New research: infection prevention and control at the social and healthcare interface – emerging findings

Jackie Gallagher
Tribal Consulting

Richard Elson
Care Quality Commission

Objectives of the research

To help the Care Quality Commission develop a better understanding of how infection prevention and control works in practice within care homes and the interface with health care settings;

To gather and share information which will help care providers to prepare for the introduction of the new Code and the new arrangements for regulation under CQC.

Context for the research

The Care Quality Commission's responsibility for registering and regulating care homes;

Extension of the Hygiene Code to apply to care homes;

Projected increases in elderly population and measures to manage health care costs means managed care is a growing sector;

Care homes play a key role in the prevention and management of infection, but to date infection prevention and control strategies have focused on acute healthcare settings;

Common risk factors affect many people living in care homes including advanced age, underlying diseases, inter-institutional transfers, prolonged hospitalisation, exposure to invasive devices and exposure to antimicrobial drugs;

Context for the research (continued)

For older people living in care homes the onset of an infection is the most common cause of hospitalisation and death.

However…

Little is known about the impact of infection prevention and control programmes within care homes;

Little is known about infection prevention and control at the interface between care homes and healthcare facilities.

Context: challenges in preventing and controlling infection in care homes

Care homes are not healthcare facilities but people's homes, where they enjoy the same rights and freedom as other householders;

Care homes have fewer resources and lower ratios of professionally qualified staff than acute healthcare settings;

Care homes that provide personal care only do not employ clinical professionals;

People living in care homes often have frequent healthcare contact and periods of hospitalisation;

Many people enter a care home colonised with antibiotic resistant organisms acquired in hospital.

Methodological approach

Working with others – a collaborative approach supported by a reference group including English Community Care Association, National Care Association, National Care Forum and the Registered Nursing Homes Association;

Expert by experience involved in reference group;

Focus on improvement – seeking practical examples of good practice and learning from experience

Methods

Quantitative study – on line and paper survey developed in consultation with the reference group and piloted by RNHA, with 1,064 responses returned;

Qualitative study – in depth case studies of 13 care homes and their healthcare networks (across different locations, client groups, types of care, size of home and types of ownership) – including contributions from people living in care homes and family members.

Key research questions

Information and communication between professionals – how is information on infection/colonisation status and care management shared between health care facilities and care homes?

Information sharing with people living in care homes and their families – how is such information provided?

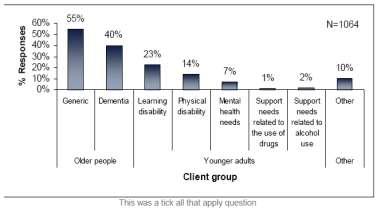
Advice and support – what kind of advice and support on infection prevention and control is available to care homes?

Staff competencies and training – how are staff trained and supported in the prevention and control of infection?

I**mprovement** - what should CQC do to help care homes to improve the prevention and control of infection?

Quantitative study – client group profile

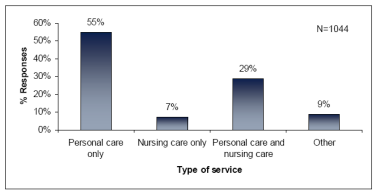
Figure 1 – Profile of client group [Q1]



This was a tick all that apply question

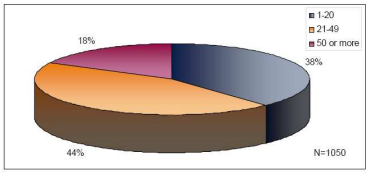
Quantitative study - profile of services

Figure 2 – Profile of services provided [Q2]



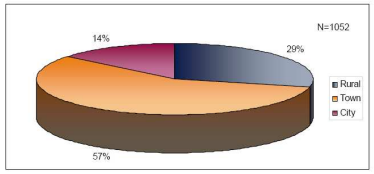
Quantitative study: profile by size of home

Figure 3 – Profile of number of places [Q3]



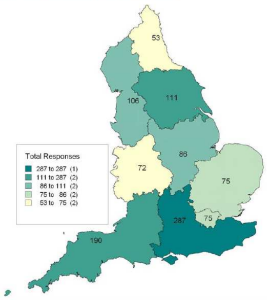
Quantitative study: profile by location of home

Figure 6 – Profile of location of home [Q5]



Quantitative study: regional profile

Figure 8 – Map of profile of region of home



Emerging findings: information sharing

Information sharing arrangements on infection status/colonisation do not appear to be consistent or systematic for people transferring between health and social care settings, particularly upon discharge from hospital;

Care plans tend to be used more systematically for sharing information about younger adults, but less so for older people;

The predominant form of communication with people living in care homes and their families about their infection status is verbal, although care plans also appear to be well used for sharing this information.

Emerging findings: advice and support

Most homes appear to have access to some level of advice and support on infection prevention and control, some from within their own organisation and others from a variety of agencies including PCTs, the HPA and local authorities.

However, there is a significant expressed need for more advice and support for example, simple paper-based written guidance, and out of hours advice lines;

Care home staff value clear and succinct information materials over extensive and detailed policy and procedural documents.

Emerging findings: staff competencies and training

Nearly all homes train and induct staff in infection prevention and control and regular updates and mandatory training are widely reported.

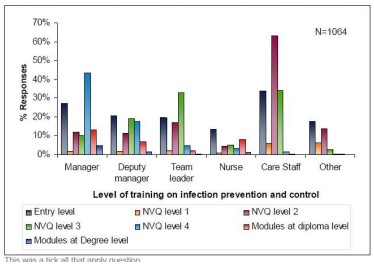
There appears to be an inconsistency in the way staff are trained, with nurses receiving significantly less training than other managerial or care staff (see following chart).

The importance of practical rather than predominantly theoretical training – role modelling and mentoring, regular refreshers and updates, use of informal audits etc – is perceived as more effective.

Leadership is crucial – role of manager, in a sector with typically high turnover rates at all staffing levels, is pivotal.

Staff training levels

Figure 33 – Infection prevention and control training levels [Q31]



This was a tick all that apply question

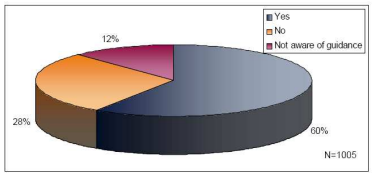
Implementation of *Essential Steps*

Although the majority of respondents were aware of and using *Essential Steps*, a significant minority were not implementing it, and a further significant minority were unaware of it.

(see following chart)

Essential Steps

Figure 37 – Implemented Essential Steps [Q34]



Emerging findings: focus on improvement

Over half of the survey respondents were unaware of the forthcoming registration and regulatory requirements on infection prevention and control for care homes.

Over 600 respondents wanted support to help prepare, including training, clear and concise guidelines and help with preparing for an outbreak

Conclusions

The full findings from the research will be developed over the next month, and a report published in advance of the new Code – this should help care homes to prepare so look out for it;

Essential Steps – written with care homes in mind (use of language and focus on practice) so an opportunity now to go back to it as a useful preparation;

Discussion is important on the clear need/demand for more guidance – who should provide this and in what kinds of format?