Title: **BAND 4 CORE COMPETENCIES FOR NON-REGISTERED STAFF WORKING IN STROKE AND NEURO-REHABILITATION**

Ref No: 2296 Version 1

Classification: Competency Framework

Directorate: Physiotherapy

Due for Review: 13-04-2021

Responsible for review: Consultant Therapist

Document Control

Ratified by: Head of Physiotherapy / Interim Head of OT & General manager MSK services

Applicability: As indicated

These competencies are designed for Band 4 staff working in multidisciplinary roles - if roles are more discrete the staff members' supervisor will work with the staff member to decide which competencies are relevant.

Referrals to the community team may be delegated directly to an AP staff member by a registered staff member on the community team. Prior to accepting a newly referred or known patient it is the joint responsibility of the AP and registered therapist who supervising them for that case to agree a review or discussion date as appropriate.

In all situations the AP needs to report back immediately to a registered staff member if the observations are not what is expected.

Introduction

This competency framework is a learning and development resource for skilled non-registered staff working in stroke care and in neuro-rehabilitation. It should be used alongside the Personal development Review process. The competencies have been designed to be flexible in order to address the differing learning needs and experience of users. Relevant areas of competencies and the evidence in how they can be met should be identified as part of a development plan between the staff member and their supervisor.

Competency framework aims: -

- To provide a consistent and high quality of care to service users
- To ensure that staff who deliver care are competent to do so
- To encourage training and share best practice across services
- To provide a framework to monitor and guide practice

Using the framework

The framework is designed to be used as part of the review process. Staff should meet with their clinical supervisor to identify which of the competencies is relevant to their role, to review the evidence of meeting the relevant competencies and identify priorities for learning with a timeframe for achievement.

In order to maintain competence the assessor must be confident in a person's ability to demonstrate competence over time and in differing situations. Therefore, provision for reassessment identifying achievement of learning in a chosen area and transference of learning to other situations will be necessary.

Competencies should be signed off by the staff member's supervisor or a registered staff member. A brief record should be made of the forms of evidence used. These are expected to include observation of clinical work, discussions, evidence from clinical records evidence of completion of CPD but also demonstration of application of training in practice.

All new staff should complete competencies within the first year. Thereafter the domains can be used to supplement annual reviews.

Domain	Knowledge	Skills	Notes on evidence and signatures of supervisor and supervisee
Core competencies	Understand issues around consent and mental capacity	To evaluate that the client is able to participate in an assessment or treatment programme To be able to gain appropriate consent for treatment To complete consent to share information with the client on the assessment proforma To establish that the client can follow instructions appropriately To assess pain levels and how this may impact on the therapy session	
Communication	Have an understanding of the reasons for communication disability Knowledge of Stroke Association (2012). Accessible information guidelines: Making information accessible for people with aphasia.	To enable people with communication disability to communicate using a range of resources	

Domain	Knowledge	Skills	Notes on evidence and signatures of supervisor and supervisee
Vision	To have an understanding of: · Hemianopia, diplopia & visual inattention · Difficulties in tracking and scanning To have a basic understanding of the visual pathway To have an understanding of how visual deficits can impact activities of daily life. To have an understanding of visual screening tests	To accurately feedback the effects of the visual impairment in function and to discuss this with the therapist To conduct a basic visual screen (Balloon test) under direction/instruction of the therapist To initiate a programme to improve scanning skills with a hemianopia and to discuss further input with therapist To observe, accurately record and liaise with colleagues regarding problems related to vision To describe to patients and carers/family how stroke and neurological conditions can cause visual difficulties To refer to an Orthoptist or Sensory Team following discussion with an OT To apply basic compensatory strategies for visual impairments within functional activities	

Domain	Knowledge	Skills	Notes on evidence and signatures of supervisor and supervisee
Cognition	To have a understanding of the following skills · Orientation in time and place · Short term/working memory · Attention/concentration · Sequencing · Problem solving · Insight and awareness · Initiation · Self-monitoring · Perseveration · Planning/organisation To be able to recognise difficulties with the above cognitive skills in functional tasks. To have an awareness and understanding of the role of an Occupational Therapist in assessment and the treatment of patients with cognitive problems	To undertake a basic cognitive screen (eg MOCA or ACE-III). To feedback and evaluate the effects of the impairment in function and discuss this with OT. To initiate some basic treatment approaches for cognitive impairments within functional activities.eg: external memory aids and external strategies To progress a cognition programme under direction and supervision of an OT To answer questions from the patient and carer/family relating to difficulties resulting from changed cognition. To understand when to refer complex questions onto trained staff To apply basic compensatory strategies for cognitive impairments within functional activities under supervision of OT	

Domain	Knowledge	Skills	Notes on evidence and signatures of supervisor and supervisee
Psychological support	To be aware of the psychological and emotional problems in people with stroke and neurological disability (e.g. depression, emotionalism, anxiety, self-esteem, confidence, well-being, challenging behaviour) To be aware of the assessments or psychological and emotional problems. To be aware of the stepped approach to provision of emotional support- support from staff, peer support, organisations such as Stroke Association, MS Society etc; Improving access to psychological therapies and psychology. To be aware of support services for carers	To recognise the signs, symptoms and impact of psychological and emotional problems in people with stroke and neurological disability (e.g. depression, emotionalism, anxiety, self-esteem, confidence, well-being, challenging behaviour), and report back to registered staff To undertake basis assessments of mood on instruction (such as Signs of Depression scale, PHQ9, GADS7) and report findings To demonstrate listening skills and empathy with patients at all times To recognise the signs, symptoms and impact of psychological and emotional problems in carers and report back to registered staff Support people with stroke or neurological disability and their carers in accessing resources to support self-management such as referring themselves to the peer support service or Depression and anxiety service, and report back to registrant	

Domain	Knowledge	Skills	Notes on evidence and signatures of supervisor and supervisee
Physical rehabilitation-motor	Have an understanding of the impact of weakness, reduced range of movement and abnormal muscle tone on movement. To know the importance of raising concerns to the appropriate professional.	To carry out an appropriate subjective assessment To assess range of movement in the major joints To carry out Oxford Muscle Testing to assess muscle strength To identify abnormal muscle tone To conduct a eated assessment- (required if client is seated on arrival) Assess certain movements prior to functional activities. If the client is unable to do any of the movements below, then further discussion needs to be had with the therapist prior to standing or walking. i) client is able to sit unsupported from the back of their chair or on the edge of the bed, in a midline position ii) client is able to actively extend either knee iii) client is able to dorsiflex either or one ankle against gravity, or, if not has an ankle support. To follow the assessment process for initial visits as per the assessment form currently in use	

Domain	Knowledge	Skills	Notes on evidence and signatures of supervisor and supervisee
Physical- sensation	To be aware of possible changes in sensation in stroke and neurological conditions and how this may impact on mobility To be aware of the risks of skin damage and injury if there are changes in sensation	To carry out light touch sensation testing for the upper and lower limbs To observe for signs of pressure damage and refer to the appropriate professional when indicated	
Physical- gait	Understand a normal walking pattern and normal gait parameters such as e.g. stride length , foot clearance and base of support To be aware of common gait abnormalities in people with stroke and neurological conditions Have an awareness of other modalities for physical rehabilitation including mental rehearsal, and constraint induced movement therapy	To know and instruct on the correct use of walking aids such as frames and sticks To carry out a timed walk test when requested To suggest different walking aids and review these with the client in agreement with the registered therapist To assess the client's safe level of mobility in their own environment after discharge from hospital.	
Physical- balance	To be aware of normal systems that contribute to postural control: to include; musculoskeletal; neuromuscular and sensory.	To identify balance problems and highlight these to the physiotherapist To carry out a Berg Balance test To initiate a balance exercise programme and progress it in discussion with the physiotherapist	

Domain	Knowledge	Skills	Notes on evidence and signatures of supervisor and supervisee
Physical- progression of exercises	To be aware of the importance of exercise for strengthening, endurance and flexibility Have an awareness of other treatments for physical rehabilitation including mental rehearsal, and constraint induced movement therapy	To ensure patients have written/ illustrated copies of exercise programmes To supervise and progress an exercise programme including strengthening and balance exercises and functional practice To increase the number of repetitions of exercises as discussed with the therapist Progress the difficulty of exercises and feed back to the therapist. Recognise when patients may be suitable for other treatments such as mental rehearsal, and constraint induced movement therapy and refer on as appropriate	
Physical- use of splints	Understand the rational for the use of splints Have a basic knowledge of types of splints commonly issued locally	To recognise when the patient's limbs are becoming tighter or more supple and feedback concern about fit of splints to therapist To don/doff a splint, To instruct carers how to don/doff and care for a splint To support the patient and carer in following a regime for wearing the splint as advised by the therapist.	

Domain	Knowledge	Skills	Notes on evidence and signatures of supervisor and supervisee
Social care and equipment	Demonstrate a working knowledge of the Care Act 2014 Demonstrate an understanding of charges for services To have a working knowledge of indicators that carers are experiencing difficulty with manual handling or that unsafe techniques are in use. Demonstrate an awareness of safeguarding issues and processes Demonstrate knowledge of, and provide information to patients and carers about services and support beyond the community neuro team. To have an awareness of common adaptations and telecare.	To complete consent to share information with the client on the assessment proforma Ensure all equipment is kept clean and in good working order. Order , fit and demonstrate equipment following instruction of therapist Identify where there may be a change needed in packages of care, and contact social care after discussion with therapist, ensuring that patient is aware of potential charges. Contact social care in times of crisis Ensure accurate use of documentation including the manual handling plan. (eg is in place, in date, signed etc) . Update manual handling plans following discussion and in agreement with supervisor To identify and report back to the appropriate professional immediately with any Safeguarding concerns and contribute to safeguarding meetings To identify needs for adaption/telecare to the appropriate professional.	

Domain	Knowledge	Skills	Notes on evidence and signatures of supervisor and supervisee
Working in a team	Understand the stroke pathway Understand other pathways for people with other neurological conditions Understand how people are referred to and discharged from the service	To accept referrals and know how to pass these onto the appropriate professional for triaging To communicate appropriately with all members of the MDT	
Working with carers	Recognises and appropriately addresses risk factors to carers and informs the registered practitioner	To demonstrate a specific set of exercises, stretches or positioning. To demonstrate to carers how to assist a person to walk when it is appropriate to do so.	
Working with students		To work in the patient's home environment with the support of the student for a joint session. The session should not exceed the competency of the band 4 who is responsible for the care delivered.	

Domain	Knowledge	Skills	Notes on evidence and signatures of supervisor and supervisee
Communication therapy (for workers supporting speech and language therapy programmes)	Understands the nature and process of normal communication. Demonstrates knowledge of communication disorders in discussion with the SLT. Right and left hemisphere dysphasia. Dyspraxia. Dysarthria. Dyslexia. Dysgraphia. Cognitive communication impairment. Understands the inter-relationship between language, attention, memory, praxis and executive skills. Understands the implications of impairment in motor planning, muscle weakness, tone and sensory loss. Understands the SLT pathway, role and contribution to the MDT. Has a working knowledge of the Accessible information guidelines [Stroke association 2012]	To be able to use a range of communication modalities for total communication. Communicates with patients in a manner consistent with their level of functioning. To be able to accurately describe the effects of Stroke and neurological disorders on communication with relevant terminology. To effectively use communication strategies related to cognitive communication impairment. To be able to describe and carry out supportive strategies and prompting for; AAC. Writing. Gesture. Positioning to optimize communication Is able to ensure that each person with communication problems is made known to the SLT service and has communication advice. Is able to provide visual and written information under the guidance of the SLT in a person specific manner.	

Domain	Knowledge	Skills	Notes on evidence and signatures of supervisor and supervisee
Communication therapy continued	Demonstrates an understanding of how communication disorders can affect activities of daily living and social interaction through discussion with SLT. Demonstrates an understanding of screening tools for oromotor and communication impairment in discussion with the SLT. Demonstrates an understanding of rating scales and their functions. To undertake observation of SLTs working with patients with communication impairments and their specific therapy programmes. Demonstrates knowledge of group dynamics through observation and discussion with the SLT. Demonstrates an understanding and use of technology to assist SLT therapy programmes.	Is able to apply alternative and supportive communication strategies. Is able to describe to patients, carers and family how stroke and neurological conditions can affect communication. Is able to recognise complex questions which require referral back to the SLT. Is able to carry out basic screening assessments and collect information for assessment purposes. Is able to use a variety of rating scales to scale deficit levels, feelings, and progress. To be able to support and carry out communication therapy programmes under the direction and supervision of the SLT.	

		To progress programmes under the guidance of the SLT. Programmes will include; A] Enabling function i.e. introduction of strategies B] Improving function i.e. semantic facilitation. C] Compensates e.g. environmental adaptation. D] Increases participation e.g. supported communication and AAC. E] Supports communication partners with person specific strategies. Is able to run and manage small social groups to reinforce skills related to SLT goals. Is able to run and manage small impairment specific groups related to SLT therapy programmes Is able to carry out computer/Ipad SLT programmes Is able to use communication aids.	

Domain	Knowledge	Skills	Notes on evidence and signatures of supervisor and supervisee
Swallowing **Skill level - STAGE ONE: INFORMATION GATHERING AND OBSERVATION**	To have an understanding of: Normal swallow process Dysphagia – causes and consequences Dysphagia – Follow dysphagia management plans Understands the relevance of an oromotor examination (has observed SLT conducting a clinical eating and swallowing assessment) Understands the importance of involving patients and carers (has observed SLT giving feedback to patient and/or relatives) Understand the importance of MDT approach in managing dysphagia (has observed other members of MDT supporting patients) Has a working knowledge of the risk management and ethical considerations in dysphagia	To take a case history - information extracted from medical notes and from discussion with relevant professionals and carers *See A. Information points to consider To recognise a range nutritional supplements and modified diets To appropriately and competently thicken drinks To observe patient at mealtime and at rest, reporting immediately any choking or distress Effectively uses cervical auscultation	

Domain	Knowledge	Skills	Notes on evidence and signatures of supervisor and supervisee
Swallowing **Skill level - STAGE TWO: ACTIVE INVOLVEMENT UNDER SUPERVISION**	To have an understanding of: Normal swallow process Dysphagia – causes and consequences Dysphagia – Follow dysphagia management plans Understand the impact of being fed by others and of feeding others (via attendance at experiential workshop) Understand swallowing therapy (by observation of SLT conducting this)	To take case history from patient To actively participate in the assessment conducted by Speech and Language Therapist and subsequent management plan To write Speech and Language Therapy and/or other appropriate clinical notes *See C. Points to consider regarding documentation	

Domain	Knowledge	Skills	Notes on evidence and signatures of supervisor and supervisee
Swallowing **Skill level - STAGE THREE: HANDS ON DYSPHAGIA MANAGEMENT**	To have an understanding of: Normal swallow process Dysphagia – causes and consequences Dysphagia – Follow dysphagia management plans	To contribute to discussion about management of dysphagia giving appropriate consideration to ethical and risk management issues To contribute to the dysphagia plan regarding postures vs. manoeuvres vs. therapy in dysphagia management of patient	
Swallowing **Skill level - STAGE FOUR: HANDS ON WITH DISTANT SUPERVISION**	To have an understanding of: Normal swallow process Dysphagia – causes and consequences Dysphagia – Follow dysphagia management plans	To competently feed back at MDT meeting / ward round regarding patient's performance To follow dysphagia management plans *See D. Points to consider regarding implementation of dysphagia management plan To competently demonstrate programme to patient/carer. To competently feed back to patients, carers or relatives. To carry out swallow therapy programme as prescribed by clinician	

11. Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

Ref No:	2296		
Document title:	Band 4 Core Competencies for non-registered staff working in Stroke and Neuro-rehabilitation		
Purpose of document:	Competency Framework		
Date of issue:	13 April 2018	**Next review date:**	13 April 2021
Version:	1	**Last review date:**	
Author:	Consultant Therapist		
Directorate:	Women's Childrens and Diagnostics		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Head of Physiotherapy / Interim Head of OT & General manager MSK services		
Date approved:	10 April 2018		
Links or overlaps with other policies:	All TSDFT Trust Strategies, policies and procedure documents		

	Please select	
	Yes	*No*
Have you considered using Equality Impact Assessment?	☐	☐
Does this document have implications regarding the Care Act? *If yes please state:*	☐	☐
Does this document have training implications? *If yes please state:*	☐	☐
Does this document have financial implications? *If yes please state:*	☐	☐
Is this document a direct replacement for another? *If yes please state which documents are being replaced:*	☐	☐

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
13 April 2018	1	New	Head of Physiotherapy / Interim Head of OT & General manager MSK services

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

NHS South Devon and Torbay Clinical Commissioning Group Torbay and South Devon NHS NHS Foundation Trust

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		**Version and Date**	
Policy Author			

An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.

Who may be affected by this document?

Patients/ Service Users ☐	Staff ☐	Other, please state… ☐

Could the policy treat people from protected groups less favorably than the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Age	Yes ☐ No☐	Gender Reassignment	Yes ☐ No☐	Sexual Orientation	Yes ☐ No☐
Race	Yes ☐ No☐	Disability	Yes ☐ No☐	Religion/Belief (non)	Yes ☐ No☐
Gender	Yes ☐ No☐	Pregnancy/Maternity	Yes ☐ No☐	Marriage/ Civil Partnership	Yes ☐ No☐

Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☐

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☐ No☐ NA ☐
Are the services outlined in the policy fully accessible[6]?	Yes ☐ No☐ NA ☐
Does the policy encourage individualised and person-centred care?	Yes ☐ No☐ NA ☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☐ NA ☐

EXTERNAL FACTORS

Is the policy a result of national legislation which cannot be modified in any way?	Yes ☐ No☐

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

Who was consulted when drafting this policy?

Patients/ Service Users ☐	Trade Unions ☐	Protected Groups (including Trust Equality Groups) ☐
Staff ☐	General Public ☐	Other, please state… ☐

What were the recommendations/suggestions?

Does this document require a service redesign or substantial amendments to an existing process? ***PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below***	Yes ☐ No☐

ACTION PLAN: Please list all actions identified to address any impacts

Action	Person responsible	Completion date

AUTHORISATION:
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form		**Signature**	
Validated by (line manager)		**Signature**	

Please contact the Equalities team for guidance:
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation.

[1] Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdft@nhs.net,
- See TSDFT's Data Protection & Access Policy,
- Visit our GDPR page on ICON.