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**MEDICAL COMPETENCE TRAINING AGREEMENT**

HALTON BOROUGH COUNCIL

PEOPLE DIRECTORATE

FOSTERING SERVICE

COMPETENCE TRAINING AGREEMENT TO COVER THOSE WHO ARE CARRYING OUR NURSING CARE INTERVENTIONS

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| NAME OF CARER/SNAME OF NURSING SPECIALIST /PROFESSIONAL (OTHER)DATE OF AGREEMENT |  |
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1 Basis of Agreement

1.1 This agreement is to ensure that foster carers receive appropriate training to meet the nursing interventions required by a name child in their care. The following nursing care interventions may be carried out by a child’s foster carer once they have been shown to be a competent practitioner following appropriate training by a specialist nurse/ professional (other).

* Gastrostomy feeding and care
* Naso-gastric feeding and care
* Basic stoma care, i.e. replacement and removal
* Administration of rectal diazepam
* Administration of Buccal Midazolam
* Administration of enemas
* Administration of oxygen
* Use of nebulisers
* Oral suction

1.2 It is acknowledged some children will require nursing interventions other that those listed in 1 above. In such circumstance the interventions required will be discussed and confirmed at a discharge planning meeting (if child in hospital) or at a care planning meeting if the child is in the carers home. All agencies involved will need to be in agreement that he nursing care interventions can be performed by the foster carer. This decision should be subject to the following;

* It is based on the individual child need
* On an individual nursing care plan or multi-disciplinary assessment plan
* Agreed across relevant professionals
* Foster carer agrees to undertake the intervention
* The training and assessment is undertaken by a specialist nursing professional
* Competency is tested by observation and discussion
* Limited to the procedure for a named child
* If shared care details of the plan of nursing intervention to be made available to the foster care and the family
* Risk assessments are in place where applicable e.g. oxygen

2 Carers

2.1 Foster carers with whom a child requiring approved nursing care interventions have been officially approved as foster carers by Halton Borough Council in line with current relevant regulations.

2.2 Foster carers will not be expected to undertake any nursing care intervention unless they agree that they are confident and competent to do so

3 Role of nursing specialist/professional (other)

3.1 The competency assessment will be undertaken by a health care professional who is suitably skilled and experienced and appropriate to undertake this task – preferably a professional who knows the child best in the context of nursing care interventions.

3.2 The nursing specialist will be responsible for devising the nature of the training to inform their assessment of the foster carers competency in undertaking the nursing care interventions for the needs of the child identified.

3.3 If the nursing specialist/professional assessing the competence have any doubt about the competency of a care to carry out the procedure, they should inform the carers supervising social worker who will decided what action should be taken.

4 Role of Children’s Social Care

4.1 The identification of the need for nursing care intervention should be incorporated in the health section of the care plan and/or the discharge planning meeting (if child in hospital). Or in the case of a child with disabilities, this would be included within the multidisciplinary assessment/care planning meeting.

4.2 Consent from the person with parental responsibility to undertake such interventions should be included in the Delegated Authority Form

4.3 At the foster carers annual review the issue of their competency and confidence in continuing to offer this type of care will be addressed by the Independent Review Manger and referenced in the supervising social worker report. In addition this will be reviewed within the child’s children in care reviewing process.

Signed

Nursing specialist/professional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed

Foster Carer/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmation of agreement seen and checked

Signed

Supervising social worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_