Recording Care: Evidencing Safe and Effective Care

Principles for implementation of the Record Keeping Practice Framework for Nursing Assistant staff.

The following principles have been developed as a result of: engagement with the five Health and Social Care (HSC) Trusts; reviewing of policies and procedures; and reviewing training specifications with relevant providers.

These principles should be used in conjunction with the Delegation Decision Support Framework[1] and the Record Keeping Practice Framework for Nurse Assistant staff[2].

It is not the intention, or responsibility of the Recording Care Project Groups to prescribe the conditions under which the following principles should be administrated. It has been recognised and agreed that such matters are for the relevant HSC organisation to determine and agree appropriately.

Many delegated tasks require an element of record keeping practice. The principles outlined within this framework apply to all record keeping practice, however, some tasks, for example, recording on 'bed end' charts such as fluid balance charts[3], may be assessed as a separate activity related to the delegated task. This could be via learning and development gained through Vocational Recognised Qualifications (VRQ).

It is assumed that when considering record keeping practice for Nurse Assistant staff, the relevant task is appropriate for delegation and other required competence of the Nurse Assistant member of staff accepting the task has been assured.

Principles for implementation:

1. Where a delegated task has an associated element of record keeping practice and the Nursing Assistant member of staff has been deemed competent via the Record Keeping Practice Framework for Nursing Assistant staff, a record may be made by the Nurse Assistant in a nursing record without countersignature[4].

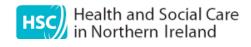2. The record should be relevant only to the delegated task or tasks.

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[1] NIPEC has been leading work on behalf of the Department of Health (DoH) to develop a Decision Support Framework for Delegation of nursing and midwifery tasks and duties. The first phase of this work completed in March 2018 for publication later in the year.

[2] HCSW for the purposes of this document refer to staff at band 3 who report directly to a Registered Nurse or Registered Midwife.

[3] Band 2 and 3 staff may engage in a range of such activities that have a component of record keeping assessed within the competence to complete the task.

[4] Countersignature in this context is evidence that the record has been reviewed and discussed. It is **not** a witness to the contact or treatment given however registrants are advised that they remain professionally accountable for the appropriateness of the delegation to pre-registration students and other unregistered staff. If the conditions for appropriate delegation have been met and an aspect of care is delegated, the delagatee becomes accountable for his/her actions and decisions. The Nurse/Midwife remains accountable, however, for the overall management of the person in their care.

3. Where a delegated task has an associated element of record keeping practice and the Nurse Assistant member of staff has not been deemed competent via the relevant Record Keeping Practice Framework, a record may be made by the Nurse Assistant in a nursing record but should be countersigned by the delegating registered practitioner.

4. A process of audit and review of records made by Nurse Assistant without countersignature should be in place in an organisation, to assure Executive Directors of Nursing that standards[5] are being maintained.

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[5] Northern Ireland Practice and education Council (2013). *Standards for Person Centred Record Keeping Practice in Nursing and Midwifery*. Belfast, NIPEC. Available at:
http://www.nipec.hscni.net/recordkeeping/docs/Standards%20for%20Nursing%20and%20Midwifery%20Record%20Keeping%20Practice.pdf