




**Implications for compliance –
Can we do it?**

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Key Questions

- Who is responsible for what?**
- What part of the Code is specific to Care Homes?**
- What are they doing well already?**
- Where are the gaps?**
- What is challenging (impossible?) to meet?**



Who needs to be involved?

- Care home owners and staff**
- Care Quality Commission**
- PCT Community Infection Control teams**
- HPA Infection control teams**
- Commissioners – PCT and Social Services**
- Residents, carers and general public**




What does the Code demand?

- Management and systems**
- Protocols and practice**
- Environment and equipment**
- Staff training and protection**
- Clear information to residents, visitors and staff**



How can homes comply?

- Risk assessments**
- Recognising problems – outbreaks,**
- Cleaning and Decontamination**
- Hand hygiene – sinks, towels, alcohol gel**
- Resident transfers – isolation, restriction**



What is going well?

- Information to staff, owners and public**
- Links to CQC, ICNs and HPUs**
- Training resources – self learning, DVD, audit packages**
- Feedback from inspections, audits**
- Hand hygiene**
- Waste disposal**

Some potential problems



- Training** - staff turnover, educational level, language
- Audit** – protocols and practice
- Buildings** – cleanliness, plumbing, isolation
- Equipment** – disposables, uniforms
- Staff protection** – immunisation, screening
- Resources** – funding, staffing

Infection Control Teams



- HPA or PCT?** – Framework agreement
 - Neither** see care homes as their “main job”
 - Private v NHS organisations**
 - Traditionally not included in commissioning**
- Where are the gaps?**

Community Infection Control Questionnaire



Survey in East Midlands

HPA & Community I.C.T. gathered information on resources available in each PCT area.

Why?

- To assist in developing an equitable infection control service across the Region
- To identify good practice & developments
- To identify gaps

Aims

- Disseminate results back to PCTs
- Assist in Commissioning Infection Control Services
- Develop a Commissioning toolkit for Core Standards
- Provide agendas for Workshops & Study Days

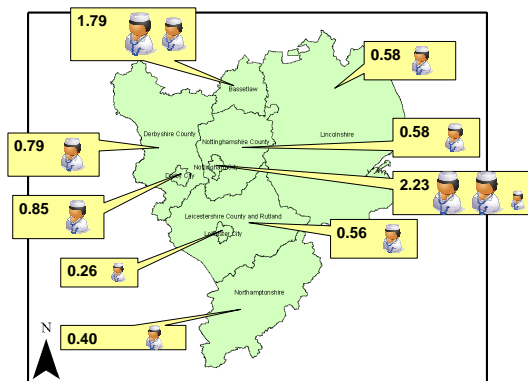
Non NHS Premises requiring Infection Control Input



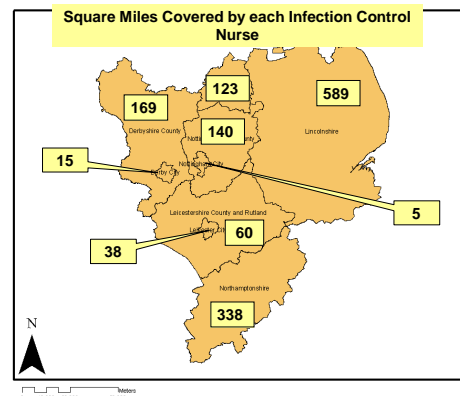
- Residential Homes
- Disability Homes / Hostels
- Social Services Staff
- Home Care Workers
- Home Helps
- Nurseries / Child Minders
- Dentists
- GPs
- Private Hospitals
- Private Clinics
- Private Agencies Health Care Staff
- PCT Operational Staff
- Local Authorities
- Schools
- Prisons
- Homeless Hostel / Drop-in centres
- Funeral Directors
- Tattooists / Body Piercing Salons

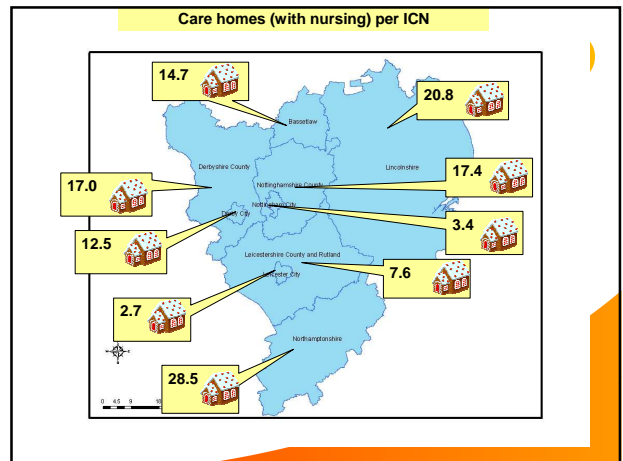
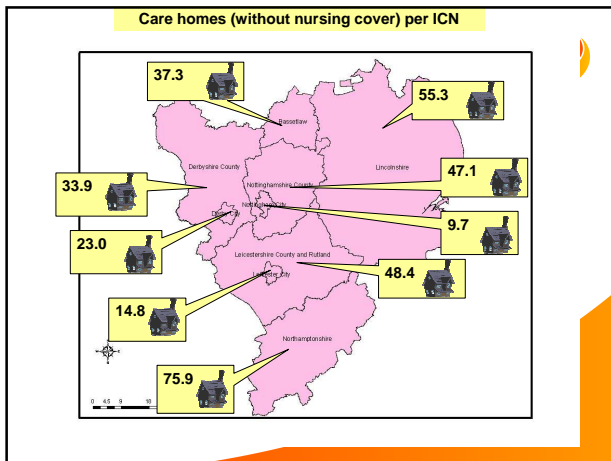
Etc.

Infection Control Nurses per 100,000 Population



Square Miles Covered by each Infection Control Nurse





Given a value From 1 -3 on a level of Risk

1 -Green -
2- Amber -
3- Red -

Given a value From 1 -3 on a level of Importance

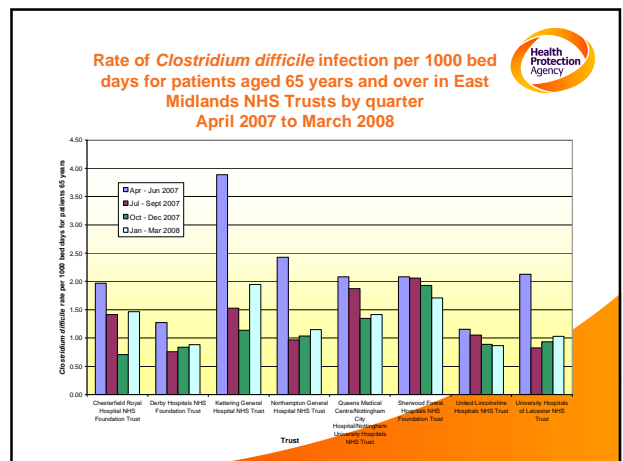
1 -Green -
2- Amber -
3- Red -

The Risk is Multiplied by the importance

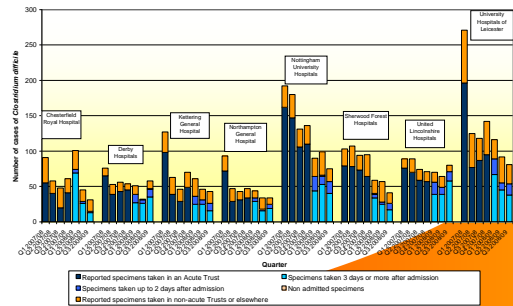
PCT's by Rank order 1 being most advantaged - 9 the least advantaged

PCT	Population	Suicide	Consultancy care	Waiting periods	Adult placement	Car Homes (Nursing)	Care Homes No (Nursing)	ARLCA 50 Miles	Ranking Points
Nottingham City PCT	3	1	3	3	3	2	1	2	18
Derby City PCT	2	7	5	5	1	4	3	3	30
Leicester City PCT	4	9	4	4	5	1	2	1	30
Derbyshire County PCT	9	2	1	1	2	6	4	8	33
Nottinghamshire County Teaching PCT	5	5	2	2	2	7	6	6	35
Leicestershire County and Rutland PCT	7	5	6	6	3	3	7	4	41
Bassetlaw PCT	1	7	8	8	3	5	5	5	42
Lincolnshire PCT	8	3	7	7	2	8	8	9	52
Northamptonshire Teaching PCT	6	6	9	9	4	9	9	7	59

- ### Alerts for HPA/CICN
- diarrhoea/vomiting outbreak e.g. norovirus
 - Classical HCAI e.g. C difficile, MRSA
 - Care worker with TB, BBV
 - Resident with notifiable disease e.g. TB
 - Legionnaires' disease
 - Unusual cluster of disease e.g. respiratory/flu



Number of cases of *C. difficile* infection in patients aged 65+ years with split by specimen source for April 2007 to December 2008.



Which interventions work?



MRSA – lower rate related to hand hygiene & isolation

C diff disease – lower rate better cleaning & antibiotic prescribing

Mears A et al J. Hospital Infection 2009; 71: 307-313

HCC questionnaire

Can we do it?



Yes we (probably) can.....

But it may be difficult for some (smaller) organisations