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Nursing Associate Case Study Highview Residential & Rehabilitation Services

Left to right: Paul Critchley, Mark Florida, Tinotenda Coles

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Highview Residential & Rehabilitation Services – Camden & Islington NHS Trust

Highview provides intensive rehabilitation to people 18-65 with a history of severe and enduring mental health and complex needs. It is 24 hour supported accommodation.

Q&A with Mark Florida, Nursing Associate (NA)

How long have you worked in the team?

I joined the team in February 2019 as a newly qualified NA.

What are your day to day tasks?

If I'm on shift with a band 2/3 then I shift co-ordinate, communicating with other staff and Service Users (SU's) to find out what needs to be done and then making sure that it is done. Any issues that may arise I deal with, for example if there is a SU that is escalating I need to know how to manage the situation, we do our best to prevent hospital admission by perhaps increasing observations and utilising what we can. I follow policies and procedures and the careplan, getting support from the manager when needed.

What value does the NA role bring to the team?

Experience in physical health, understanding policies and medication management. The experience from spoke placements such as theatres, district nursing and early intervention in psychosis services where I have learnt how to care for people early in their illness. I feel confident using research so that my practice is evidence based. If I understand different stages of the illness I can support SU's at Highview to get back into the community or different types of supported accommodation. An example in practice would be diabetes; understanding blood sugar levels and how often they should be checked. If we find that the blood sugars are high or low I know what to do about it, I know what the symptoms are too. The antipsychotic medication can have side-effects that are the same as diabetes symptoms, I use the Glasgow Antipsychotic Side-effects (GASS) tool to assess. I refer them to the GP or the SHO if I need to. If someone wants to go to the gym, I know how to assess if they are going to be appropriate by doing physical health screening first. We may then refer to the Dr for a full screen depending on what we find. The course taught us that we should do screening before we refer people onto other services as it saves time and money further down the line and to make sure we are sending them to the right place.

Does the role improve patient care? If so, why?

The training allowed me to identify areas where I can improve patient care, this is what Nurse's do, we support them to give better care to patients. It allows Nurses to focus on the high-risk tasks whilst I take on the medium/low risk tasks.

Do you feel training course prepared you for this role?

The skills that I gained on my hub placements, which were Dunkley Acute Ward and Early Intervention Team enabled me to slot naturally into the team here. I feel confident with policies and procedures, I feel confident at looking at research papers which show best practice, I feel confident looking medication up in the BNF and understanding how it works. I know what side effects common medications have, this knowledge all adds up which has increased my confidence. There was a lot of physical health training on the course and I have been learning a lot of mental health since starting here, we've talked a lot about empathy and building that to develop a rapport. It's an ongoing learning process.

How does the NA differ from a qualified Nurse?

I'm not allowed to sign off any care plans, but I am part of the team when we have discussions and make decisions about patient care. I can have the discussion with the service user about the care plan but then I would take it back to the team to discuss and plan.

Q&A with Tinotenda Coles, Staff Nurse

How does the NA support the Nursing Team?

Shift co-ordinating to some extent, if he is working with a band 3 then he is more senior so would supervise that person. Mark does the physical health monitoring once a month. Care plans and risk assessments under supervision of a Nurse, so he has been involved with those. Mark supports residents with their ADL's (activities of daily living) and would stand in for reviews if the keyworker wasn't around. Mark recently wrote a Nursing report which we helped and supported him with, the Nurse then takes this report to the Care Programme Approach (CPA) meeting.

Mark is in charge when the band 5's & 6's aren't around, so that's invaluable. He can do the medication but can't do the controlled drugs.

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Marks background wasn't Mental Health, it was general care, so those skills that he's brought have been good for the team. Mark's preceptorship has focussed on developing his mental health skills. Mark has come up with lots of assessments, before we used to signpost to other services but some of the things can be done here, for example Malnutrition Universal Screening Tool (MUST) monitoring. Mark is in touch with the leads for physical health at the trust and he has come up with graphs and diagrams so we can plot peoples BMI, vital signs and other stats, which really highlights what needs to be worked on to the team. Lifestyle and healthy eating have also been a focus of his and he's really added that into the skills mix.

Mark is brilliant, he's proactive and I often don't need to spell out what we need to do, he's aware of what we need to do, and he goes and does it. That does make my job a bit easier as I can go and get on with other things.

Did the training course prepare the NA for the role?

Mark's skill set is fantastic for physical health, but it would have been good if they'd got a bit more input about mental health.

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How does the NA differ from an HCA?

Mark has more responsibility, if there's no band 5/6 he's the senior one in charge co-ordinating a shift, so that's a big responsibility. It is more of a leadership role.

How does the NA role differ from a Nurse?

Band 5's take more of a leadership role, the NA's are there to support. NA's need to be supervised to do care plans, risk assessment and cannot do controlled drugs. Mark does a lot of things that the band 5's do, there's a bit of a blur. More complex cases are allocated to the Nurse's and Mark is not keyworker. Nurse's would go to CPA or ward round if someone is admitted to hospital and would be more involved with the referral process, it's more senior members of staff that deal with that.

Would you recommend the NA role to colleagues? If so, why?

I would, it's fantastic to work with someone that is knowledgeable, it relieves a lot of pressure in the team. I suppose it would be good to get some more clarification on the role, there's still a lot of confusion about what the difference is between the NA and other roles like the Assistant Practitioner and the Nurse.

Q&A with Paul Critchley, Deputy Team Manager

What are the NA's day to day tasks?

Mark takes a lead in the planning some shifts, the planning meeting and making sure SU's needs are met during each shift, he also reflects on the handover and follows up on any concerns. Mark has an extended role with medications and carries out some auditing, we don't administer medication in this service, but we supervise. Mark supervises SU's with self-medication, flagging issues if he finds them. We hand medication responsibility back to the SU in a graduated way as we need to make sure it is working for them. Mark is very sharp on medication checks, we've had a few things that have come up on spot checks that have indicated that SU's are not taking the right medication. Mark's been very involved with that, he does spot checks as part of the risk assessment. It's important to pick things up as quickly as possible, a resident may be moving onto a place that has no observers to check that medication is being taken correctly and the right procedures are being followed. Any significant changes in care plans would go through the care co-ordinator and the MDT (multi-disciplinary team).

What value does the NA bring to the team?

Mark is very competent with regards to physical health needs. Very enthusiastic and keen to engage with residents to support them with their recovery plans.

Did the training course prepare the NA for the role?

Mark's experience has enabled him to understand the difficulties of managing risk in an open environment, but we are relatively highly supported so that was new to Mark. Mark already had a sense of where service users were coming from before he came to work here, which has been so helpful. Mark has really had a good understanding of his role from the beginning and seemed very well prepared and clinically prepared for physical health issues.

How does the NA differ from a Nurse?

Mark doesn't supervise others formally and is not yet a keyworker, however he is co-keyworker. The role is being built up slowly, Mark may become a keyworker once he has finished his preceptorship. I would say that residents do not experience daily any difference between the role of an NA and a Nurse, but there is more of a difference behind the scenes operationally and when it comes to responsibility. If someone wants to sign up to the gym, Mark could add that onto the care plan without a team discussion, but anything to do with risk needs to be discussed with the team. We aim to allocate roles to grade but there is room for overlap, by taking on extra responsibility with supervision staff can gain valuable experience which can help when they are preparing for future progression.

What pointers would you give to a team that is considering having an NA for the first time?

Try not to prejudge an outcome, it's what people will bring to a role that will make a difference, at a time when recruitment can be difficult it's even more valued that you've got people willing to commit to a position. It's really valued that someone is coming in and supporting the team. Whilst there is often an awkward feeling with change, someone is coming in with skills to support the team, a team needs to embrace that and take it on.

How do the team feel about the role now?

To feel confident that we can recruit to a role is a relief. I am sure that whether we are nearly full or have several vacancies we are accepting and welcoming of staff in a new role try and include them as valued members of the team.

Thank you to Camden & Islington NHS Trust and Mark, Paul and Tinotenda for participating in the case study. For more information about the NA role visit https://www.healthcareers.nhs.uk/