

Infection Control Report - 2014

Nightingale Retirement Care Ltd

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Executive Summary

In 2014 there were no infection incidences and no outbreaks of infection.

These results are consistent with our assessment of risk of infections which reflects that we are a private healthcare provider focusing on privately funded clients providing non-invasive methods of care.

Our training system covering all areas of infection control continues to be effective, and is reinforced by staff supervisions and appraisals, and followed up by management by walking about. All staff training was up-to-date at the time of this report

We audit all our procedures at least twice-yearly, and sooner where appropriate, as well as carrying out a detailed infection audit as part of the preparation of this report. These audits show that our current processes appear to be effective.

Our ability to meet the Action areas set out in Winning Ways – Working together to reduce Healthcare Associated Infection in England is necessarily limited by the scope of our service, being limited to non-invasive care. Our focus is therefore on those areas that fall within our areas of control and influence, being: reducing reservoirs of infection; maintaining high standards of practice, and; ensuring our management and organisational structure remain appropriate.

This report recommends that the existing procedures continue to be followed and be reviewed as part of this Annual Infection Control Report, and as part of the ISO9001 Quality Assurance procedures.

Introduction

Section 1.3 of The Health and Social Care Act 2008: Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance requires all registered providers to produce an annual Infection Control Report. This report addresses this requirements and identifies how we are addressing the seven action areas identified in Winning Ways – Working together to reduce Healthcare Associated Infection in England.

Incidents and Outbreaks of Infection

An infection incident is one that affects only one person, whereas an outbreak impacts two or more. Below are the occurrences as broken down by type.

Infections

Methicillin-resistant Staphylococcus Aureus (MRSA) Bacteraemia

None.

Glycopeptide Resistant Enterococcus (GRE) Bacteraemia

None.

Clostridium Difficile

None.

Orthopaedic Surgical Site Infection

None.

Other Healthcare Associated Infections

None.

Untoward Incidents Including Outbreaks

None.

Trends in Healthcare Associated Infections (HCAI) Statistics

In view of the lack of infectious outbreaks in either of our homes there are no identifiable trends.

Goals Identified Locally

Our procedures appear to be working effectively and therefore the goal is to persevere with them as well as to continue to audit them as part of the Quality System.

Risk Assessment

As a healthcare provider operating in both the domiciliary and residential care market we must address the risk of infection in both our own residential homes and the homes of our domiciliary clients. The people who are at risk include our clients, their families, our staff and any visitors to our clients or our own homes. We do not provide invasive procedures and are not therefore actively involved in intravenous (IV) and urinary catheter, or wound management, although may be part of a wider team of healthcare professionals caring for individual clients using catheters or who have wounds.

There are a number of potential sources of infection including: therapeutic; organisational; behavioural, and; environmental (Officer, 2003:7).

- We do not carry out therapeutic interventions on our clients, but do care for those that have had interventions done to them by other healthcare professionals, and who may therefore be at risk from devices that breach the body's normal defence mechanisms (IV and urinary catheters, and wound care). However, in view of the limited number of clients in this group, this area of risk is considered to be low.
- Organisationally, our risk is also considered to be low: all clients are either in their own home or who have their own bedroom in the home, and there is therefore very little mixing of clients; our staff ratios are high compared to other care environments; are clients tend to come from a limited geographical pool and tend to suffer from non-infectious conditions, such as frailty or dementia.
- Behaviourally, the importance of handwashing and use of protective clothing to minimise both infection and cross infection is reinforced through procedures, training and supervision. This is considered to be a low-to-medium risk area in view of the potential for procedures to be breached.
- From a structural point of view, all domiciliary clients are in their own homes, and all residential clients have their own bedroom, 92% of which have en-suite toilets and handwashing facilities.

This reduces the chances of any infections spreading from these locations and, therefore, the probability of this being a factor in the spread of infection is therefore considered to be low.

- Environmentally, we have limited control or influence over our domiciliary-care clients' homes, but our residential homes are cleaned daily with specific procedures in place to deal with any environmental infection threat. Laundry procedures also address the threat of infection. This is therefore also considered to be an area with a low probability of being a source of infection.
- We also care for clients who have been hospitalised and who may therefore have been exposed to a number of potential infections. Procedures are followed to minimise this as a source of infection, including the hospital testing that the client is free of infection. However, this is not always effective and the risk of this as a source of infection is therefore considered to be medium.
- The impact of any infection will be a factor of the specific infections and our ability to control it. Whilst our control procedures are detailed, the impact could be anything from low to high depending on what the actual infection was.

To mitigate this risk we have an Infection Control Procedure v2.6.F which details infection control guidelines to manage all anticipated sources of infection. Additionally, staff are trained in both Food Hygiene and Infection Control, with annual refreshers. We are also compliant with the Quality Standard ISO9001 and audit all procedures at least twice annually.

Training and Education of Staff

We have a detailed Training Schedule covering all members of staff and management. We have recently completed a review of our training provision with all staff training being up-to-date. In specific regards to infection control:

- We have clear procedures in regards to effective hand washing (see Infection Control Procedure v2.6.F; s3.1). This is reinforced by management by walking about, supervisions and training.
- Reminder signs are placed in working areas of our residential homes, although these are not placed in other public areas of the home due to their institutionalising effect.
- We have clear procedures in regards to aseptic techniques (see Infection Control Procedure v2.6.F; s4.3). This is also reinforced by management by walking about, supervisions and training.
- All staff receive Infection Control training prior to commencing work which is updated annually.
- Further training in Food Hygiene, which is also updated annually, and Hand Hygiene is done as part of the induction process.

Infection Control Audits

We audit our Infection Control Procedure twice annually, or sooner where indicated, in accordance with the Quality Standard ISO9001. As part of preparing this report, we audit all actual infections regardless of their severity, with more serious outbreaks being investigated as soon as they are identified as part of our Infection Outbreak Management procedure (see Infection Control Procedure v2.6.F; s.4.14).

All audits were up to date at the time of this report.

Action Areas

A number of action areas are identified in *Winning Ways – Working together to reduce Healthcare Associated Infection in England*. We have set out below how we are addressing each of these areas.

Active Surveillance and Investigation

As part of our care-planning process, we actively monitor the health and wellbeing of our clients and, when appropriate, request expert assistance from other healthcare professionals such as doctors, and who will normally take the lead in regards to investigating any infections.

Reducing the Infection Risk from Use of Catheters, Tubes, Cannulae, Instruments and Other Devices

Due to the nature of our services, management of medical devices will typically be done by other healthcare professionals.

Reducing Reservoirs of Infection

We have thorough cleaning and maintenance regimes detailed in our Housekeeping Procedure v2.8.F and Facilities Management Procedure v2.12.F. Our Infection Control Procedure v2.6.F also sets out precautions staff must take to minimise the risk of transmitting infections.

Key initiatives in reducing reservoirs of infection include:

- Staff are required, and all other visitors are requested to stay away when they are known to be carrying an infection.
- All clients have their own mobility and other support equipment to reduce the chance of cross infection.
- All clients have their own bedrooms, although domiciliary-care clients may share with a partner, with cleaning schedules in our residential homes being increased whenever the threat of an infection has been identified.
- When a client is known or suspected to be carrying an infection isolation procedures are followed proportionate to the risks the infection poses.
- All fixtures and fittings are easily cleanable although our residential homes are carpeted in all public areas to avoid institutionalisation. In view of the low probability of an infection this is considered to be acceptable.
- Our homes are cleaned daily and we ensure that all items are staff use within our domiciliary-care clients' homes are clean too.
- We have detailed procedures for disinfecting all at-risk areas.
- The risk of pest infestation is monitored and acted on when appropriate.

High Standards of Hygiene in Clinical Practice

We hold the Quality Assurance Standard ISO9001 for both of our residential homes, and our domiciliary care service is also run in accordance with this standard save for external audits. As such, we have detailed

procedures which are audited twice-yearly for compliance, and sooner whenever non-compliances are found.

Prudent Use of Antibiotics

Due to the scope of our service, prescription of antibiotics is managed by other healthcare professionals such as community and hospital-based doctors.

Management and Organisation

We have a clear management structure with good lines of communication throughout. The owners are involved in the running of the Company on a day to day basis with Nick Bruce taking the role of Director Of Infection Prevention and Control, as recommended by *Winning Ways – Working together to reduce Healthcare Associated Infection in England*.

We have proven whistleblowing policies (see General Policies v2.10.F; s13) reinforced by the fact that staff who have raised issues are not prejudiced in any way.

Recommendations

The Infection Control Procedure is working well and there are therefore no recommendations.