



City Research Online

City St George's, University of London

Citation: McBride, M. (2025). The code and the community nurse: practising effectively. *British Journal of Community Nursing*, 30(6), pp. 270-272. doi: 10.12968/bjcn.2025.0087

This is the accepted version of the paper.

This version of the publication may differ from the final published version. To cite this item please consult the publisher's version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/35407/>

Link to published version: <https://doi.org/10.12968/bjcn.2025.0087>

Copyright and Reuse: Copyright and Moral Rights remain with the author(s) and/or copyright holders. Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge, unless otherwise indicated, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way. For full details of reuse please refer to [City Research Online policy](#).

The Code and the community nurse: practising effectively

Key words

community nursing • Nursing and Midwifery Council code • practising effectively • delegation • interpreters • record keeping

For all nurses, midwives and nurse associates, practising in accordance with the Nursing and Midwifery Council Code (NMC, 2018a) is firmly embedded in every element of what they do. These values and principles can be applied to the delivery of nursing care, regardless of the practice setting and they represent the standards that patients and members of the public expect from their health care professionals (NMC, 2018a). The role of community nurses can be dynamic and multifaceted and encompass a wide range of responsibilities that are delivered using compassion and expertise (McBride et al, 2024). As the NMC (2018a) stipulate, in order to practise effectively a registrant will need to assess and deliver care to the best of their ability using the best evidence available, so the range of what might be considered here in the 'out of hospital' care setting, is quite extensive.

The NMC (2018a) clearly outline how this will be achieved within the Practising Effectively section of the code.

- Always practise in line with the best available evidence
- Communicate clearly
- Work cooperatively
- Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues
- Keep clear and accurate records relevant to your practice
- Be accountable for your decisions to delegate tasks and duties to other people
- Have in place an indemnity arrangement which provides appropriate cover for any practice you take on as a nurse, midwife or nursing associate in the United Kingdom

Record keeping

As the RCN (2023) suggest, good recording keeping is integral to promoting safety, ensuring continuity of care and is a vital part of communication. Good documentation is also important as it supports professional evidence-based decision making and care (NHS England, 2023). The NMC Code (2018a) is very clear that patient records should be completed at the time or as soon as possible after the event, and that they should be accurate, without falsification and be attributed to the individual making them, clearly written, dated and timed. For community nurses, there has always been an emphasis on documenting accurate information about their patients, however record keeping can be challenging, and if the community nurse has a large caseload, then this can be perceived as a burdensome extra (Dowie, 2024).

All nurses need to remember that they can be held liable if there is no documented evidence of the care they have provided, and in the community many areas are now 'paper light' with the implementation of electronic patient records (EPR) systems. Therefore, there are additional challenges with completion of documents contemporaneously, which Lezard and Deave (2021) have summarised as issues around practicality and confidentiality, limited reliability in IT systems and differences in team ethos to embrace the technology. It has been suggested that some nurses perceive using electronic devices as a barrier between them and their patient and often display a lack of knowledge relating to what good documentation looks like in a digital context (NHS England, 2023). The International Community Nursing Observatory (ICNO, 2023) would dispute this, postulating that community nurses have a good level of digital literacy and an appetite for high functioning technology but are often faced by network coverage issues and inappropriate hard or software.

In general, community nurses are making effective use of electronic patient records, collaborating with the patient, and making informed clinical decisions, using IT innovatively to improve patient care (Lezard and Deave, 2021). For those that are choosing to complete records much later than the

patient consultation, they must be aware of the legal implications for this and be aware that they could be breaching the NMC Code (2018a).

Using unqualified interpreters

The complex phenomenon of communication is one of the most essential elements of the nurse-patient relationship, associated with health promotion, education, treatment and rehabilitation and is influenced by many factors (Afriyie, 2020). Often the power of communication can be impaired by a lack of common language and reduced health literacy. The world is becoming increasingly linguistically diverse, and the changing demographics mean that nurses will often be the first point of contact for patients within healthcare (Gerchow et al, 2021). Therefore, if barriers are encountered, this can influence patient experiences or outcomes. NHS England (2018) states that all patients should have access to interpretation and translation services that are responsive to their linguistic needs, and that their care should not be disadvantaged. The role of healthcare interpreters is often multi-faceted, they are delivering complex messages rather than simply translating words and without them important information could be lost (Salvati et al, 2019). However, community nurses may often find themselves in unplanned situations in patients' homes where they are using family members or friends as the interpreters which although seems like the most logical solution, can present significant challenges.

The NMC Code (2018a) is clear that nurses must take reasonable steps to meet people's language and communication needs, which can be verbal or non-verbal with a focus on considering cultural sensitivities, so it could be suggested that nurses must make an educated, informed decision as to whether to use adult family members or not in any given situation. As Hilder et al (2017) suggest, often there are high levels of trust between family members, patients can feel more relaxed, and time can be saved. However, it must be remembered that the NHS has a legal responsibility to make sure that the services they provide have access to professional translating services which also addresses safeguarding issues and aids accuracy of translation (Office for Health Improvement &

Disparities, 2021). Taking this all into consideration, it is evident that at times, community nurses can find themselves in a conflicting position where they wish to provide the best person-centred care for their patients but also need to abide by regulation, and there is a concern that family will not have adequate knowledge of medical terminology or withhold critical information (Salvati et al, 2019). There is also the issue of checking the veracity of the interpretation or ensuring that the family member remains neutral and passive which is very challenging (Rimmer, 2020). The nurse needs to have a higher level of experience and skill to understand the potential risks and be able to explain the options to the patients they are caring for. Interestingly, much of the research to date has been carried out with medical staff, in hospitals or primary care settings, rather than in patients' homes.

Delegation

This section of the NMC code (2018a) also addresses accountability and the decision to safely delegate. Delegation is defined as the 'transfer to a competent individual, of the authority to perform a specific task in a specified situation' (NMC, 2018b). Registered nurses are accountable for what they choose to delegate, and this may be to another registered professional, an unregulated member of staff or even a family member or carer. This must always be in the best interests of the service user or patient and the whole process must be risk assessed (Royal College of Nursing; RCN, 2024). However, regardless of the task or duty that has been delegated, this must be within the other persons scope of competence, provisions should be made to ensure they are adequately supervised and to confirm that the outcome of any delegated task meets the required standards (NMC, 2018b). Whilst this is applicable to all registrants, there are often extra issues to consider within the community as often staff are lone workers and need to be autonomous practitioners making independent decisions. Consider the following scenario.

Farah has been a Healthcare Support Worker working alongside the district nurses in the community nursing team for nearly 5 years. She feels fulfilled and is a valued member of the team. Following recent service review, competencies have been updated for staff in her band and Insulin administration is going to be an expected clinical activity. Farah is worried about this as she is not familiar with medication administration and is concerned that patients will also be apprehensive.

What does the organisation need to have in place to ensure safety for patients?

How can Farah be reassured that she will be supported with this skill development?

What is the possible impact of this initiative on the patients and wider nursing team?

As Stenner et al (2024) identified, it is common practice in the UK and other countries for registered nurses (RNs) to delegate medication administration to a healthcare support workers (HCSWs). This should always occur within a framework of local governance and include training, competency assessment and implementation of protocols. It is important to consider the relationship between the delegator and the delegate and ensure that adequate support is provided to ensure patient safety; communication is key throughout to increase confidence and boost team morale (Shore et al, 2022). Although one of the main drivers for delegating medication management may be to release registered nurses time to undertake more complex care at peak times, there must be perceived benefits for the patients and the HCSWs (Stenner et al, 2024). If delegation is not performed in accordance with the specified guidance, then the registrant could be held to account by both the law and the NMC as their professional body.

References

Afriye D. Effective communication between nurses and patients: an evolutionary concept analysis. *Br J Comm Nurs*. 2020; 25 (9): 438-445. <https://doi.org/10.12968/bjcn.2020.25.9.438>

Dowie I. Record keeping and the community nurse. *Br J Comm Nurs*. 2024: 29 (2); 58-59. <https://doi.org/10.12968/bjcn.2024.29.2.58>

Gerchow L, Burka L, Miner S, Squires A. Language barriers between nurses and patients: A scoping review. *Patient Educ Couns*. 2021: 104, (3); 534-553. DOI: [10.1016/j.pec.2020.09.017](https://doi.org/10.1016/j.pec.2020.09.017)

Hilder J, Gray B, Dowell A, MacDonald L, Tester R, Stubbe M. 'It depends on the consultation': revisiting use of family members as interpreters for general practice consultations – when and why? *Aust. J of Prim Health*. 2017: 23; 257–262. <http://dx.doi.org/10.1071/PY16053>

Lezard R, Deave. The factors influencing community nurses' usage of electronic health records: findings from focus groups. *Br J Comm Nurs*. 2021:26 (12); 604-610. <https://doi.org/10.12968/bjcn.2021.26.12.604>

McBride M, Kilgore C, Oozageer Gunowa. The role of community and district nurses. *Clinics in Int Care*. 2024: 7; :100231-10023. <https://doi.org/10.1016/j.intcar.2024.100231>

NHS England. Towards a unified vision of nursing and midwifery documentation. 2023. <https://www.england.nhs.uk/long-read/towards-a-unified-vision-of-nursing-and-midwifery-documentation/> (accessed 24 April 2025)

NHS England / Primary Care Commissioning. Guidance for commissioners: Interpreting and Translation Services in Primary Care. 2018. <https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf> (accessed 24 April 2025)

Nursing and Midwifery Council. The code: professional standards of practice and behaviour for nurses, midwives and nursing associates. 2018a. <https://www.nmc.org.uk/standards/code/> (accessed 24 April 2025)

Nursing and Midwifery Council. Delegation and accountability Supplementary Information To the NMC Code. 2018b. <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf> (accessed 24 April 2025)

Office for Health Improvement & Disparities. Language interpreting and translation: migrant health guide. 2021. [Language interpreting and translation: migrant health guide - GOV.UK](#) (accessed 24 April 2025)

RCN (2023) Record Keeping: The Facts. <https://www.rcn.org.uk/Professional-Development/publications/rcn-record-keeping-uk-pub-011-016> (accessed 24 April 2025)

Rimmer A. Can patients use family members as non-professional interpreters in consultations? *Br Med. J.* 2020; 368. <https://doi.org/10.1136/bmj.m447>

Salavati D, Lindholm F, Drevenhorn E. Interpreters in healthcare: Nursing perspectives. *Nurs*: 2019; 49 (12); 60.63. [doi: 10.1097/01.NURSE.0000604752.70125.66](https://doi.org/10.1097/01.NURSE.0000604752.70125.66)

Shore C, Maben J, Mold F, Winkley K, Cook A, Stenner K. Delegation of medication administration from registered nurses to non-registered support workers in community care settings: A systematic review with critical interpretive synthesis. *Int J of Nurs Stud.* 2022; 126: 104121. <https://doi.org/10.1016/j.ijnurstu.2021.104121>

Stenner K, Edwards J, Mills L, Sherrington S, Mold F. Delegation of insulin administration: a survey of community nursing teams in England. *Br J Comm Nurs.* 2024; 29 (5): 238-244. <https://doi.org/10.12968/bjcn.2024.29.5.238>

The International Community Nursing Observatory. Nursing in the Digital Age 2023. Using technology to support patients in the home. <https://qicn.org.uk/wp-content/uploads/2023/02/Nursing-in-the-Digital-Age-2023.pdf> (accessed 24 April 2025)