

Health Protection Factsheet

Issue 1



Infection Prevention & Prevention

Preventing and controlling healthcare associated infections (HCAI) is a high priority for all NHS and public health organisations. It is just as important for healthcare providers in the independent and voluntary sectors.

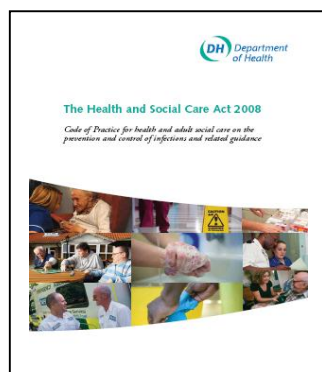
Many infectious diseases can easily spread, wherever large numbers of people, many of whom may be susceptible to infection, share eating and living accommodation. Infection is a major cause of illness among care home residents and may result in hospital stays that could have been avoided.

This Code of Practice about HCAI, issued by the Secretary of State, sets out ten criteria against which registered providers are judged on compliance with the legal requirements for cleanliness and infection control. Not all criteria will apply to every regulated activity. Most care homes would normally be expected to demonstrate that they have in place the policies and procedures to meet nine of these criteria. To become and stay registered, providers must meet the full range of registration requirements. The Care Quality Commission (CQC) has written guidance about how to comply with most of the requirements. Guidance about compliance can be found at the following web address: www.cqc.org.uk by searching the term: 'Essential standards of quality and safety'.



Compliance criterion	What the registered provider will need to demonstrate
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments to monitor susceptible service users and any risks that their environment and other users may pose to them.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Provide suitable accurate information on infections to service users and their visitors.
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.
5	Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.
6	Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.
9	Have and adhere to policies, designed for the individual's care and provider organisations, which will help to prevent and control infections.
10	Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.

Code of Practice Compliance Criteria



Most care homes would normally be expected to demonstrate that they meet 9 of the following 10 compliance criteria (number 8 is not applicable to care homes as this will be via the GP).

Some examples of how adult social care services can ensure they meet the criteria within the Health & Social Care Act 2008 are shown in this newsletter. However registered providers and infection prevention and control leads should carry out their own risk assessments to help them decide which parts of the criteria apply to their particular service. It is important to read the examples alongside the guidance under each criterion in the main body of the full H&SCA 2008.

Criterion 1 and 2

Within your organisation you will already have systems in place to monitor certain areas of practice. For example you probably have a staff training file or a Health and Safety file. In future, when visited by the CQC, the same system will be needed so that you can demonstrate compliance with Infection Prevention and Control (IPC) practice.

Within the H&SCA 2008 there are nine compliance criteria that apply to care homes. To show compliance with these criteria, care homes should compile an IPC evidence file that can be kept locally, for use at future CQC visits.

In these monthly newsletters we aim to look at each criterion and to provide you with some examples of appropriate evidence that could be gathered that would help demonstrate compliance. The first two of the nine compliance criteria will be discussed in this newsletter with some ideas for your CQC IPC evidence file.

Criterion 1

Systems to manage and monitor the prevention and control of infection. These systems use risk assessments to monitor susceptible service users and any risks that their environment and other users may pose to them.

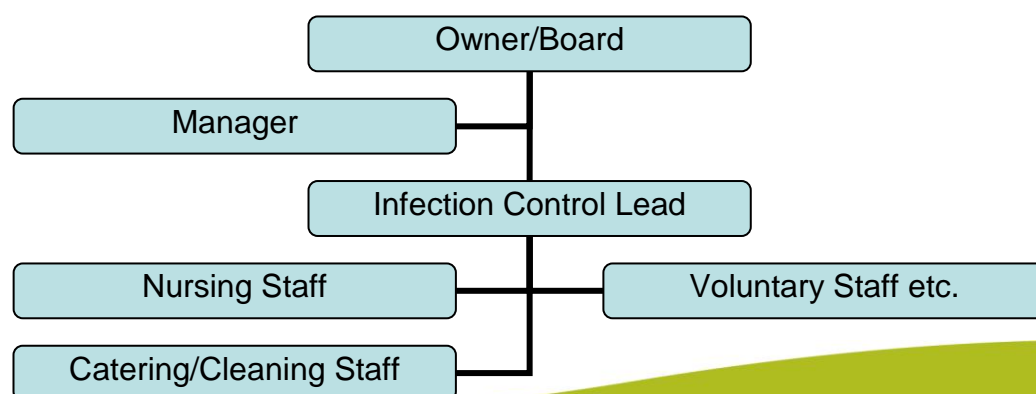
Responsibility for IPC throughout your care home:

A member of staff needs to take overall responsibility for infection prevention and control within the care home. This could be the manager, owner or someone who has appropriate knowledge and skills.

Evidence for your file:

Draw a diagram that shows who is responsible for IPC within the care home. This will indicate how IPC is managed and show how staff communicates throughout the care home environment.

Here is an example.



The person with responsibility for IPC should access appropriate training; this might be an NVQ course, or a local course at a college or university. The local IPC Advisor at the county council should be able to advise on this. Evidence of this training should be kept in the file.

IPC meetings

Most care homes will probably not have an infection prevention and control committee, but most will have monthly staff meetings or managers' meetings. At one of these monthly meetings IPC issues should become a standing agenda item, so that whenever this meeting occurs IPC issues will be highlighted and discussed. The following items should be placed on the agenda at these meetings:

- any outbreaks of infection
- action taken following an outbreak of infection and 'lessons learnt' from the incident
- risk assessments undertaken for prevention and control of infection
- audits undertaken
- recommendations from an IPC audit
- training received by staff
- review and update of policies, procedures and guidance

Evidence for your file:

Keep the minutes from these meetings in your IPC file. These minutes are evidence that IPC practice is constantly being monitored and reviewed. Always ensure that where actions are identified, e.g. *'poor compliance with hand hygiene has been noted during an audit'*, that a named person is made responsible for implementing and monitoring any action plans and re-audits. All progress against these actions should be discussed at the next meeting.

Risk assessments should also be undertaken on key aspects of care such as catheter management, these again should be kept in your file.

Access to IPC advice and support

Access to IPC advice is crucial for staff to be able to manage individual cases and outbreaks of infection.

Evidence for your file:

Compile a list of the following people who can advise on IPC and their telephone numbers and make sure all staff have access to this information:

- Community Infection Prevention Control team (LCC)
- Hospital Infection Prevention and Control staff (ULHT)
- Local Health Protection Unit / Consultant in Communicable Disease Control CCDC
- Environmental Health Department of the local authority
- GPs of all residents

Infection Control Programme

An annual IPC programme is a clear plan of how the care home will manage its IPC needs, and will be designed around the individual service. This yearly plan should be written by the senior manager and/or owner with input from the home's named IPC lead (if neither of these people are undertaking this role). The programme must as a minimum, make reference to the following and should have details of individual responsibilities and actions:

- IPC measures that are needed to maintain a quality service;
- IPC policies, procedures and guidance;
- How these will be kept up to date and monitored to make sure they are being followed;
- Initial and on-going IPC training staff will receive.

Evidence for your file:

A copy of your annual programme should be placed inside your IPC file.

The programme must as a minimum, make reference to the above and should also have details regarding individual responsibilities, timescales and actions. The following is an example for one of the areas mentioned.

Area	Objective	Action	Success criteria	Timescale	Lead	Progress
Hand Hygiene	Ensure all staff are trained and compliant with good standards of hand hygiene	Undertake monthly hand hygiene audits	Effective hand hygiene is embedded throughout the care home	Ongoing	(Name Person responsible)	Progress will be monitored at IPC meetings, and actions taken where necessary

Audit

An annual IPC audit of all practice areas will assist you in deciding what measures are needed for your service. The *DH* 'Essential Steps Programme' has a number of supporting resources and audit tools for care homes - follow the link below, and contact your local IPC team for further advice.

It is advised that you undertake the Essential Steps Audit for Care Homes which can be found at the link below.

<http://www.clean-safe-care.nhs.uk/>

IPC audits are important because they will indicate the level of IPC practice that is currently being met in the care home and can be used to set goals to improve IPC practice throughout the home. Your local IPC team will be able to advise you on appropriate IPC audit tools.

Evidence for your file:

The following audits should be collected in your file (but the list is not exhaustive):

- Hand hygiene audits;
- Environmental audits;
- Sharps audits;
- Staff knowledge and use of IPC guidance;
- Staff training.

Criterion 2

Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Care settings need to make people feel at home and the cleaning arrangements must take this into account. All cleaning routines must balance and respect the individual needs of all residents but must also ensure all areas in the care home are cleaned appropriately (including shared areas). An environmental audit should be carried out which will help you develop a cleaning policy and will help determine the different cleaning regimes and any special requirements. It is also advised that the NHS National Patient Safety Agency Guidance (National Colour Coding Scheme below) is followed; this will ensure all staff are using the same cleaning methods. Care homes may also find 'The Revised Healthcare Cleaning Manual' helpful when developing guidance, found at: <http://www.nrls.npsa.nhs.uk/resources/?EntryId45=61830>

Evidence for your file:

A cleaning policy should be written that covers the following criteria:

- how to clean the different areas of the environment, including fixtures, fittings and specialist equipment (for example a hoist)
- products and equipment to use when cleaning
- products to use if there is a spillage of blood or body fluids
- training staff need to implement the policy
- cleaning guidance following an outbreak of infection
- Deep cleaning and terminal cleaning guidance
- Cleaning audits and cleaning schedules for all areas of the care home

National colour coding scheme for hospital cleaning materials and equipment

All NHS organisations should adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded. This also includes those items used to clean catering departments.

Red

Bathrooms, washrooms, showers, toilets, basins and bathroom floors

Blue

General areas including wards, departments, offices and basins in public areas

Green

Catering departments, ward kitchen areas and patient food service at ward level

Yellow

Isolation areas

Your local contact for hospital cleaning is: