

# Clinical Skills Competency Assessment

## Care of Gastrostomy Device Nurse Competency

## **WE STATEMENT**

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

## **INTRODUCTION**

This competency has been designed to promote and assess the safe and effective management of residents who require enteral feeding via a gastrostomy device in our care homes.

The competency should be completed by each Registered Nurse who has a responsibility to deliver, or oversee the care of residents.

The Registered Nurse should have confidence in his/her actions delivering this care satisfactorily and safely without supervision.

For Registered Nurses, the NMC Code of Conduct should be adhered to along with Nice Guidance: Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition clinical guideline CG32, and the Elizabeth Finn Homes Policy.

This competency must be completed within induction. It must then be reviewed and completed on a self-assessment basis at least annually or, as any modifications in equipment used occur.

There may also be a requirement to repeat this competency in the event of an incident relating to the care of a resident with a gastrostomy device regardless of when the last completion took place.

Once complete, please document this competency on the Registered Nurse's HR Training file / training matrix.

<b>Registered Nurse Name:</b>	
<b>Registered Nurse Signature:</b>	
<b>Assessor Name:</b>	
<b>Assessor Signature:</b>	
<b>Date Competency completed:</b>	
<b>Date self-assessment completed:</b>	
<b>Date of last completion.</b>	

Competency & Awareness	Registered Nurse / Signature	Comments	Assessor's Signature
Can describe the basic anatomy and physiology of the digestive system.			
Can explain some of the reasons why a gastrostomy device might be required.			
Can outline the EFH policy on caring for a resident who has a PEG in place.			
Demonstrates knowledge about the different types of gastrostomy devices.			
Can explain how different types of gastrostomy devices are fixed internally and externally.			
Can explain the usual frequency of replacement for different types of gastrostomy tubes.			
Can confidently explain why the first 10-14 days following placement of a gastrostomy require enhanced assessment and vigilance.			
Can describe the daily care requirements of a gastrostomy device.			
Can describe actions required if the tube becomes blocked.			
Can describe the action required in the event of a gastrostomy tube becoming accidentally removed.			
Can describe overgranulation and why this might occur.			
Can describe signs of an infected stoma site.			
Can describe the signs of gastric leaking.			
Can describe how pressure damage to a			

stoma site might be identified.			
Can describe how personal care (shower/bath) is managed for residents who have a gastrostomy device.			
Can describe safe advance and rotation of the device ensuring the description includes infection control practice and frequency of intervention.			
Can describe safe positioning of a resident requiring a feed offering the rationale for correct positioning.			
Can describe safe flushing of the tube both in those having regular feed, those who have a tube for intermittent use and those who use a tube only for medications.			
Can explain the involvement of key healthcare professionals and how to contact them.			
<b>SKILLS COMPETENCIES</b>			
Performs effective hand hygiene prior to any intervention.			
Identifies the resident and correct device type.			
Can describe the care plan and medical support team instructions.			
Assesses the site and tube effectively demonstrating awareness of signs of complication.			
Cleans the site effectively			
Flushes tube before and after safely.			
Administers prescribes feed / and or medications safely.			
Completes all necessary documentation accurately			

**Below is a reflective summary template to be used when an incident occurs relating to a resident with a gastrostomy device.**

**REFLECTIVE SUMMARY FOLLOWING AN INCIDENT CONNECTED TO THE CARE OF A RESIDENT WITH A GASTROSTOMY DEVICE.**

This form is to be completed in the event of an incident occurring and then used to inform a supervision. A copy should be submitted to the General Manager.

NAME

DATE

<b>REFLECTIVE ACCOUNT</b>
What was the nature of the incident?

What did you learn from the incident?
How did you change or improve your practice as a result of the incident?
What is the relevance to the Code of Conduct?

**Document Control**

Issue	Date	Author	Reason
1.0	15 April 2025	Michelle Francis	New document
	22.10.2025	Fiona Broadberry	Reviewed as part of a clinical review no changes made