discuss this plan.	<b>Registered Signature:</b> _____	<b>Date:</b> _____
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**This plan should be discussed frequently with the Health Care Professional.**

Diary of achievement	Date	Assessor's Signature

<p><b>Health care professional Comment:</b> I have had the opportunity to discuss the result of this plan.</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>	<p><b>Assessor's Comment:</b> <i>(delete as appropriate)</i> I confirm that the healthcare professional HAS / HAS NOT achieved the required standard.</p> <p><b>Assessor's Signature:</b> _____ <b>Date:</b> _____</p>
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## Useful Resources

Alzheimer's UK:

[https://www.alzheimers.org.uk/site/scripts/documents\\_info.php?documentID=428](https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=428)

Nice Guidelines;- Hypertension in Adults ; diagnosis and management (CG 127)  
updated 2016

Royal College of nursing <https://www.rcn.org.uk/professional-development/hcas-aps-and-tnas>

Social Care Institute for Excellence <https://www.scie.org.uk/>

## References

Code of Conduct (2015) for Health care support workers and Adult social care workers in England, Published by Skills for care and Skills for health.

Department of Health (DOH) (2012) 'Compassion in Practice, Nursing and Midwifery and care staff, our vision and Strategy

Delegation of care / care practices from registered healthcare professionals to unregistered supportive staff policy.

Leading Change, Adding Value (2016) NHS England Publications gateway approved no: 05247.

Managing medicines for adults receiving social care in the community NICE guideline Published: 30 March 2017 nice.org.uk/guidance/ng 67 , Promoting of Medication Policy

Royal Marsden Manual of Clinical Nursing procedures (2015), 9<sup>th</sup> Edition (Electronic Access) (Dougherty)

## Authors

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