Fundamentals of care: is competence being eroded?

By Erin Dean health journalist

Such has been the focus on the fundamentals of nursing care in recent years, these now sit at the top of the Nursing and Midwifery Council (NMC) code. Second only to treating people with ‘kindness, respect and compassion’, is the direction that nurses must ‘deliver the fundamentals of care effectively.’ These fundamentals include:

- Nutrition.
- Hydration.
- Bladder and bowel care.
- Physical handling.
- Ensuring those receiving care are kept in clean and hygienic conditions.

At RCN congress in May, members discussed concerns that some nurses are not carrying out essential aspects of continence and wound care. An RCN bowel and bladder forum fringe event led to a wider discussion about elements of care that some nurses are not carrying out.

Competence gap in bowel care

The bladder and bowel forum’s chair Fiona Le Ber, Jersey-based clinical nurse specialist for bladder and bowel, says all nurses should be able to undertake bowel assessment, digital rectal examination and digital faecal removal, if part of a patient’s routine and ongoing care. But these can be elements of care pushed towards those in specialist posts, with some nurses no longer seeing it as part of their job, she says.

‘Giving bowel care is a fundamental task that all nurses...’
should be able to do,’ says Ms Le Ber. ‘It is skilled, but is also essential, and part of nursing.

‘While most aspects of having specialist nurses are great, it can lead to nurses saying “that’s not my area, I don’t have to do it”.’

Ms Le Ber says wards will often not have someone able to carry out certain tasks.

‘What we often find is there is someone with more continence skills on say a Monday, Wednesday and Friday, but what if you need help on a Tuesday?’

Wound care knowledge lacking

Jersey community clinical nurse specialist in tissue viability Gilly Glendewar, who helped host the fringe event, says she also sees these problems in wound care.

‘When I trained, I learned a lot on the job, but this doesn’t seem to happen now. There is a lack of underpinning knowledge of wound management and when staff come out to work in the community, I feel like I’m starting from scratch.

‘There is a lot of work to be done to engage staff to feel confident and competent in managing wounds.’

Ms Glendewar says she particularly worries about the care of more chronic wounds such as leg ulcers and tears of fragile skin. ‘If these wounds are not managed effectively there is a huge impact on the quality of life of patients,’ she says.

A national wound care strategy programme is being developed by NHS England to improve poor wound care (see page 35) and Ms Glendewar hopes these national standards will support education for nurses in the management of all wounds. The team developing the strategy says that evidence-based procedures in wound care are underused.

Unintended consequences

University of Exeter emeritus professor of mental health services research David Richard is a campaigner for the fundamentals of nursing care. He has concerns that advanced practice and specialty posts can have unwanted implications for the work of other nurses.

‘These fundamentals of nursing care are being neglected,’ he says. ‘Nurses have dived into advanced practice and holes have opened up between care given by nurses and nursing support workers.

‘Obviously there are some elements of care that need to be done with specialist expertise, but that should be in a supervisory or leadership role, as we don’t have enough of these specialists. A danger of advanced practice is you give a job to a scarce resource and everyone else washes their hands of that part.’

Professor Richard was the first head of the Exeter nursing school, which opened in 2019, and he put the fundamentals of nursing at the heart of the degree programme. It was one of the pillars of the curriculum and informed every session.

‘We wanted to be clear that the fundamentals are every nurse’s job,’ he says.

Nurses need greater support

The Spinal Injuries Association (SIA) began a campaign earlier this year called ‘This is #SeriousSh1t about the struggle many people face in getting routine bowel care.

Digital removal of faeces (DRF), which forthcoming RCN guidance says. ‘This is sometimes due to a lack of staff who are adequately trained in bowel care interventions – particularly DRF.’

The charity says there is a lack of policies to support nursing staff in giving this care, and a lack of training too. Its spinal care injury specialist nurse Carol Adcock says the organisation hears about people with spinal injuries in all settings not getting basic bowel care.

NMC proficiency standards published in 2018 say that nurses should be able to ‘undertake rectal examination and manual evacuation when appropriate’ on registration. But...
Improving provision of fundamental care

Chief nurse Mel Roberts says the pillars of its patient strategy, introduced in 2022, focus on:

- Promoting independence
- Nutrition and hydration
- Communication
- Symptom management
- Harm-free care
- Sleep and rest
- Personalised holistic care

Staff are leading projects, including a stroke ward that is overhauling mealtimes to improve nutrition and hydration, and a community site that has introduced different coloured jug lids that change to reflect how much a patient has drunk.

‘Talking to our patients is key and also talking to our staff,’ says Ms Roberts. ‘It is about being holistic and knowing your patient, and what they need to support them.’

The hospital is part of the International Learning Collaborative, which advocates for the fundamentals of care in nursing.

‘These are some of the priorities we are working towards by setting out what we expect staff to provide,’ Ms Roberts says.

She says responsibility for this care falls to all staff, not just nurses, and getting the fundamentals right can be a complex task.

before that, it was rarely part of courses, Ms Adcock says.

‘We have a nursing workforce that mainly wasn’t given these skills,’ she says. ‘For a patient with a routine bowel programme in place, every nurse should have the skills to implement it.’

Not to provide this care is ‘an absolute injustice,’ she says.

Ms Le Ber also says there is a persistent myth that it is illegal for nurses to provide some bowel care, which she believes is partly because at one point it was not being done effectively.

‘If the procedure is not undertaken for those who need it then this is an omission of care as the patient is at risk of bowel perforation, faecal impaction, obstruction and incontinence,’ she says.

‘For those nurses who have not undertaken assessment or lack the practical experience or clinical skills, a supervisory programme should be in place to support them in their clinical practice to gain confidence, knowledge, experience and competency.’

Impact of nursing shortages

For some the shift to more advanced roles, and a lack of education and policy support are all affecting the profession’s ability to carry out aspects of fundamental nursing care.

But senior nursing workforce experts point out that – as with many problems in nursing care – the shortage of staff is the root of the problem.

University of Southampton chair of health services research Peter Griffiths says blaming nurses for a ‘moral failure’ is not the answer.

There is ample evidence that when nurses are overworked and staff levels are low, essential care does get missed, he says.

The UK is in the grip of a nursing workforce crisis, with England alone is short of at least 40,000 nurses.

And Professor Griffiths seems to echo Professor Richard’s concern that narrowing the role of some nurses may have unintended consequences. ‘The more you require individuals to work within a narrow role the more difficult it is to provide the care that patients need when they need it,’ he says. ‘We also need to consider the resources they have to do it.’

However, London South Bank University chair of healthcare and workforce modelling Alison Leary says specialist nursing roles are generally developed to fill gaps in care that is already not happening.

With overstretched nurses already caring for far too many patients, it is impossible to cover all the care needed, she says.

‘When there is a lack of nurses, you are going to have work not done, or not being seen to be needed,’ says Professor Leary. ‘This then becomes normalised, like continence-pad culture, and people aren’t going to ask why the care is not happening.’

Further information
tinyurl.com/standards-future-nurse
International Learning Collaborative ilccare.org