

CQC and Ofsted guidance: Registration of healthcare at children's homes

This is a guide for assessors and inspectors of CQC and Ofsted, and providers. It helps the reader to understand when a children's home regulated by Ofsted may need to register with CQC for regulated activities, as well as, or instead of, with Ofsted. It also describes how some providers who are registered with CQC may also need to register a location as a children's home.

Main points:

- 1. Some providers of children's homes may need to register with CQC for regulated health activities they provide.**
- 2. Some providers of services in healthcare settings may need to register with Ofsted as providers of children's homes.**
- 3. The introduction of the Health and Social Care Act 2008, replacing parts of the Care Standards Act 2000, requires health and adult social care providers to register with CQC if they provide Regulated Activities. This guidance aims to clarify where a provider's registration status may need to be reviewed.**

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1. WHY DO WE NEED GUIDANCE AND WHAT DOES IT COVER?

1. This guidance clarifies the registration arrangements for:
 - children's homes which provide healthcare and
 - children's healthcare settings where the main function is care and accommodation rather than acute health interventions.
2. The introduction of the Health and Social Care Act 2008 (HSCA 2008) and the establishment of the Care Quality Commission (CQC) have changed the registration arrangements for healthcare and adult's social care. This guidance explains these changes and how they impact on healthcare and residential social care provided for children.
3. The guidance also establishes how CQC and Ofsted will work together with a provider to ensure that children's homes are correctly registered, remain safe and are legally compliant.
4. This guide will also assist inspectors and providers to decide:
 - if the provider of a children's home which is regulated by Ofsted provides Regulated Activities which must be registered with CQC
 - if a provider regulated by CQC needs to register a location with Ofsted as a children's home.

2. WHAT IS NOT INCLUDED IN THIS GUIDANCE?

5. This guidance covers children's homes, and healthcare locations (see paragraph 17) that may, in practice, function as children's homes. The guidance is not intended to cover other forms of children's services that may be affected by the HSCA 2008, such as fostering services and domiciliary care.

3. WHAT DOES OFSTED REGULATE?

6. The Office for Standards in Education, Children's Services and Skills (Ofsted) is responsible for regulating children's services under the Care Standards Act 2000 (CSA 2000).
7. There are five types of social care services for children that require registration with Ofsted:
 - children's homes (including secure children's homes)
 - independent fostering agencies
 - voluntary adoption agencies
 - adoption support agencies
 - residential family centres.
8. Ofsted also has responsibility for inspecting other children's services including secure training centres, residential special schools, welfare in boarding schools, further education and independent specialist colleges, local authority fostering and adoption services, Children and Family Court Advisory and Support Service (CAFCASS) and local authority safeguarding and looked after children services.
9. Under its other responsibilities, Ofsted also regulates childcare, and inspects schools, colleges, and adult learning and skills provision.
10. Ofsted has a range of enforcement powers that it can use when a regulated service fails to meet the requirements of the CSA 2000 and the relevant regulations.

4. WHAT DOES THE CARE QUALITY COMMISSION REGULATE?

11. The Care Quality Commission (CQC) is the independent regulator of health and adult social care. This includes the regulation of most types of healthcare for children, as well as care homes and domiciliary care agencies, some of which may provide services to children.
12. Until 1 October 2010, CQC registered independent healthcare and adult social care under the CSA 2000. The Act required providers to register in respect of establishments or agencies.
13. From 1 April 2010, under the HSCA 2008, a single set of new essential standards of quality and safety were gradually introduced across health and adult social care. They replaced the Regulations under the CSA 2000 and are set out in Annex 3 of the HSCA 2008 (Regulated Activities) Regulations 2010. The Act required all National Health Service (NHS) Trusts to register with CQC by April 1 and all providers of independent healthcare and adult social to register by 1 October 2010.
14. The HSCA 2008 requires all providers to register for each of the 'regulated activities' they provide rather than for individual services (such as a care home or hospital). To be registered, providers must meet the new essential standards of quality and safety.

15. The provider is the legal entity that provides the service to people, whether it is an individual, partnership or organisation. The provider must declare that they comply with essential standards for each regulated activity in each of their locations – the place in which regulated activities are provided. Where CQC has approved these, the provider is registered with conditions describing the regulated activity or activities that may be carried on at any particular location, as well as any additional conditions affecting their ability to operate.
16. Regulated activities are set out in the Scope of Registration published by CQC (please see Annex 3 for further information).

5. WHAT IS A CHILDREN'S HOME?

17. The CSA 2000 section 4 defines a children's home as 'an establishment... [that] provides care and accommodation wholly or mainly for children'. A child is defined by the CSA 2000 as a person under the age of 18 years. 'Wholly or mainly' means that most of the people who stay at a home must be children. Young adults aged 18 and over who live or stay at the home must be in the minority.
18. Children's homes may in some circumstances be a part of a larger estate, with the parent company also providing healthcare facilities, nursing or domiciliary care, adult care provision or educational facilities for children or adults.
19. Some residential services for children are not children's homes. These are set out in Annex 1.

6. HOW DOES THE HSCA 2008 AFFECT CHILDREN'S HOMES?

20. The majority of children's homes provide some form of health service, ranging from basic first aid to high level healthcare. However, some of these children's homes offer regulated activities as set out in the Health and Social Care 2008 (Regulated Activities) Regulations 2010. Where this is the case, the provider will need to register with CQC to ensure that the activities are regulated in the same way as any other healthcare provision, and that they meet essential standards of quality and safety.
21. A small number of providers will therefore need to register with Ofsted as a children's home, and with CQC for the regulated activity they provide under the HSCA 2008.
22. Regulated activities offered by children's homes that are likely to require registration with CQC include:
- Personal care, where the provider delivers this outside of the establishment, to children in their own homes. This might be an outreach service which operates as a domiciliary care service. For the definition of the regulated activity, personal care, see Annex 5. It is important to note that CQC is the regulator of personal care delivered to children in their own homes; Ofsted's remit extends only to the service delivered within an establishment
 - accommodation for persons who require treatment for substance misuse
 - surgical procedures

- treatment of disease, disorder or injury
- diagnostic and screening procedures
- nursing care.

23. The flowcharts in Annex 2 will help inspectors and providers decide if a children's home needs to register with CQC.

7. WHAT ARE THE CRITERIA FOR DETERMINING HEALTH ACTIVITIES THAT NEED TO BE REGISTERED UNDER THE HSCA 2008?

24. As noted above, the vast majority of children's homes provide some form of health service, ranging from basic first aid to high level healthcare. The purpose of registration with CQC is to ensure that services offering high level healthcare are inspected and regulated appropriately as any other healthcare provision in order to properly safeguard service users.

25. Ofsted and CQC take the view that any healthcare activities which must be performed by a qualified healthcare professional, and which cannot be delegated to a competent lay person, require registration with CQC.

26. Therefore, the distinction lies between those health activities that, with appropriate instruction, a competent lay person could administer, and those that must be performed by a qualified healthcare professional.

27. The guidance attached at Annex 4 sets out the healthcare activities which must be performed by a registered health care professional and which may not be delegated to a competent lay person. The guidance is issued by the Royal College of Nursing and is being used by Ofsted and CQC as a useful tool for helping inspectors and assessors as they investigate whether a service needs to register with CQC or not. Each situation must be considered on its merits and alignment with this guidance does not in itself provide conclusive proof of when registration with CQC is required and when it is not.

8. WHAT OTHER MATTERS ARE CONSIDERED IN DETERMINING IF A CHILDREN'S HOME SHOULD BE REGISTERED WITH CQC?

28. In addition to the criteria above, if a provider needs to clarify their responsibility to apply for registration with either regulator, Ofsted and CQC will confer and advise the provider appropriately. In making this decision the regulators will take into account who provides the healthcare and who retains overall clinical responsibility. The provider, Ofsted and CQC can use the decision trees in Annex 2 to determine what registration the provider may require.

9. WHAT IS THE PROCESS FOR DETERMINING IF A HEALTHCARE LOCATION SHOULD BE REGISTERED AS A CHILDREN'S HOME?

29. From 1 October 2010, the HSCA introduced new registration requirements for health and adult social care services. NHS, independent health services and social care services are now registered with CQC under a single set of legislation and standards. Some

healthcare locations may provide a service which is in effect a children's home.

30. Where a provider applies to register, change their registration, or where either regulator identifies a location that may not be correctly registered, CQC and Ofsted will co-ordinate their approach to the location and agree the most appropriate registration arrangement. CQC and Ofsted will send a joint letter to the provider to confirm their decision.
31. The provider may need to remove one or more locations or regulated activities from their CQC registration, and to instead register the location with Ofsted as a children's home. There may be fees for this change and the provider will need to follow and meet Ofsted's registration procedures and registration fees and the requirements of legislation.
32. Where this is necessary, CQC and Ofsted will work together and agree a date to change the registration with the provider. It is important to ensure that the service provided at any location is not left unregistered at any time, as it is potentially an offence under both the CSA 2000 and the HSCA 2008 for a provider to carry on a service without appropriate registration. Both Ofsted and CQC have powers to take enforcement action against providers in such situations.

10. WHAT IF A CHANGE OF, OR ADDITIONAL, REGISTRATION IS REQUIRED?

33. In these circumstances CQC and Ofsted will work together to agree the appropriate registration status and registration arrangements. It is the responsibility of each regulator to identify a lead person (an inspector or assessor) for this process.
34. The leads from each regulator will establish early and regular liaison between the regulators and provider to ensure the process runs as smoothly as possible.
35. CQC and Ofsted's leads may decide that they need to make a joint visit to a location to clarify with the provider which activities and services are being carried out, their scope, frequency and the numbers of children involved. Both Ofsted and CQC have powers under the CSA 2000 and the HSCA 2008 respectively to enter and inspect premises at which they reasonably believe activities within their regulatory remit are being performed.
36. Where required, the provider must apply for registration through the usual CQC or Ofsted application process. CQC and Ofsted may use their enforcement powers against a provider that is not correctly registered.
37. Where registration is decided, CQC and Ofsted will confirm arrangements for future regulation, including any arrangements for joint inspection or monitoring of compliance. CQC and Ofsted are developing separate guidance on this.

11. WHAT ARE THE CONTACT AND LIAISON ARRANGEMENTS BETWEEN OFSTED AND CQC?

38. CQC and Ofsted are committed to working closely with each other where their responsibilities overlap. Both regulators will communicate with each other, and with providers, to minimise misunderstanding and to share information and findings from regulatory activity where their functions overlap.
39. You can contact us at:

Care Quality Commission
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Newcastle upon Tyne,
NE1 4PA
Tel: 03000 61 61 61
Fax: 03000 61 61 71
Fill in our [online form](#)

Ofsted
National Business Unit
Piccadilly Gate
Store Street
Manchester
M1 2WD
Tel: 0300 123 1231
enquiries@ofsted.gov.uk.

40. In case of any problems or if you require additional explanation please contact us by email at:

Ofsted: socialcare@ofsted.gov.uk
CQC: askspecialistadvice@cqc.org.uk

41. We have published a memorandum of understanding that sets out how Ofsted and CQC may cooperate where they regulate or inspect the activities and services of the same provider. A link to the memorandum is available in Annex 3.

ANNEX 1

WHAT TYPES OF RESIDENTIAL SERVICE FOR CHILDREN ARE NOT CHILDREN'S HOMES?

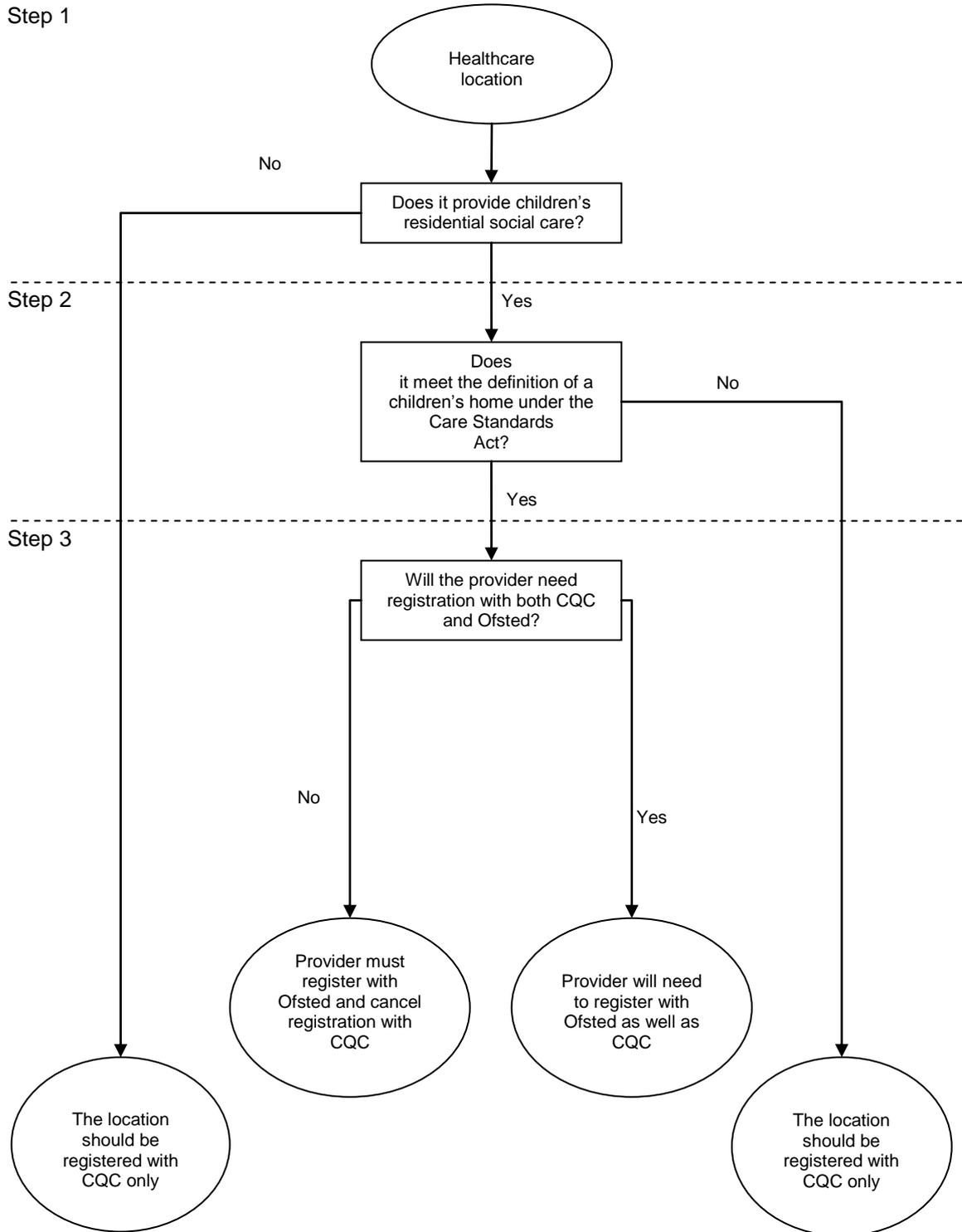
The CSA 2000 says "an establishment is not a children's home if it is a hospital (within the meaning of the National Health Act 2006)... (or) a residential family centre or if it is of a description excepted by regulations, or if it is a school, independent hospital or an independent clinic". However, s1(6) of this Act provides that a school will become a children's home where it accommodates, or intends to accommodate, children for more than 295 days in any year.

Section 8 of the HSCA 2008 provides that "An activity may be [regulated activity] only if... that activity does not involve the carrying on of any establishment or agency, within the meaning of the Care Standards Act 2000(c.14), for which Ofsted is the registration authority under that Act".

This section does not place a blanket exemption on children's social care providers that offer health activities from registering with CQC. Rather, it requires them to register any health activities that are not part of the standard social care functions of their establishment.

ANNEX 2

FLOWCHART 1: Registration of healthcare locations as children's homes



Steps to flowchart 1

Step one – does the location provide residential social care to children and young people?

- If yes, proceed to the next step in the decision tree.
- If no, the location does not need to register with Ofsted. Proceed to the end of the decision tree, with the decision that the location should be registered with CQC only, if it carries on any regulated activity.

Step two – does the care and accommodation provided at the location meet the definition of a children's home?

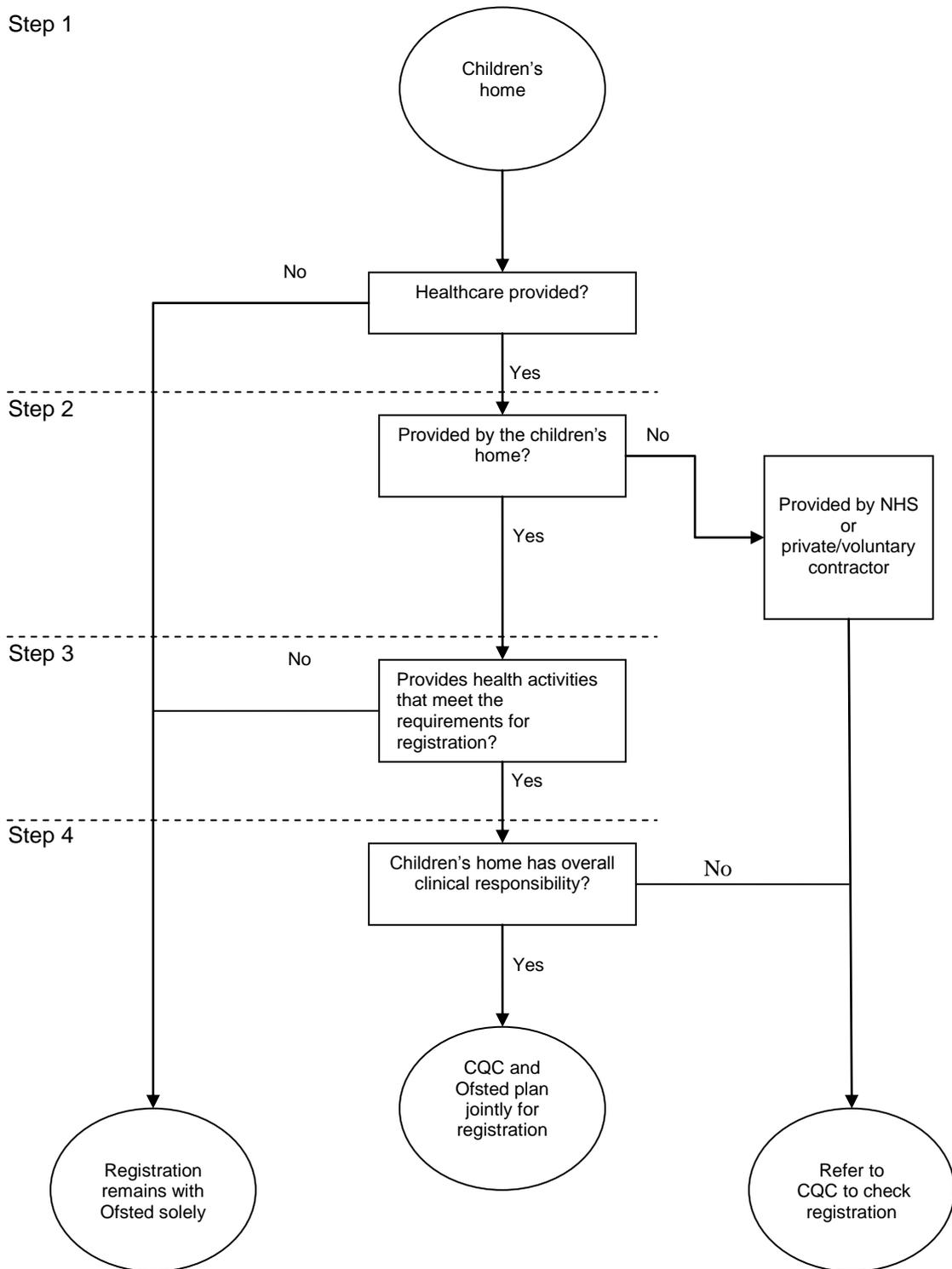
- Identify whether the location's care and accommodation meets the definition of a children's home under the CSA 2000.
- If yes, proceed to the next step in the decision tree.
- If no, the location will not require registration with Ofsted. Proceed to the end of the decision tree, with the decision that the location only needs to be registered with CQC.

Step three – will the location require dual registration with both Ofsted and CQC?

- Identify whether the location is offering health services that meet the requirements for registration as outlined in question 7 above.
- It is important to note that some health activities may fall outside of the scope of registration with CQC, even though they are required to be delivered by a person with medical training. This includes, for example, psychotherapy and art therapy. Further information on this is available in CQC's registration guidance, available at Annex 3.
- If a location is offering healthcare that meets CQC's registration criteria, they are likely to need to register with both Ofsted and CQC. Proceed to the end of the decision tree, with the decision that the location needs to register with both Ofsted and CQC.
- If a location is not providing healthcare that meets CQC's registration criteria, they will not need to register with CQC. Proceed to the end of the decision tree, with the decision that the location must cancel their registration with CQC and register with Ofsted instead.

FLOWCHART 2: Registration of health activities provided at children's homes

Step 1



Steps to the flowchart 2

Step one – does the children’s home provide healthcare?

- Identify whether the home involves the provision of healthcare to children and young people.
- If no, proceed to the end of the decision tree, with the decision that no CQC registration is required.
- If yes, proceed to the next step.

Step two – who provides the regulated activity?

- Key options are that:
 - the provider of the home is also the provider of some or all of the healthcare. For example, a children’s home employs a nurse to provide primary care, or a children’s home employs a nurse who assesses children when they enter the home and devises a care plan
 - a subcontractor is contracted to provide healthcare
 - the NHS provides healthcare which the children’s homes facilitates. For example, the children’s home arranges with the NHS for a GP to visit for one-to-one sessions.
- If the NHS or a subcontractor provides healthcare, they may need to be registered with CQC. Proceed to the end of the decision tree, with the decision that CQC register or check the existing registration of the healthcare separately.
- If the provider of the home also provides some, or all, of the healthcare, proceed to the next step in the decision tree.

Step three – do the healthcare activities meet the requirements for registration?

- Identify whether the provider is offering health services that meet the requirements for registration as outlined in question 7 of the guidance.
- It is important to note that some health activities may fall outside of the scope of registration with CQC, even though they are required to be delivered by a person with medical training. This includes, for example, psychotherapy and art therapy. Further information on this is available in CQC’s registration guidance, available in Annex 3.
- If a provider is meeting CQC’s registration criteria, they are likely to need to register with CQC. Proceed to the next step of the decision tree.
- If a provider is not providing healthcare that meets CQC’s registration criteria, they will not need to register with CQC. Proceed to the end of the decision tree, with the decision that the provider does not need to register with CQC.

Step four – is the healthcare provided under the clinical responsibility of the children’s home?

- Identify whether the home is ‘standalone’, with clinical staff within the home taking ultimate clinical responsibility for episodes of care, or whether it is ‘supplementary’ to another healthcare professional who has ultimate clinical responsibility for episodes of care.
- Examples of a supplementary service include: a local GP or a consultant at the local mental health trust who has overall clinical responsibility for the child’s treatment. Nurses at the children’s home may carry out some assessment or administer medications within the treatment plan which is ultimately supervised by the GP or the consultant.
- Examples of a standalone service include: clinical staff employed by the children’s home assess the child, including any diagnosis. They not only devise a care plan, but may prescribe for it. They are responsible for supervising the implementation of the care plan and are able autonomously to decide changes to it, because it is not part of a broader plan that another clinician is responsible for.
- If it is a supplementary service, proceed to the end of the decision tree, with the decision that registration with CQC is not required.
- If it is a standalone service, proceed to the end of the decision tree, with the decision that the provider may need to be registered with both Ofsted and CQC.

ANNEX 3

Reference documents and links

The key reference documents for Ofsted are available at www.ofsted.gov.uk and include:

- [Introduction to children's homes](#), which defines a children's home and registration requirements with Ofsted
- [Guidance on children's homes with accommodation for adults](#)
- [Social care registration](#) handbook.

The key reference documents for CQC are available at www.cqc.org.uk and include:

- [Scope of registration](#)
- General information on [registration](#)
- [Essential standards of quality and safety](#)

Legislation:

- [The Care Standards Act 2000 \(Registration\)\(England\) Regulations 2010](#)
- [Children's homes national minimum standards](#)
- [The Children's Homes Regulations 2001](#)

Legislation relevant to CQC functions is available in [continuously updated versions](#). These include:

- The Health and Social Care Act 2008
- The Health and Social Care Act 2008 (Regulated activities) Regulations 2010
- The Care Quality Commission (Registration) Regulations 2009

Joint Ofsted and CQC documents:

- [Memorandum of understanding between the Care Quality Commission and the Office for Standards in Education, Children's Services and Skills](#)

Note that it is for the reader to ensure they have the correct and up-to-date version

ANNEX 4

RCN Guidance on nursing activities within and out of scope

This guidance was published by the Royal College of Nursing on January 2008 and their permission given for it to be included in this guidance in August 2010. It is the property of the Royal College of Nursing and may be updated by them. CQC and Ofsted will always refer to the most up to date version of this guidance. You should check with the Royal College of Nursing to ensure you have the current version.

Managing children with health care needs: delegation of clinical procedures, training and accountability issues

Background

In 2004 the Council for Disabled Children published 'the Dignity of Risk' which contained an advisory list of procedures previously produced by the Royal College of Nursing in 1999, highlighting those clinical procedures which could be safely taught and delegated to non-health qualified staff. This list was subsequently updated for 'Including Me' in 2005¹. Further revisions have since been made to reflect some of the queries which have arisen, clarifying pointers as needed. This document will continue to be updated at periodic intervals.

Clinical procedures which might be undertaken by non-health qualified staff

Administration of medication or invasive clinical procedures should only be undertaken by staff or carers when prescribed by a qualified nurse², qualified medical practitioner or qualified dentist. Staff and carers should only agree to undertake these tasks if they feel competent and confident to do so.

In order to safely and effectively support the care needs of children requiring these procedures comprehensive training needs to be in place and delivered by appropriately qualified nursing staff.

Underpinning principles

- The training programme must be designed to enable carers to
 - care for a child who is medically stable
 - recognise signs of when the child is becoming unwell
 - know how to seek appropriate help.

NB. If the child becomes unwell they need to be seen by appropriate clinical staff and cared for by appropriately qualified staff. (Registered nursing care may be required at such times.) Non-health qualified staff should be trained to deliver care according to set protocols and guidelines and would not be expected to make independent decisions about a child's care,

1 Council for Disabled Children, Department for Education and Skills (2005) *Including Me*, London: Council for Disabled Children

2 In respect of medications – only nurses who have completed the required training as a non-medical prescriber can prescribe medications

but refer these to either a parent or health professional.

The permitted tasks for non-health qualified staff and focus of training for these tasks must be on the care as it applies to a **named** child. The individual carer will require specific training and assessment in order to participate in the care of a second or third child.

The following advisory list of procedures may be safely taught and delegated to non-health qualified staff following a child-specific assessment of clinical risk:

- Administering medicine in accordance with prescribed medicine in pre-measured dose via nasogastric tube, gastrostomy tube, or orally
- Bolus or continuous feeds via a nasogastric tube
- Bolus or continuous feeds using a pump via a gastrostomy tube
- Tracheostomy care including suction using a suction catheter
- Emergency change of tracheostomy tube³
- Oral suction with a yanker sucker
- Injections (intramuscular or subcutaneous). These may be single dose or multiple dose devices which are pre-assembled with pre-determined amounts of medication to be administered as documented in the individual child's care plan (preloaded devices should be marked when to be administered e.g. for diabetes where the dose might be different am or pm. In many circumstances there may be two different pens, one with short-acting insulin to be administered at specified times during the day and another for administration at night with long acting insulin).
- Intermittent catheterisation and catheter care
- Care of Mitrofanoff
- Stoma care including maintenance of patency of a stoma in an emergency situation using for example the tip of a soft foley catheter and replacement of button devices once stoma has been well established for more than 6 months and there have been no problems with the stoma⁴.
- Inserting suppositories or pessaries with a pre-packaged dose of a prescribed medicine
- Rectal medication with a pre-packaged dose i.e. rectal diazepam
- Rectal paraldehyde which is not pre-packaged and has to be prepared – permitted on a named child basis as agreed by the child's lead medical practitioner i.e. GP or paediatrician
- Manual Evacuation

³ Routine tracheostomy changes provide an opportunity for a registered practitioner to assess carer competency while also undertaking an assessment of the tracheostomy site

⁴ The first time replacement must be undertaken by an appropriately qualified nurse or qualified medical practitioner

- Administration of buccal or intra-nasal Midazolam and Hypo stat or GlucoGel
- Emergency treatments covered in basic first aid training including airway management
- Assistance with inhalers, cartridges and nebulisers
- Assistance with prescribed oxygen administration including oxygen saturation monitoring where required
- Administration and care of liquid oxygen administration including filling of portable liquid oxygen cylinder from main tank
- Blood Glucose monitoring as agreed by the child's lead nursing/medical practitioner i.e. GP, paediatrician or paediatric diabetes nurse specialist
- Ventilation care for a child with a predictable medical condition and stable ventilation requirements (both invasive and non-invasive ventilation). NB. Stability of ventilation requirements should be determined by the child's respiratory physician and will include consideration of the predictability of the child's ventilation needs to enable the key tasks to be clearly learnt.⁵

The following tasks should **not** be undertaken by non-health qualified carers:

- Assessment of care needs, planning a programme of care or evaluating outcomes of a programme of care
- Re-insertion of nasogastric tube
- Re-insertion of PEGs or other gastrostomy tubes
- Intramuscular and sub-cutaneous injections involving assembling syringe or intravenous, administration
- Programming of syringe drivers
- Filling of oxygen cylinders (other than liquid oxygen as stated above)
- Deep suctioning (oral suctioning tube beyond back of mouth or tracheal suctioning beyond the end of the trachea tube)
- Siting of indwelling catheters
- Medicine not prescribed or included in the care plan
- Ventilation care for an unstable and unpredictable child

⁵ Noyes, J and Lewis, M (2005) From Hospital to Home. Guidance on the discharge management and community support for children using long-term ventilation, Essex, Barnardos.

Delegation and accountability

Nursing involves complex tasks and procedures and even though health care support staff may have been trained to provide certain aspects of care to specific children, they may not necessarily be competent in all circumstances to do so. The NMC code states⁶:

4.6 You remain accountable for the appropriateness of the delegation, for ensuring that the person who does the work is able to do it and that adequate supervision and support is provided.

When delegating any aspect of care the NMC states that each child should be clinically assessed and the most appropriate person appointed to deliver any subsequent care. If this is a health care support worker then the registered nurse delegating the care should ensure they are competent to undertake the task being requested of them. The NMC advises that if a registrant feels they have been asked to delegate care to a health care support worker who they believe does not have the required competency or it is an inappropriate delegation, then they should refuse the instruction. This should then be raised formally with their employers including the justification for taking such a decision. Clause 8.2 and 8.3 of the Code supports this:

8.2 You must act quickly to protect patients and clients from risk if you have good reason to believe that you or a colleague, from your own or another profession, may not be fit to practice for reasons of conduct, health or competence

8.3 Where you cannot remedy circumstances in the environment of care that could jeopardise standards of practice, you must report them to a senior person with sufficient authority to manage them and also, in the case of midwifery, to the supervisor of midwives. This must be supported by a written record.

When a registered nurse assesses a member of health care support staff to carry out an aspect of care, then that must also include all aspects of the task including recording activities completed in the child's record. The best interests of the child are paramount. It is important that in order to promote this registrants must ensure that they provide appropriate support and supervision to health care support staff when performing delegated care delivery.

Any delegation of clinical tasks to non-health qualified staff must be undertaken within a robust governance framework which encompasses:

- Initial training and preparation
- Assessment and confirmation of competence
- Confirmation of arrangements for on-going support, updating of training and reassessment of competence

Training non health qualified staff

The aim of a training programme should be to provide information and learning about both theoretical and practical aspects of the carers' role. Opportunities must be provided for

⁶ NMC (2007) Advice on delegation for NMC registrants, London: NMC

supervised practice before an assessment of competence by a suitably qualified person⁷

This process should take into account the views of the child or young person, parents and the views of the person being assessed.

Training should take place at two levels:

- General training around complex health needs
- Training around a specific child and the procedures or the care that child will require

Key elements of a training programme are suggested as follows

- A competency-based approach
- Written goals for individuals
- Audit cycles (regular updating and reassessing of competence)
- Evaluation criteria
- Statements of accountability
- Confidentiality
- The care of the required equipment
- Care of the child's holistic care needs including social and developmental care
- Emergency management
- Risk assessment and when to get help

In the same way as information is shared on a need-to-know basis, training should be arranged on a general level for all staff working with a particular child and specific training for staff who will be supporting a child on a one-to-one basis.

The trainee must be assessed as competent to undertake the task and documentation signed by the health care professional to indicate this. At the time of assessment of competence the monitoring and date of training update will be agreed and recorded.

An example of general and specific training around complex health needs including core competencies for training that can then be used locally with necessary adaptations alongside standardising policies and procedures will be added in due course.

Updated by: Fiona Smith, David Widdas, Mary Lewis, Liz Bray and Linda Maynard
Date: January 2008

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⁷ This is usually an appropriately qualified nurse such as a Community Children's Nurse

ANNEX 5

DEFINITION OF PERSONAL CARE

“personal care” means:

- (a) physical assistance given to a person in connection with
- (i) eating or drinking (including the administration of parenteral nutrition),
 - (ii) toileting (including in relation to the process of menstruation),
 - (iii) washing or bathing,
 - (iv) dressing,
 - (v) oral care, or
 - (vi) the care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist); or
- (b) the prompting, together with supervision, of a person, in relation to the performance of any of the activities listed in paragraph (a), where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision;

S2, Interpretation, Health and Social Care Act 2008 (Regulated Activities) Regulations 2010