

Transition to the District Nursing Service

Contents

Section A - Thinking about working in the community

Chapter 1 - What is community nursing

Chapter 2 - Making the transition

Section B - Working in the community nursing setting

Chapter 3 - Working safely

Chapter 4 - Patient focus - adult long-term conditions

Chapter 5 - Mid-point reflection and clinical skills focus

Chapter 6 - Team working

Chapter 7 - Working with vulnerable groups

Chapter 8 - Carer support

Section C - The future - personal and professional development

Chapter 9 - Policy context and keeping up to date

Chapter 10 - Developing your career in community nursing





Section B - Working in the community nursing setting

Chapter 3 - Working safely

The aim of this Chapter is to:

- Explore some of the legislation that protects nurses working in the home setting
- Discuss 'rights of entry'
- Consider your own personal safety when working in the community

Whilst working in the community there is legislation that exists to support and protect you in this environment and your employers are bound to ensure that measures are in place to prevent or minimise risk.

Some legislation that protects working in the home setting

- Health & Safety at work Act (1974)
- Management of Health & Safety at Work Regulations (1999)
- Manual Handling Operations Regulations (1992) (MHOR) (as amended 2002)
- Control of Substances Hazardous to Health Regulations (2002)
- Personal Protective Equipment at Work Regulations (1992)

Health & Safety at Work Act (1974) – section 7: the two points below particularly relate to community nursing:

1. To take reasonable care of their own health and safety and any other person who may be affected by their act or omissions.
2. To co-operate with their employer so far as necessary to enable that employer to meet their requirements with regards to any statutory provisions.

Guidance on Domiciliary Care Section 51 on the Health and Safety at Work Act (HSWA) (2011)

www.hse.gov.uk/foi/internalops/sims/pub_serv/071105.htm

Other regulators that address working in the home setting for nurses:

The NMC (2015) Code refers to:

'Human factors refer to environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety.' – Health and Safety Executive

You can find more information at www.hse.gov.uk

Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It plays a vital role in ensuring that people have the right to expect safe, effective, compassionate, high quality care.

As a community nurse you may from time to time be involved when the CQC comes to inspect your Trust. You may also be aware of their

‘A lone worker is someone who works by themselves without direct or close supervision.’

monitoring role in your day to day practices as Trusts adhere to their recommendations, action points and reporting measures to improve quality care.

To read more about the Care Quality Commission access their strategy document:

CQC Raising Standards – Putting People First – Our Strategy for 2013-2016

www.cqc.org.uk/sites/default/files/documents/20130503_cqc_strategy_2013_final_cm_tagged.pdf

Lone worker Policy

A lone worker is someone who works by themselves without direct or close supervision. When working as a community nurse you will find yourself in situations of working alone in a patient’s house or working at weekends and accessing clinic buildings, etc. It is important that you become familiar with and know how to access your Trust lone worker policy and adhere to it in order to assist with your own personal safety.

As part of your learning for this chapter, it is also recommended that you read your Trust’s policy on Lone Working. This is essential, as it will vary from Trust to Trust and also there is a great deal of hearsay around this subject so new employees need to read and refer to it regularly.

NHS Lone Worker Framework (2013) Agreement 2013-2017 Service Guidance

www.nhsbsa.nhs.uk/Documents/SecurityManagement/Framework_2013_Service_Guidance.pdf

The NHS Staff Council (2010) Improving safety for lone workers

www.nhsbsa.nhs.uk/Documents/SecurityManagement/Improving_safety_for_lone_workers_-_workers_guide_FINAL.pdf

NHS Security Management Service (2009) - ‘Not Alone’ A guide for the better protection of lone workers in the NHS

www.nhsbsa.nhs.uk/Documents/Lone_Working_Guidance_final.pdf

Entry Rights for community nurses:



1. Who is the occupier? - the occupier is the person who owns the property - so the owner of a private house or landlord of tenant property .

2. Occupiers’ Liability - There is both statutory duty (this relates to property law that landlords must obey) and common law duty (this relates to law developed through judges and decisions made on similar cases in courts) relating to premises, so that visitors to those premises do not suffer injury. It follows that if a community nurse is injured because of the dangerous conditions of the premises that she is visiting, she may be able to sue the occupier who has a duty under the Occupiers’ Liability Act (1957) – as well as the common law to keep the premises safe.

3. Entering the premises - asked for permission or implied permission apply here. Normally a community nurse will be a lawful visitor even when visiting a new family uninvited. But that does not mean she has the right of entry to a client’s house. A community nurse has the right of entry in an emergency, in order to save life. E.g. if you arrived at a house and could see the patient through the window lying unconscious on the floor. In other situations it would be advisable to call the police who can force entry legally.



Exercise

As part of your learning for this chapter it is recommended that you read your Trust policy on ‘Entry’.



4. Trespass - Once a community nurse enters the property of a client, she does so with implied consent of the occupier. If the occupier withdraws consent and asks you to leave, if you do not leave you are trespassing!

5. Vulnerable groups - There are special provisions for mental health and learning disabilities under the Mental Health Act (2007) around access.

6. Other types of private homes - may include caravans, houseboats, and residential care homes.

Looking after yourself:

In order to practice effectively as a nurse, the NMC (2015) Code gives guidance regarding any indemnity arrangement you may require to practice as a nurse or midwife in the UK:

To achieve this, you must:

12.1 make sure that you have an appropriate indemnity arrangement in place relevant to your scope of practice.

NMC (2015) The Code – page 10

For more information, please visit www.nmc-uk.org/indemnity

It is advised that you are aware of your Trust policy with regard to indemnity and also the terms and conditions of your practice.

Working as a district nurse comes with its own set of risks and here are some statistics related to the physical aspects of the role.

Physical risks

- Musculoskeletal – a quarter of all nurses have at some time taken time off as a result of a back injury
- Stress - work related stress accounts for over a third of all new incidents of ill health
- Slips and trips - two thirds of all major injuries. Slips, trips and falls can have a serious impact on the lives of employees and those being cared for.

Health & Safety Executive (2007)

Preparing to visit

Here are some additional practicalities to think about when preparing to visit a patient in the home. Remember at all times to do as much homework as possible about the patient before visiting, e.g. does the person live alone? Who else lives in the house? Does the person have any history of violence or aggression? If you can, speak with any other health or social care professionals that may be involved in the care of the person.

You could also run through a personal checklist to plan for a few eventualities.

'It may be deemed as NOT' policy for you to wear a recognised uniform due to safety reasons.'

Personal checklist:

1. Make sure that you inform others of your whereabouts at all times
2. Ensure that you have a charged mobile phone with you
3. Have a separate work mobile if possible
4. Have your car keys in an accessible place
5. Plan your access and exit route to the property
6. Do not visit known 'risk' people or areas alone
7. Adhere to your Trust policy on Home Visiting
8. Trust your own 'instinctive' feelings if you do not feel safe

Changes to the home environment: A patient's home environment can change between visits and these changes may include:

- Positioning of furniture/ new equipment or furniture
- Inoperable electrical equipment
- People or animals now present
- Altered storage patterns
- Spills or leaks
- Obstructed access

It is advised that upon each visit you undertake a visual scan and risk assessment to ensure the safety of the patient's home as a workplace prior to commencing duties.

What to wear?

In some areas it will be Trust or employer policy to wear a uniform and this is provided. In other areas it may be deemed as NOT policy for you to wear a recognised uniform due to safety reasons. It should be noted that there are advantages and disadvantages of wearing a uniform in the community setting.

If wearing a uniform, you are easily recognisable and some patients relate well to this. It allows you to 'set the scene' early on and boundaries are clearly identified. It also allows patients to understand the different roles according to the colour of the uniform e.g. District Nurse, Health Care Assistant.

Not wearing a uniform can be an advantage in some neighbourhoods where nurses might be targeted as perhaps 'carrying medications' etc. It can be much safer to not be recognised. Some patients prefer for their neighbours to be unaware of who is visiting and again the identity of the nurse is not known. Sometimes a uniform can be viewed by the patient as a 'barrier' and they feel more comfortable with a nurse if they are wearing their own clothes.

Whether wearing a uniform or not you will be acting in the role of a nurse and it will be essential that you remain professional in both your appearance and behaviour regardless of uniform.

Shift Patterns

When joining the district nursing service, you will experience a variety of differences in shift patterns as organisations move towards a twenty-four-hour seamless service. These changes have been proposed in response to demands from GP practices and hospitals to improve handovers between shift patterns and reduce the overtime worked by community nurses.

How will you get around?

Some community nurses work in areas where there are difficulties with parking or no parking. Due to the proximity of the patients e.g. inner city or built up areas it is more appropriate to walk, take public transport or cycle.

Driving your car - when using your own car for work please consider the following:

1. You need a full driving license - obvious - but you must have one!
2. Be aware of the type of vehicle insurance that is required whilst employed. Also your employers' insurance responsibilities.
3. Have an understanding of the procedure if you have a road traffic accident whilst working.
4. Have knowledge of the rules around taking passengers e.g. students, colleagues or patients when driving whilst employed.
5. Be aware of the rules around traffic offences including the accumulation of points - disqualification, speed, alcohol, dangerous driving whilst employed and how to report any incident.
6. What are the rules in your Trust around getting parking tickets whilst on duty?
7. If working in a rural setting, consider the length of some journeys and driver fatigue. Make sure you take regular breaks if feeling tired.



Exercise

As part of your learning for this Chapter it is recommended that you read your Trust policy on Insurances and also policies around Traffic offences. Also your employer's policy on the use of your own car for work purposes - This will be within the Trust policy on Insurances which will vary from Trust to Trust.



District Nursing in the Digital Age

There has never been a more exciting time for District Nurses to engage in the digital world: Oldman (2015). Community nursing services have consistently been characterised by innovation and the current possibilities associated with the increasing use of technologies will present us with some very real tools to support patients and to develop very different responses to their care needs.

As a community nurse there will be an expectation that you will embrace the new technologies available to enhance and improve the care that you deliver.

'....The nurse in me kept saying to myself, 'I'm a nurse not an IT expert' then I realised nursing had become reliant on IT, it was time to embrace it not fear it. Gradually I got used to the new system and even made a few suggestions on how to make it easier to use and prettier to look at.'

Here are a few definitions to terms you may hear:

Telecare is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living.

Telemedicine is the practice of medical care using interactive audio visual and data communications. This includes the delivery of medical care, diagnosis, consultation and treatment, as well as health education and the transfer of medical data.'

eHealth is the use of information and communication technologies (ICT) for health to, for example, treat patients, pursue research, educate students, track diseases and monitor public health (World Health Organisation). eHealth is not just about computers. It is about finding, using, recording, managing, and transmitting information to support health care, in particular to make decisions about patient care.

mHealth is the use of mobile telephones for healthcare (2020health). Telephone triage – Telephone Triage is an encounter with a patient/caller in which a specially trained, experienced nurse, utilizing clinical judgment and the nursing process, is guided by medically approved decision support tools (protocols), to determine the urgency of the patient's problem, and to direct the patient to the appropriate level of care.

Mobile Working

There is a move within the NHS to create a paper light service by 2018 in order to save money on resources. Within the district nursing service, the use of hard diaries in some areas still exists and patient allocation tools vary tremendously.

Mobile working refers to a practitioners' ability to access information systems and applications whilst 'on the move' or remotely. This relatively new concept has yielded a number of benefits, including ability to access patient's electronic records in real time and a reduction in travelling time for clinicians, thereby improving efficiency within district nursing practice.

For further information access: QNI (2013) Smart New World : using technology to help patients in the home

'In some situations there may be situations where the patient or relative are unhappy with you or what you represent.'

http://www.qni.org.uk/docs/Smart_New_World_Web_2014.pdf

Violence , Aggression or Harassment

Whilst in most situations patients and their relatives are pleased to have the opportunity to receive care from a community nurse, in some cases there may be situations where the patient or relative are unhappy with you or what you represent.

Please be mindful of the following:

- The potential for an outburst is a very real one
- Try to avoid vulnerable or volatile situations at all times
- Be aware that pets can be the source of this behaviour also - you can ask for a pet to be kept in another room whilst you are visiting
- This type of behaviour can sometimes necessarily lead to a 'withdrawal' of your service
- Be aware that relatives can be unpredictable at times
- Have a clear understanding of your Trust policy on Violence, Aggression or Harassment
- Employers must take steps to keep staff safe at all times
- DO NOT suffer in silence – communicate and document any fears you may have to your manager immediately. This may ensure the safety of colleagues or the wider healthcare team so timely reporting is invaluable
- Smoking – you can ask the patient to extinguish a cigarette for your health reasons.

In some instances you may find it safer to visit a patient in pairs. The assessment which results in this decision would normally have been performed by the District Nurse and it will be down to team members to adhere to this plan of care. Once a District Nurse has performed a risk assessment on a patient that advises nurses to visit in pairs it will be down to all team members to ensure that this decision is adhered to and that a nurse does not visit alone to save time or because he or she personally does not feel at risk.



Exercise

As part of your learning for this Chapter it is recommended that you read your Trust policy on Violence and Aggression or Harassment.

Medicines Management

The way in which medications are administered and managed is different in the community setting and again it is about you becoming familiar with the

differences. The same rules apply in terms of the safe administering and monitoring medicines; however within the community environment more emphasis is placed upon other factors such as risk, storage and disposal of drugs.

Here are some helpful tips:

- Make sure that you have seen a copy of the NMC (2010) Standards for Medicines Management NMC London (Please note these standards are about to be rewritten – so look out for new ones).
- Look at the NMC (2015) The Code – Professional standards of practice and behaviour for nurses and midwives which states: '*Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations*': NMC (2015) page 13.
- Know your Trust Policy on the administration and management of medicines in the community setting
- Some community nurses are qualified to prescribe from the Nursing Formulary
- District nurses can also be independent prescribers and prescribe from the BNF (British National Formulary)
- Others may prescribe working in partnership with GP's under 'Patient Group Directives
- Get to know your local pharmacist who will be invaluable for information and advice
- Ask your mentor if you are unclear!



Exercise

As part of your learning for this Chapter, it is recommended that you read your Trust policy on Medicines Management.

Infection Control

When visiting some homes it will be a challenge to adhere to the same levels of cleanliness as in a hospital environment. It will be down to you to become creative in the way in which you practice. You may be in someone's house without supervision but do not let your standards slip. Hand washing and the use of protective equipment still applies and it will be down to you to minimise the risk of infection and cross infection to all the patients in your care. You



should familiarise yourself with the Trust specific guidance in which you work to ensure the safety of the patients in your care. This includes the safe disposal of sharps and needle stick injury procedure, for example.



Exercise

As part of your learning for this Chapter it is recommended that you read your Trust policy on Infection Control also visit www.hse.gov.uk/biosafety/about.htm to read about infections at work

Scenario

You have visited a patient where the hand washing facilities are below an acceptable standard e.g. the sink and taps are visibly dirty and there isn't a clean towel to dry your hands. The patient does not appear concerned about cleanliness and the whole house is dirty. Possible solution: short term will be to use anti-bacterial hand wash. Longer term maybe to encourage the patient to clean the sink and surrounding area and to ask the patient or carer to provide a clean hand towel and hand pump soap if possible. Community nurses are often supplied with soap and paper hand towels to carry in their nursing bag to solve this problem.

Duty to report incidents

It is your professional duty to act to act without delay if you believe that there is a risk to patient safety or public protection: NMC (2015).

Safe Working Activity

Think about your own day to day practice

- When have you felt at risk?
- Have you ever performed a risk assessment?
- A risk assessment is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures.
- Whose responsibility is it to risk assess?
- the management of risk is considered one of the fundamental duties of every member of staff and it will be part of your role to familiarise yourself with the risk factor .
- Do you have a policy of safe practice eg when finishing at the end of the shift- how do colleagues know you are safe?

Case scenario

Safe working

A community nurse attended an elderly male patient to dress his leg ulcers. The man's wife was in the house, although she was never in the room when the nurse was dressing the wound. The nurse visited twice and on both occasions the man was verbally inappropriate, asking questions about her sex life. There was no reason to believe he was suffering from a mental health issue which could be affecting his behaviour. The first time it happened she tried to avoid the subject but when he increased the intensity on the second visit she brought it to the attention of her team leader.

- What would you do in a situation like this?
- What are your Trust's policies around such incidents?
- What legislation if any could protect you as a worker from this situation?

'It is normal to feel overwhelmed about knocking on a patient's door with no idea what you are about to face.'

Possible action:

- Challenge the man if you felt able and inform him that his behaviour is not appropriate
- Inform the man of the possible implications of his behaviour
- Most definitely inform your mentor and manager and document both incidents
- Ensure that you feel supported before visiting again
- Adhere to your Trust Policy on this type of behaviour



Reflection Trigger point – What would you do if?

These reflection triggers are for you to get together with your mentor and if appropriate other team members to debate possible solutions. They could be used as a basis for a discussion or even a teaching session. We are aware that the solutions to these triggers may vary from Trust to Trust according to local policy and procedure. We are also aware that there may be no 'right or wrong' answers to how certain situations might be tackled and therefore it will be for you as a qualified nurse to apply your thinking within the parameters of your own professional practice.

- A diabetic patient who you visit daily to give insulin does not answer the door - what actions would you take?
- A sudden death where resuscitation status is not in place
- There is a confrontation within a patient's home
- A patient's home environment does not allow staff to perform the tasks they need to do and it has 'risks' for staff going in - but the patient is not agreeable to change.

Quotes

'...To understand that the risks in a community setting are different and you need to be able to manage those risks differently.'

'always expect the unexpected... it is normal to feel overwhelmed about knocking on a patient's door with no idea what you are about to face.'

'...knowledge is power - Read up everything from current treatments to weather reports. Have access to all phone numbers you will ever need and create contacts of who does what- learn about finances (it's not all free in the community).'



Chapter Summary

This Chapter has introduced some of the key issues of safe working in the community setting. It has explored the key legislation that protects community nurses and discussed 'rights of entry' when going to people's homes. In particular it has highlighted some of the personal safety issues that need to be taken into consideration when working in the community setting.

Web resources

- www.cqc.org.uk Care Quality Commission
- www.suzylamplugh.org The Suzy Lamplugh Trust
- www.rcn.org.uk RCN
- www.unitetheunion.org Unison & CPHVA/Unite

Legislation Links

- Health & Safety at work Act (1974) www.legislation.gov.uk/ukpga/1974/37
- Management of Health & Safety at Work Regulations.(1999) www.legislation.gov.uk/uksi/1999/3242/contents/made
- Manual handling Operations Regulations (1992) www.legislation.gov.uk/uksi/1992/2793/contents/made
- Control of Substances Hazardous to Health Regulations (2002) www.legislation.gov.uk/uksi/2002/2677/contents/made
- Personal Protective Equipment at Work Regulations (1992) www.legislation.gov.uk/uksi/1992/2966/contents/made
- Occupiers' Liability Act (1957) www.legislation.gov.uk/ukpga/Eliz2/5-6/31/contents
- Health and safety Executive www.hse.gov.uk/
- Nurse prescriber www.nurseprescriber.co.uk