



Regional Infection Prevention and Control Audit of NICE Clinical Guideline CG139 and Healthcare Providers in Community and Primary Care

November 2019

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This audit was carried out by the NI Infection Prevention Control- Lead Nurse Forum with assistance from the NI branch of the Infection Prevention Society



Executive summary

Background/Rationale

The Bengoa Report (2016)¹ provides a vision for transformational change in the way Health and Social Care services are delivered in Northern Ireland. The report stresses that the success of any new model of healthcare should allow the workforce to develop their skills, where the patient experience and quality of care they receive depends significantly on having well-trained, experienced and motivated staff (Systems Not Structures 2016 Bengoa Report)¹.

Many patients receiving care in their own homes, or in a care home environment, have this care provided by both Health and Social Care (HSC) Trusts and contracted Independent Service Providers (ISPs). Consequently it is incumbent that commissioners and HSC Trusts are assured that best practice in Infection Prevention and Control (IPC) is being delivered to their patients in the community by the entire healthcare team. This includes those who provide care in HSC Trusts and those contracted to support the delivery of this care through regional or local contracts.

The IPC Lead Nurse Forum (IPC-LNF) developed this audit to obtain assurance of the standard of practice and knowledge relating to IPC within the community and primary care workforce across the region. It was proposed the **NICE Clinical Guideline 139; Prevention and Control of Healthcare-associated infections in Primary care and Community (2017)**² would be used to measure the systems and processes that all healthcare providers use to ensure that IPC practice is integrated into patient care in community settings across the region. A proposal was submitted to the Regulation and Quality Improvement Authority (RQIA) for resources to support this regional audit. RQIA considered it important, and recognised the significant input from independent service providers as well as HSC Trusts, and the proposal was approved.

Aim

The aim was to establish if there is a robust and comprehensive regional system in place to support the application of **NICE CG139, Standard 1.1.1.**²

- *Education and training for healthcare providers,*
- *Healthcare providers have appropriate supplies for personal protection, safe disposal of sharps and hand hygiene,*
- *Provision of education on hand hygiene to patients and carers,*

Objectives

The audit also sought to identify how many healthcare providers:

- (i) were aware of **NICE cg139**²
- (ii) had taken steps to benchmark their service against the standard and
- (iii) had these standards referenced as best practice for health and social care provision by their inclusion/reference within community care contracts and their use as indicators in monitoring care delivery by both HSC Trusts and ISPs in Northern Ireland

Key findings

The key findings of the audit are based on the standard principles included within **NICE CG139**² which are summarised in Table A below. Supplementary questions were also included to enhance understanding and context.

Table A: Audit Standards

No.	Standard	Responses Figure (Total N=160)	Target	Compliance %
1.	All staff involved in direct patient/client care should have access to <u>*all</u> IPC Policies/Guidance	155	100%	46% (72)
2.	All organisations have a system in place to educate/train staff on IPC practice	160	100%	92% (147)
3.	All staff to be trained in hand hygiene, safe use of personal protection equipment and the handling of sharps	147	100%	86% (127)
4.	IPC training to be provided by an IPCN or another approved source	146	100%	38% (56)
5.	Staff have appropriate supplies for hand hygiene, safe sharps handling and personal protective equipment	155	100%	75% (117)
6.	Staff educate carer/families/ patients on good hand hygiene	155	100%	77% (120)
7.	Healthcare employers in community and primary care have mechanisms to ensure safe practice is applied consistently	7	100%	86% (6)

- See page 15 for list of IPC policies/guidelines as referred to in NICE CG139²

Table A represents finding from an overall response rate of 19% (n=839). This consists of 100% response rate from HSC Trusts (n=25), a 17% response rate from ISPs (n=772) and a 12% response rate from CN/NAs (n=42).

Those invited to participate in the survey included all Nursing, Residential and Domiciliary providers registered with RQIA across the region, 5 Managers from each of the 5 HSC Trusts and 42 Nursing or Nursing Assistance Agencies registered with RQIA (see details at Table B).

Recommendations

Recommendation 1 Policies and Standards Standard 1

1.1 The Regional Infection Prevention and Control (IPC) Lead Nurse Forum recommends that the DoH adopt as regional policy, the IPC standards as set out by **NICE CG139**² ***Healthcare-associated infections: prevention and control in primary and community care.***

The **NICE CG139²** includes standards of practice relating to;

- Hand hygiene for staff;
- Appropriate use of Personal Protective Equipment (PPE);
- Safe handling of sharps;
- Hand hygiene for Patient /Family /Carers;
- Waste disposal; and
- Invasive devices: long term urinary catheters; enteral feeding & vascular devices.

Ultimately these Standards may be referred to as the ***NI Policy for the application of NICE CG139²***.

1.2 The NI IPC Lead Nurse Forum seek the support of the DOH in presenting these standards for the region's Health & Social Care Sector and Independent Service Providers (ISPs) as the ***NI Policy for the application of NICE CG139²*** which should be made available to providers and practitioners via the DOH and subsequently through a web-link on relevant websites for example the PHA's Regional Infection Control Manual. Links on other should be considered to aid communication to practitioners and the public.

Consideration should also be given to provision of the ***NI Policy for the application of NICE CG139²*** to all providers of care in the community and primary care by an 'App' or other Smartphone tools to enable easy access at the time of care delivery. The inclusion of an electronic system of readership monitoring would be helpful to evaluate the uptake of this information.

1.3 It is recommended that the agreed ***NI Policy for the application of NICE CG139²*** across all of community and primary care is included in all future contracts of care procured across Northern Ireland. This will aid clarification of practice for commissioner, provider, practitioner and the public and will also provide a framework for assurance within contract monitoring (See recommendation 5).

Recommendation 2

Training: Standards 2, 3 and 4

2.1 The Regional IPC Lead Nurse Forum recommends that the DoH and the Health and Social Care Board (HSCB) supports the production of a Regional eLearning system for Community and Primary care covering, but not limited to, **NICE CG139²**.

This should be made accessible to all healthcare providers and workers in community and primary care by incorporation into the 'tier IPC' training currently being developed and adopted regionally by the IPC Lead Nurse Forum (*acknowledging the original version from the Southern Health and Social Care Trust*). This is being hosted on the HSC eLearning platform and will be accessible to HSC providers. The DoH should then seek to provide access to this IPC eLearning to all ISPs registered with RQIA.

2.2 Subsequent learning for ISPs and HSC should be provided in face to face training by an IPCN or another approved provider.

Recommendation 3

Supplies: Standard 5

3.1 It is recommended that the Business Services Organisation's Procurement and Logistics Service (PaLS) assess the feasibility of all ISPs having access to the regional supply chain. Providing open access to a regional standard of sharps containers, PPE and hand hygiene materials will support compliance with IPC standards in the delivery of patient care, irrespective of care provider, and maintain the health and safety of staff.

4.1 The ***NI Policy for the application of NICE CG139²*** for the prevention and control of healthcare-associated infections in primary care and community should be available and accessible to carers and their families who are directly involved in the delivery of care.

All families and carers should have access, not just in relation to the basic elements of hand hygiene and PPE, but also best practice with respect to the care of intravenous lines, urinary catheters, feeding tubes etc., as well as associated safe handling of medical devices and sharps. This can be linked to all HSC and IPS provider websites and would inform family and carers of the standards of practice for care delivered.

4.2 The current suite of information leaflets available via PHA's NI Regional Infection Control Manual, when next reviewed, should be inclusive of the standards from the ***NI Policy for the application of NICE CG139²***. If required additional information/ leaflets could be developed on any outstanding aspects of practice reflected in the standards (see list in recommendation 1). HSC Trusts and ISPs should incorporate information/leaflet links on their intranet websites and/or provide leaflets as appropriate to patients and their family/carers.

5.1 Each HSC Trust should review all their related policies and guidelines to assure themselves that they are compliant with the Standards within the ***NI Policy for the application of NICE CG139²*** and thus ensuring best practice in the delivery of care across the region.

5.2. It is recommended that the Northern Ireland DoH 'Care Standards' for the provision of community and primary care are reviewed to incorporate comprehensive reference to the ***NI Policy for the application of NICE CG139²*** and their implementation across the sector.

5.3 It is recommended that the Commissioners of care (both HSC Trusts and PHA/HSCB) should use the ***NI Policy for the application of NICE CG139²*** (see recommendation 1) to agree a regional assurance framework for IPC in community and primary care based on ***NICE CG139²***. Some of the assessment tools and pathways already provided within NICE may be easily adapted for this purpose. A Framework would provide assurance of practice to commissioners, providers, RQIA and to patients, clients and to the public.

5.4 The IPC Lead Nurse Forum should undertake a review of the implementation of the recommendations included in this Audit report in 3 years and provide an update on progress to key stakeholders including DoH, PHA/HSCB, RQIA, HSC Trusts and ISPs.

Clinical Audit Report

Background/rationale

The increase in the complexity of healthcare needs and treatments of patients receiving care in the community is well recognised. Northern Ireland (NI) has an ageing population with the number of people aged 65 and over expected to increase by 44% in the next 15 years (COPNI 2015)³. This will increase pressure on HSC resources will increase demand on independent service providers (ISP) for community and domiciliary care.

Healthcare workers in community and primary care settings attend to this ageing and vulnerable section of our community. Their practice is guided by **NICE Clinical Guideline 139; Prevention and Control of Healthcare-associated infections in Primary care and Community (2017) (NICE 139²)** and other best practice publications for Infection Prevention Control (IPC). Transforming Your Care (TYC 2011)⁴ acknowledged that transferring care to community settings requires a good quality service delivered by well trained staff. In 2011 it was estimated that 23,389 people received domiciliary care equating to 233,273 care hours per week, (TYC 2011)⁴, which has now increased significantly to 261,652 hours per week (DoH Dec 2018)⁵.

HSC Trusts have systems developed to provide essential IPC training, updates and resources (policies, guidelines and clinical resources) to enable the delivery of best practice in compliance with **NICE cg139²**.

Regionally, the application of infection prevention and control standards **NICE CG139²** has not been formally reviewed, but has been considered by RQIA in inspections of care providers and in each of the HSC Trusts as part of their governance arrangements. With the emerging threat of Carbapenemase Producing Enterobacteriaceae (CPE) and other multi-drug resistant organisms, it is important to seek assurance of the IPC knowledge and practice of the whole community healthcare provider workforce, and make recommendations to address any gaps in awareness and communication on infection prevention and control in clinical practice.

It was agreed by the NI IPC Lead Nurse Forum that the most efficient and effective method of seeking this assurance was to undertake a regional audit, supported by RQIA, where a standard approach of assessment and review could be applied.

Infection prevention and control is a priority in the care of all patients but especially those who have complex care needs who are often more susceptible to Healthcare-associated Infection (HCAI). Many HSC Trusts have reviewed the application of these standards within their own community and primary care areas. In most instances HSC Trusts have incorporated these standards into practice related policies and guidelines, with systems in place to provide the necessary related resources. However, this standardised approach to review the application of IPC across community and primary care in Northern Ireland is an important driver for developing regional systems to ensure a standardised provision of high quality of IPC in care provided irrespective of the healthcare setting.

Aim

The aim of this audit is to establish if there is a robust and comprehensive regional system in place to support the application of the infection prevention and control standard principles, as set out in **NICE CG139²**, by community and primary care providers including both HSC Trusts and the ISPs. The audit will assess if the current system is fit for purpose and provides equal access to information, training and resources across the workforce to help healthcare workers practice safely. Where gaps are identified, recommendations will be made on how to improve the system and achieve compliance.

The audit also seeks to identify how many healthcare service providers:

- (i) were aware of **NICE CG139²**,
- (ii) had taken steps to benchmark their service against the standards and
- (iii) had these standards referenced as best practice for health and social care provision by their inclusion /reference within community care contracts and their use as indicators to monitor the care delivery by both HSC Trusts and ISPs in Northern Ireland.

This audit does not examine the clinical application of the standards presented in **NICE CG139²**, however, it is expected that some review of clinical practice may be incorporated into subsequent regional or local audits.

Objectives

The main objective of this audit is to determine whether healthcare provided in community and primary care is facilitated by organisations in a way which supports application of the three elements identified at **Standard 1.1.1. General Advice within NICE CG139²**.

- *Education and training for healthcare providers*
- *Healthcare providers have appropriate supplies for personal protection, safe disposal of sharps and hand hygiene*
- *Provision of education on hand hygiene to patients and carers*

A survey was used to examine if organisations have the following:

- Clear IPC related policies and guidelines to inform staff practice;
- A systematic approach to IPC education available to enable staff to keep up to date and to support the implementation of IPC standards in care delivered;
- Identify if IPC training is provided by an IPCN or another approved service;
- Systems are in place to provide appropriate resources to their staff for
 - Hand decontamination
 - Sharps containers
 - Personal Protective Equipment (PPE) for the delivery of care;
- A system to enable staff to educate patients and carers about hand hygiene (techniques, timing & what to use), and their role in maintaining standards of hand hygiene for healthcare workers;
- Management have systems to provide assurance on the application of IPC in practice by their organisation's workforce.

Standards Guidelines and evidence:- A Review of the Literature

There is a lack of data on the adequacy of training for ISP workers, and in particular for those who provide healthcare in the community and primary care setting. Additionally, it is not known to what extent **NICE CG139**² is being applied by healthcare providers in community.

NICE CG139² was first produced in 2003 following a piece of work commissioned by NICE through the Richard Wells Research Centre (RWRC) at Thames Valley University (Pellowe et al, 2002⁶). This work included survey and focus group engagement with a large range of community services. The key areas for guideline development within **NICE CG139**² were established from this work and remain the same today. The NICE standards were reviewed and updated in 2012 and again in 2017.

The RWRC identified many drivers for the development of national guidelines for IPC in the community and primary care. None more significant than the trend, early in the new millennium, to shorten hospital stay and discharge patients earlier from hospital. This was associated with an increase in invasive devices, procedures and interventions being undertaken outside of hospital. At this time it was acknowledged that there was no understanding of the number or cost of HCAI acquired in the community.

In Northern Ireland there is an urgent need to reform the systems for the provision of healthcare to ensure that secondary care can cope with the ever increasing demand on services. Implementation of the Bengoa Report 2016¹ and Health & Wellbeing DoH 2017⁷, the most recent recommendations for improvement in the NI healthcare system, will continue to increase the pressure on community teams, combined with the increase in invasive and complex care being delivered to patients in community and primary care. Many transitional initiatives are being implemented or planned and consequently now is an appropriate time to review and assure the public, our patients and commissioners that the community workforce has the necessary systems, resources and training mechanisms to deliver safe care with a robust IPC foundation.

In 2009 the Care Quality Commission (CQC) in England implemented new regulations relating to infection prevention and control with a requirement for care homes to register with the CQC and to comply with a new version of the Health & Social Care Act (2008)⁸ Code of Practice on the Prevention of care associated infections.

Research by the CQC 2009⁹ at this time examined the infection prevention and control arrangement between hospitals and care homes in England. This study included thirteen qualitative case studies and a quantitative survey with 1,000 care homes, showed that care homes had not effectively implemented the guidance on improving IPC or the code of practice and that information regarding IPC was not being shared between hospitals and care homes in a co-ordinated way.

In Northern Ireland, nursing and residential homes as well as domiciliary care providers are required to register with RQIA in keeping with current Northern Ireland regulations and legislation. The policies and procedures of registered providers are reviewed as part of the RQIA's pre-registration inspection process.

Two articles Robinson et al, (2014)¹⁰ and Soto, (2016)¹¹ discussed in detail the important role patients and their families involved in delivering care play in the provision of their healthcare. Robinson (2014)¹⁰ in a study of 109 patients with Meticillin-resistant *Staphylococcus aureus* (MRSA) found that patients had little knowledge or understanding of MRSA and this coupled

with anxiety from information in the media, resulted in patients feeling stigmatised and wanting more information.

Soto, (2016)¹¹ considered the increasing number of children having complex care provided at home, and identified that where the family members are the primary carers they are supported by a complex network of professional staff; this in itself was challenging for them. Where children have significantly complex conditions requiring family to deliver care involving invasive devices e.g. central lines, gastrostomy tubes and tracheostomies, it is essential to remember that often family members have to work through many supportive interactions to establish what risks they are prepared to accept in pursuit of 'a normality' and to find a risk balance in providing this care. This balance can be unique to each family and child and is greatly influenced by the information provided to them.

Such families need support and an understanding of their challenging position, both physically and emotionally. They require information and educational tools to ensure their skills reach an acceptable level and thus minimise the risk of infection to their child. This was a compelling article which focused attention on the pressure and risks within such households.

Other researchers (Smith S, 2009¹²; Blaine C, 2012¹³; McGuckin, 2013¹⁴; Marschang S, 2015¹⁵) considered the role of hand hygiene in the delivery of healthcare in community and primary care. They considered the access to hand sanitisers and soap and water by both healthcare workers (HCWs) and carers and concluded that leadership is required to develop mechanisms to ensure comprehensive provision of such basic but critical resources, in order to ensure patient safety in relation to minimising HCAs outside of hospitals. Ultimately they advocated that commissioners must ensure there is closure of the gaps between theory and practice and thus enable the workforce to deliver equality in the care provided to all patients regardless of who provides their care or where they live.

In Northern Ireland, Gallagher et al (2018)¹⁶ reviewed seasonal influenza outbreaks in care homes between 2011-2015; in particular examining the impact of vaccination of both staff and residents. It was noted that early recognition of outbreaks and the application of infection prevention and control measures were important factors in reducing the risk of transmission of infection. This provision of IPC in care homes is therefore key to reducing the impact of such outbreaks.

Basic IPC is strongly supported within the above literature as being applicable in all healthcare settings. This review of the literature could not identify any evidence of the assessment of the application of the **NICE CG139**² in primary or community care in the last 10 years in any part of the United Kingdom. A review was undertaken of the care standards for community and primary care within Northern Ireland held within the RQIA website and there was no specific reference to **NICE CG139**² within these regional standards.

The Department of Health (Northern Ireland) document Health and Wellbeing 2026 Delivering Together⁷ clearly sets out that the age of the population in Northern Ireland will change as much in the next eight years as it has done in the previous forty years. It indicated that by 2039, the population aged 65 and over will have increased by 74% compared to the position in 2014. This will mean that one in four people will be aged 65 and over. Now is the time to strongly support and resource systems to facilitate standardised regional application of IPC in the care delivered in Northern Ireland's community and primary care sector.

Methodology

A project team was established to include the IPC Leads Nurses of the 5 HSC Trusts, the Senior IPC Nurse of the PHA, 2 representatives from ISP within the region, representative from the Nursing Agency Contract BSO, a representative from RQIA and the Quality Improvement Manager from the South Eastern HSC Trust (SET). The project was led by one of the IPC Lead Nurses from the South Eastern Trust supported by the Trust's Safe and Effective Care, audit team who had oversight of the regional audit process.

The aim of the audit was to establish if there were robust and comprehensive systems in place to support the application of the infection prevention and control standard principles as set out in **NICE CG139**².

A structured survey was developed by and piloted by both IPCNs from each of the 5 HSC Trusts and members of the South Eastern HSC Trust's Community Placement Team who completed test surveys. This facilitated both testing of the Survey Monkey (online survey software) system, which was used to undertake the survey, and allowed comment on the layout and wording within the online survey questions themselves.

The online survey was made up of 34 questions (which included four questions relating to Policies & Guidelines; four questions relating to Training; four questions on PPE & supplies, seven questions on Hand hygiene training; patient education & associated audit; five questions about how IPC practice is monitored and feedback given to staff and 6 questions on the awareness and use of **NICE CG139**²

Once piloted and approved by the project team, the survey was published online in Survey Monkey and a survey link was circulated to 839 managers of care providers across HSC Trusts and Independent Service Providers (ISPs) in Northern Ireland.

On behalf of the NI-IPC Lead Nurse Forum and wider project team, RQIA contacted the 839 community and primary care organisations (including HSC Trusts) on the 5th November 2018 requesting completion of the online survey. Funding enabled the Safe & Effective Care Audit Team and Project Lead from within the South Eastern HSC Trust to develop the online survey and analyse the results.

The audit was initially planned to be undertaken over a three week period from 5th to 23rd November 2018. An invitation email was issued via RQIA to all registered ISP and to Directors in HSC Trusts (see Table B) inviting participation in the online audit. This was followed by reminder emails to all invitees on the 12th and 19th November. Then on the 26th November an email indicating a 1 week extension was issued indicating the 30th November as the revised closing date. This was granted due to the high number of responses received in the final week of the initial audit period. As we were keen to optimise the audit response numbers we considered it appropriate to extend the audit period by one week. There was no communication with audit population prior to the invitation from RQIA on 5th November 2018.

On completion of the audit questions, respondents were required to indicate from an itemised list the evidence they would be submitting to support and validate their audit responses (see table 10).

Following closure of the audit after the 4 week audit period the results were exported to Microsoft Excel for analysis and all evidence submissions were recorded and saved to a secure file.

Table B – Breakdown of organisational groups/types invited to participate

Organisational Group	Organisation Type	Numbers invited
ISPs (RQIA registered)	Residential Homes	227
	Nursing homes	248
	Independent Domiciliary care Providers	297
HSC Trusts	Community Nursing Manager	5
	Residential Care-home Manager	5
	Domiciliary care Manager	5
	Podiatry Manager	5
	Physiotherapy Manager	5
Nursing and Nurse Assistant agencies	Registered with RQIA	42

Findings

A total of 28% (238/839) of those invited to participate accessed the survey via the Survey Monkey link, 78 respondents did not meaningfully complete the survey questionnaire. These incomplete responses have been excluded from the report. Therefore the response rate for completed surveys was **19% (160/839)**. Please see Appendix 1, Section 1, for a breakdown by organisation and service.

Notes regarding results tables:

Rounding: Throughout the report some percentages do not equal 100% due to the rounding rule. Furthermore, where relevant, each participant had the ability to select more than one response for particular questions.

Exceptions/Inclusions: An end number (i.e. n=x) will be provided for each table of data. Where appropriate, changes to the end number will be explained as exceptions and/or inclusions.

Abbreviations: A number of abbreviations are used throughout the result tables as listed below for reference:

- ISP: Independent Service Provider
- HSC: Health and Social Care Trusts
- IPC: Infection Prevention Control
- PPE: Personal Protective Equipment
- PN/R Care: Private Nursing and Residential Care
- Dom Care: Domiciliary Care
- CN&NA Agencies: Community Nursing and Nursing Assistant Agencies

Results: Standards 1 to 7

In this section the overall compliance rate for each standard surveyed is presented with the key supportive findings. In addition the compliance data and responses to supplementary questions are presented for each of the three organisational groups (as defined in Table B, Page 12) under the appropriate Standard in Appendix 1, Section 2.

Standard 1: All Staff involved in direct patient/client care have access to all IPC Policies/ Guidelines

Interpretation of compliance:

Compliance/Non Compliance: The compliance rate refers to those organisations that provide all of the 4 policies/guidelines identified within **NICE CG139²** (see page 15*). A compliance rate of 46% is evident in Table 1 and Graph 1. For further information regarding Standard 1 please see Appendix 1, Section 2.

- 99% of organisations provide at least one or more IPC related policies or guidelines and only 1% of organisations provided no access to any IPC policies or guidelines
- 86% of the policies and guidelines available to staff are stored in a folder at their work base, 58% are electronically available to staff, and 29% available at the point of care
- 76% of policies and guidelines are written by either the manager or the head of the organisation, with 67% of policies and guidelines are attributed to the PHA, the Regional IPC manual or an IPCN
- Overall 86% of organisations indicated that their policies and guidelines were based on the contents of **NICE CG139²**, however only 84% organisations were aware of **NICECG139²**

Evidence Submission: A total of 30% of organisations who participated in the survey submitted supporting documents, but only 3% (4) referenced **NICE CG139²**.

The organisations that referenced **NICE CG139²** belong to the following sectors:

- ISP Residential Homes (2)
- ISP Care Agency (1)
- ISP Domiciliary Care Provider (1)

Table 1: IPC Policies or Guidelines* (as listed below) accessible for staff

Policy/Guideline Options	ISP (PN/R & Dom Care) (n=130)		HSC Trust (n=25)		Overall (n=155)	
	n	%	n	%	n	%
Yes, <u>all</u> 4 accessible	64	49%	8	32%	72	46%
Access to all 4 and /or IPC Manual	61	47%	11	44%	72	46%
Access to all 4 and /or IPC General Guideline	118	91%	23	92%	141	91%

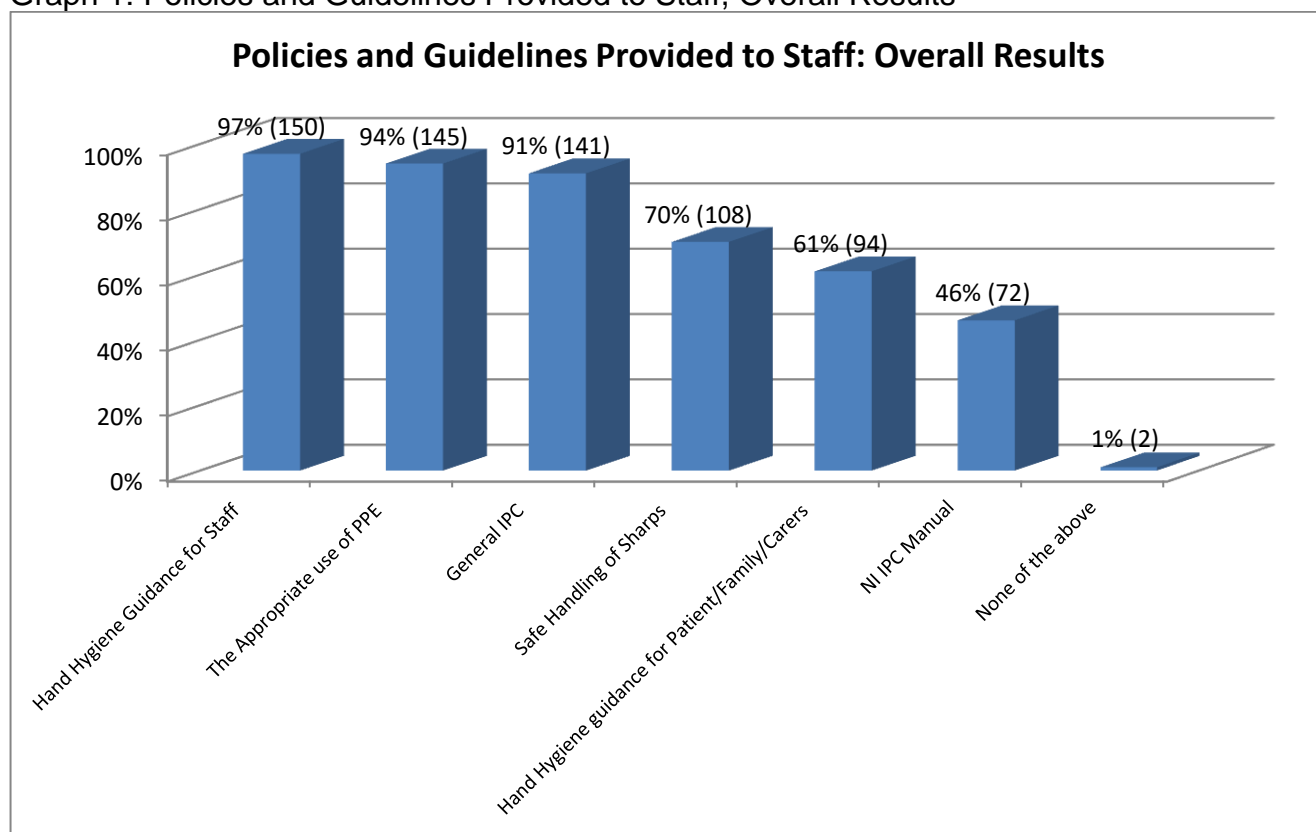
Rounding: Each organisation could select multiple answers when asked what IPC Policies/Guidelines were provided for staff.

Exceptions/Inclusions: *The CN/NA Agencies are excluded from the findings above as they do not provide this information to staff, but rather this is provided by the employing organisation and therefore n=155.*

***The 4 policies and guidelines referred to in NICE CG139² are:**

- Hand Hygiene Guidance for Staff
- The Appropriate use of PPE
- Safe Handling of Sharps
- Hand Hygiene guidance for Patient/Family/Carers

Graph 1: Policies and Guidelines Provided to Staff, Overall Results



*For a breakdown of information please see Table 2 in Appendix 1, Section 2

Rounding: *Each organisation could select multiple answers when asked what IPC Policies/Guidelines were provided for staff.*

Exceptions/Inclusions: *The CN/NA Agencies are excluded from the findings above as they do not provide this information to staff, but rather this is provided by the employing organisation and therefore n=155.*

Standard 2: All organisations have a system in place to educate/train staff on IPC practice

Interpretation of compliance;

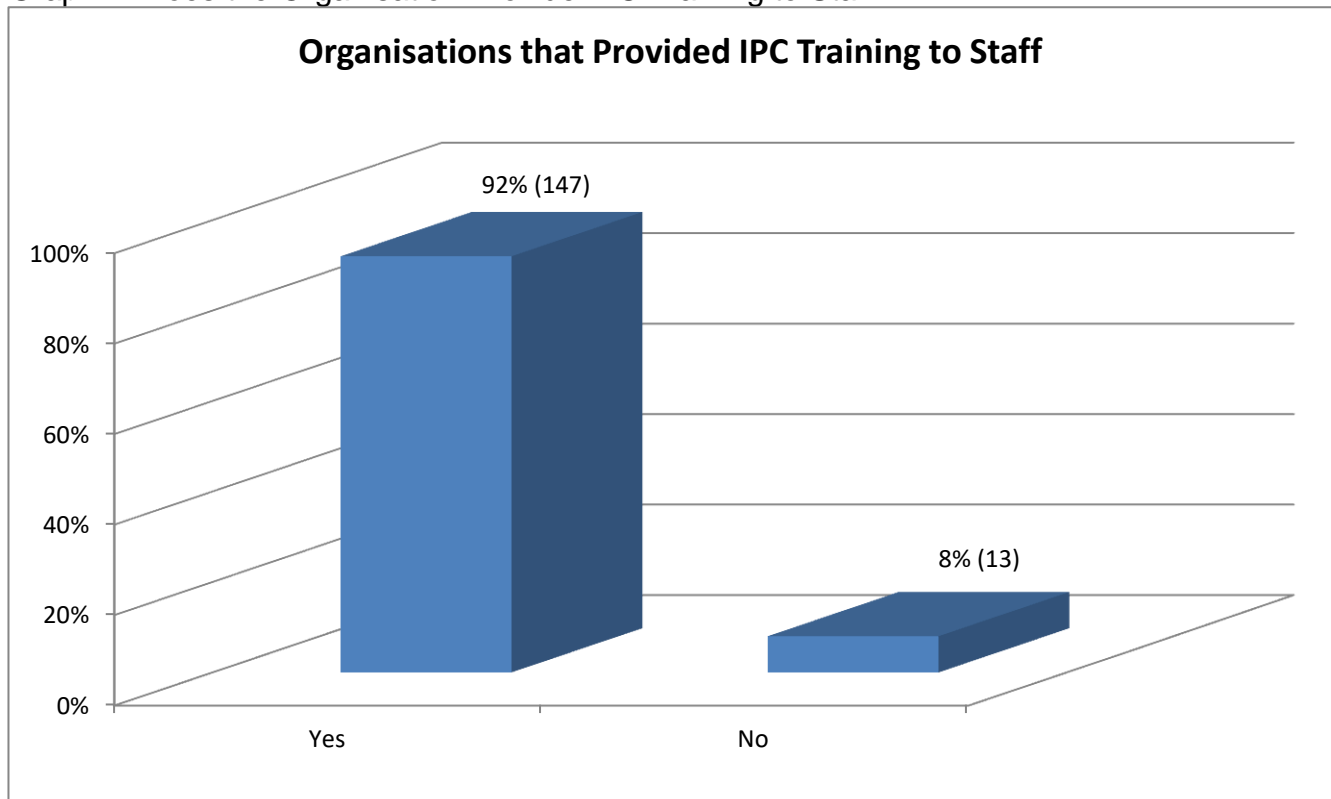
Compliance/Non Compliance: A compliance rate of 92% is evident in Graph 2, for further information regarding Standard 2 please see Appendix 1, Section 2.

- Of the 92% of organisations that provide a programme of IPC training, 70% of managers reported that this training is undertaken yearly

Evidence Submission: Only 20% of organisations provided evidence to support this in the form of training materials and/or training records. These organisations belonged to the following sectors:

- ISP Private Nursing/residential care (17)
- ISP Domiciliary Care Provider (6)
- HSC Community Health Teams (3)
- ISP CN/NA Agency (3)

Graph 2: Does the Organisation Provide IPC Training to Staff?



*For a breakdown of information please see Table 3 in Appendix 1, Section 2

Exceptions/Inclusions: None, therefore n=160.

Standard 3: All staff to be trained in hand hygiene, safe use of personal protective equipment and the handling of sharps

Interpretation of compliance;

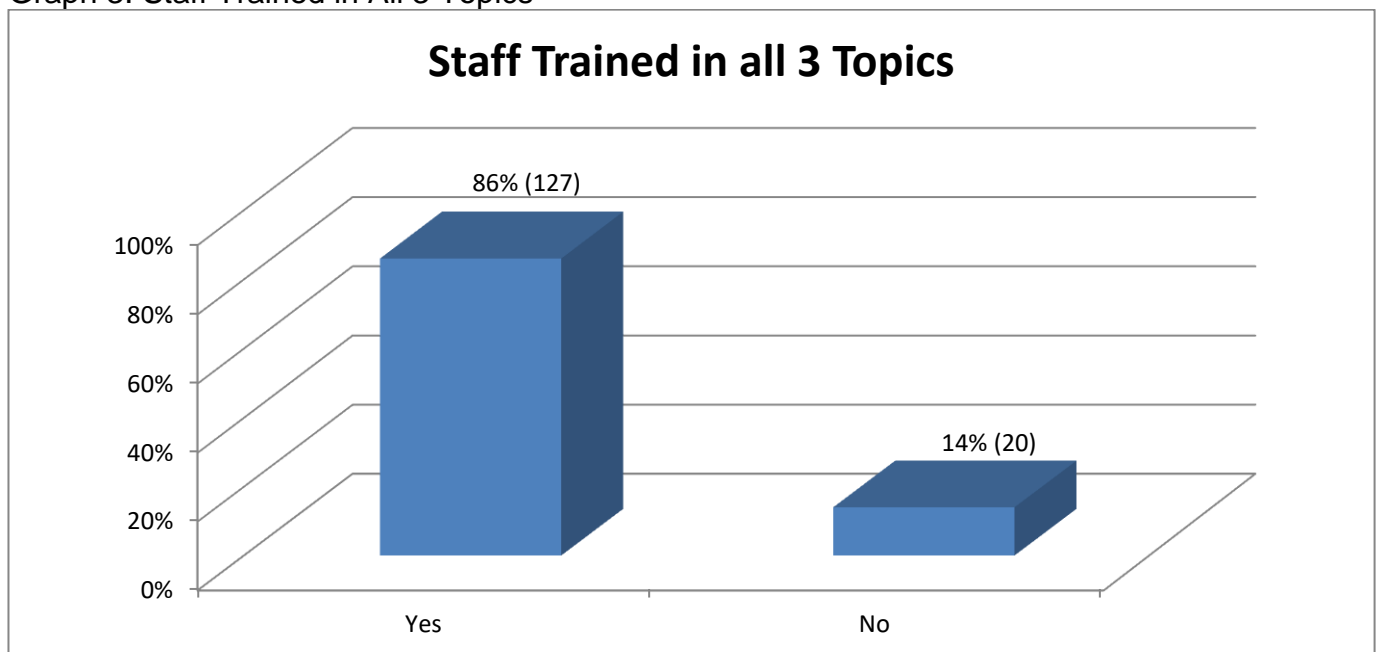
Compliance/Non Compliance: The compliance rate refers to those organisations that provide IPC training for staff in all 3 topics specified in **NICE CG139**². A compliance rate of 86% is evident in Graph 3, for further information regarding Standard 3 please see Appendix 1, Section 2.

- 92% of organisations provide at least one form of IPC training for their staff,
- It is noteworthy that 100% of organisations indicated that they train their staff in PPE, 99% train their staff in hand hygiene and 86% train their in the safe use of sharps.
- 63% of organisations indicated that they include education of patients/carers/family on hand hygiene in their training of staff

Evidence Submission: Overall 20% of organisations provided evidence of training materials and/or training records. These organisations belonged to the following sectors:

- ISP Private Nursing/residential care (17)
- ISP Domiciliary Care Provider (6)
- HSC Community Health Teams (3)
- ISP CN/NA Agency (3)

Graph 3: Staff Trained in All 3 Topics



*For a breakdown of information please see Table 4 in Appendix 1, Section 2

Exceptions/Inclusions: *The 13 (8%) who are non-compliant to Standard 2 are excluded from Standard 3. Thus the results displayed in Table 4 only refers to the 147 (92%) of organisations who provide IPC training for staff.*

***NICE CG139² stipulates that all staff should be trained in 3 key areas:**

- Hand hygiene
- Safe use of Personal protective equipment
- The appropriate handling of sharps

Standard 4: IPC training should be provided by an IPC practitioner or another approved source

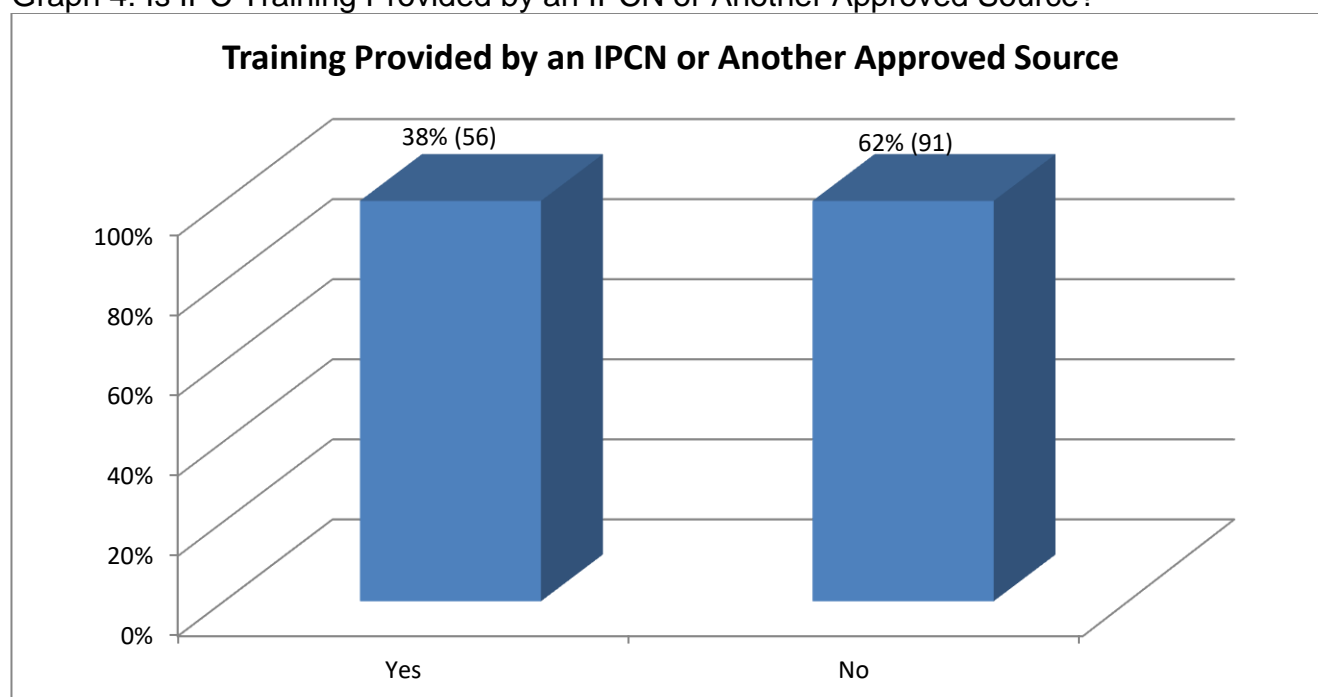
Interpretation of compliance;

Compliance/Non-compliance: The compliance rate refers to those organisations that have an IPC practitioner or an external trainer provide training to their staff. A compliance rate of 38% is evident in Graph 4 and 5, for further information regarding Standard 4 please see Appendix 1, Section 2.

eLearning is the most common method of IPC training for staff with 56% trained via this method. In total 10 different eLearning programme suppliers were listed by participants.

Evidence Submission: No formal evidence requested for Standard 4.

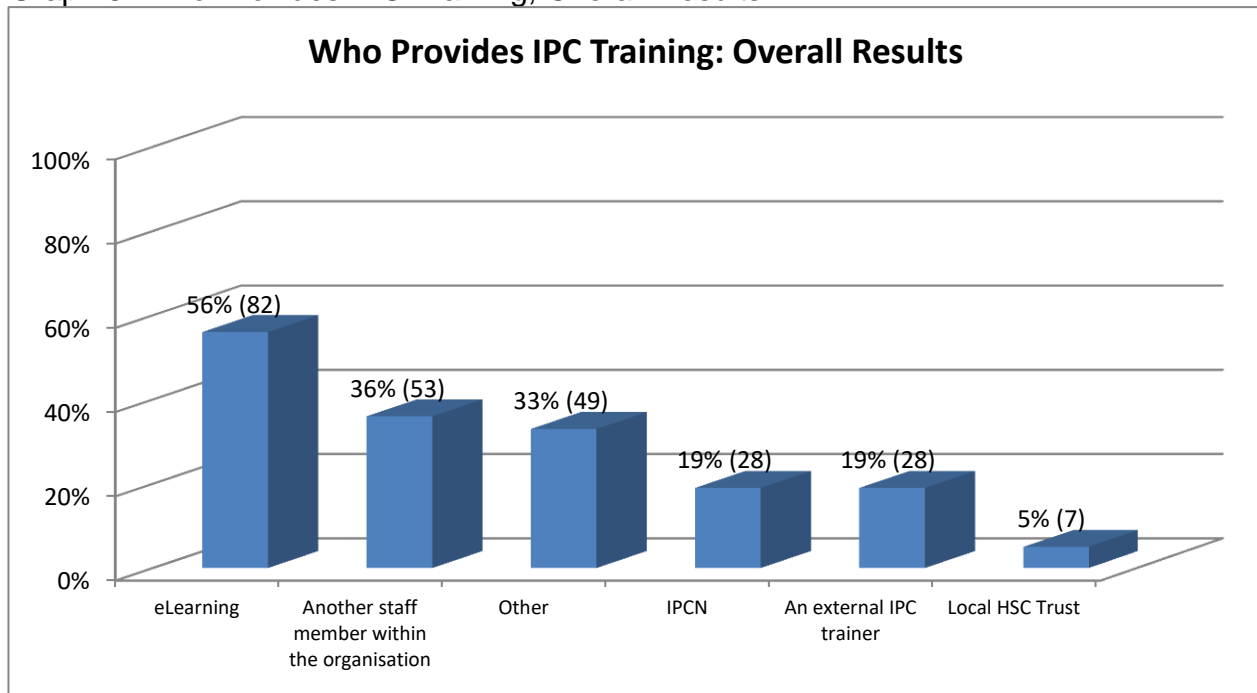
Graph 4: Is IPC Training Provided by an IPCN or Another Approved Source?



*For a breakdown of information please see Table 5 in Appendix, Section 2.

Exceptions/Inclusions: *The only exceptions applicable to Standard 4 are the 13 (8%) that are non-compliant to Standard 2, therefore n=147.*

Graph 5: Who Provides IPC Training, Overall Results



*For a breakdown of information please see Table 5a in Appendix 1, Section 2

Rounding: Each organisation could select multiple answers on who provides IPC training.

Exceptions/Inclusions: The only exceptions applicable to Table 5a are the 13 (8%) that are non-compliant to Standard 2, therefore n=147.

***Other (n=49)**

- Internal training booklet/video (10)
- Social Care TV (8)
- Other internal training package (8)
- Miscellaneous comments (6)
- Strategic Thinking (5)
 - Human Focus Training (4)
 - Evolve Training (4)
 - Me, the Manager/training manager (4)

****eLearning Sources Listed (n=82, however only 51 sources were noted):**

- Miscellaneous Comments (9)
- DVD (9)
- Trust eLearning/Internal eLearning System (7)
- Social Care TV (7)
- Strategic Thinking (5)
- Evolve Learning (4)
- Human Focus Training (4)
- iHASCO (2)
- BVS Training (1)
- Healthier Business Group Compliance (1)
- Psittacus System (1)
- CPL online (1)

Standard 5: Staff should have appropriate supplies for hand hygiene, personal protection and safe disposal of sharps

Interpretation of compliance:

Compliance/Non-compliance: The compliance rate refers to those organisations that supply all PPE and Hand Hygiene Products for staff. A compliance rate of 75% is evident in Table 2 and Graph 6. For further information regarding Standard 5 please see Appendix 1, Section 2.

- 98% of organisations provide ALL PPE products for their staff
- 77% of organisations provide ALL hand hygiene products for their staff
- 63% of organisations provide sharps boxes, (however may not applicable to the service being provided)

It is also evident that 22% of ISPs use the regional BSO Procurement and Logistics Service for access to supplies on a weekly basis.

Evidence Submission: No formal evidence was requested for Standard 5.

Table 2: Do staff have appropriate supplies for hand hygiene, PPE and sharps boxes.

Supplies Available	ISP (PN/R & Dom Care) (n=130)		HSC Trust (n=25)		Overall (n=155)	
	n	%	n	%	n	%
*All PPE Products	127	98%	25	100%	152	98%
All Hand Hygiene Products	102	78%	18	72%	120	77%
Both <u>All</u> PPE and <u>All</u> Hand Hygiene Products	99	76%	18	72%	117	75%
Sharps box	79	61%	18	72%	97	63%
*Other	13	10%	5	20%	18	12%

Rounding: Each organisation could select multiple answers when asked what products they supply to their staff.

Exceptions/Inclusions: The only exceptions applicable to Standard 5 are CN/NA Agencies as they do not provide supplies to staff, therefore n=155.

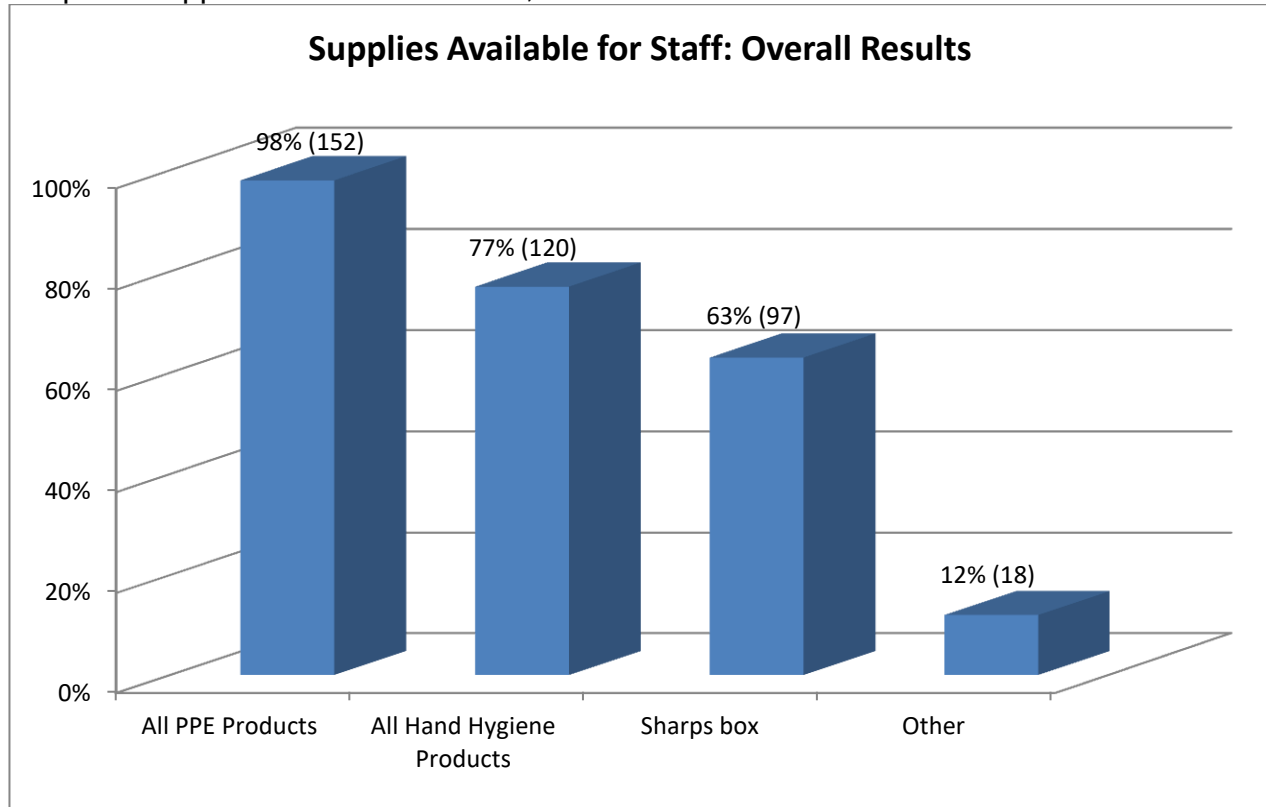
*Other (n=18)

- Face mask if required (4)
- Miscellaneous Comments (2)
- Over shoes if required (2)
- Spillage Kit (2)
- Colour coded bags (2)
- Visors (1)
- Hand Dryer (1)
- Showers/Changing facilities (1)
- Client is asked to provide liquid soap and disposable hand towel in Service User Agreement (1)
- Suitable foot operated bins to dispose of used products (1)
- Wipes (1)

***NICE CG139** specifies that all staff should have appropriate supplies for hand hygiene, personal protection and safe disposal of sharps. The relevant products have been listed below:

- Hand hygiene: liquid soap, disposable hand towel, hand sanitiser or alcohol gel.
- Personal protective equipment: disposable gloves and aprons.
- Appropriate handling of sharps: sharps box

Graph 6: Supplies Available for Staff, Overall Results



Standard 6: Staff educate patients/carers and families

Interpretation of compliance;

Compliance/ Non-compliance: The compliance rate refers to those organisations that provide hand hygiene education to patient, carers and families. A compliance rate of 77% is evident in Table 3, 3a and Graph 7, for further information regarding Standard 6 please see Appendix 1, Section 2.

Of these, 39% assess how well carers, families and patients are educated.

Evidence Submission: Overall 3% (4) of organisations surveyed provided evidence of a policy or guideline for hand hygiene for patient, family and carers.

These organisations belonged to the following sectors:

- ISP Private Nursing/residential care (2)
- HSC Community Health Team (1)
- ISP CN/NA Agency (1)

An additional 3% of organisations provided a less comprehensive document, with only brief reference to patients, carers and families. Furthermore, there was no evidence supplied to reflect the assessment of patient/carer/family education on hand hygiene.

Table 3: Is Hand Hygiene education provided to patients/carers and families

Education provided	ISP (PN/R & Dom Care) (n=130)		HSC Trust (n=25)		Overall (n=155)	
	n	%	n	%	n	%
Yes	104	80%	16	64%	120	77%
No	11	8%	7	28%	18	12%
I don't know	13	10%	2	8%	15	10%
No Response	2	2%	0	0%	2	1%

Exceptions/Inclusions: *The only exceptions applicable to Standard 6 are CN/NA Agencies as they are not involved in education of carers therefore n=155.*

Table 3a Do you assess how well patients/carers and families are educated?

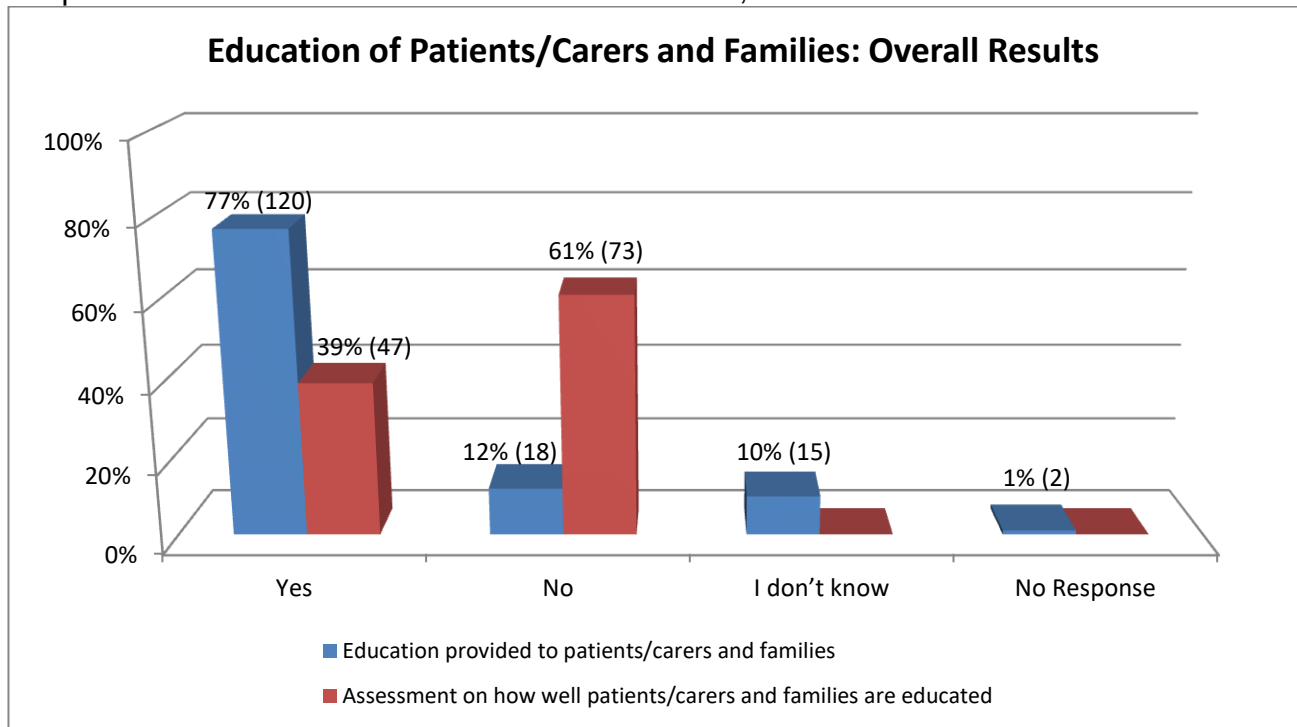
Assessment	ISP (PN/R & Dom Care) (n=104)		HSC Trust (n=16)		Overall (n=120)	
	n	%	n	%	n	%
Yes	43	41%	4	25%	47	39%
No	61	59%	12	75%	73	61%

Exceptions/Inclusions: *Table 7a is only applicable to those organisations who confirmed that staff educate carers/patients and families therefore n= 120.*

***If yes, describe how this is assessed/ measured:**

- Observations and Audits (30)
- Assessments and written/signed records (7)
- Miscellaneous Comments (5)
- Training or communication of best practice (3)
- Discussions (2)

Graph 7: Education of Patients/Carers and Families, Overall Results



Standard 7: Healthcare employers in community and primary care have a mechanism to ensure safe practice is applied consistently.

Interpretation of compliance;

Compliance/Non-compliance: A compliance rate of 42% is evident in Table 4, for further information regarding Standard 7 please see Appendix 1, Section 2.

The compliance rate refers to those organisations that have a monitoring system in place for hand hygiene, PPE and sharps. However it should be noted that not all organisations require the use of sharps, depending on the care they provide. When sharps were excluded from the results the compliance rate rises to 72%.

- 84% of ISPs and HSC Trusts surveyed stated that their staff are aware of **NICE CG139²**
- 48% of organisations benchmark their service provision against **NICE CG139²**, 11% of which identified areas of non-compliance within their service and of these 86% indicated that an action plan has been developed to address areas of non-compliance

Evidence Submission: Overall 6 organisations that stated that an action plan has been developed to address non-compliance with **NICE CG139²** but only 50% (3 out of 6) organisations provided supportive evidence.

Table 4: Is a monitoring system for IPC Practice in place?

IPC Practice	ISP (PN/R & Dom Care) (n=130)		HSC Trust (n=25)		Overall (n=155)	
	n	%	n	%	n	%
Yes <u>all</u> 3 Practices: Hand Hygiene, PPE, Sharps	56	43%	9	36%	65	42%
Partial (i.e. only 1 or 2 out of the 3 above practices: Hand Hygiene, PPE, Sharps?)	58	45%	11	44%	69	45%
None	10	8%	5	20%	15	10%
Other	23	18%	3	12%	26	17%

Rounding: Each organisation could select multiple answers when asked if a monitoring system was in place for IPC in practice.

Exclusions/Inclusions: Table 8 is applicable to all survey respondents with the exception of CN/NA Agencies as they do not monitor practice therefore n=155.

***Other (n=26)**

- Regular Audits (8)
- Supervision or training (7)
- General Observations and spot checks (5)
- Miscellaneous comments (3)
- Systems and processes monitored following a concern/incident/outbreak (2)
- Hand Hygiene tool being introduced (1)

Evidence Submitted

When completing the survey each organisation was asked to submit evidence as listed in Table 5 below, to validate their audit responses. Organisations were advised to submit this evidence either by email or by post to the Audit Team in South Eastern HSC Trust and the necessary details were provided. CN/NA Agencies do not provide this information to staff, as this is provided by the employing organisation, therefore only 155 organisations audited could supply the evidence requested.

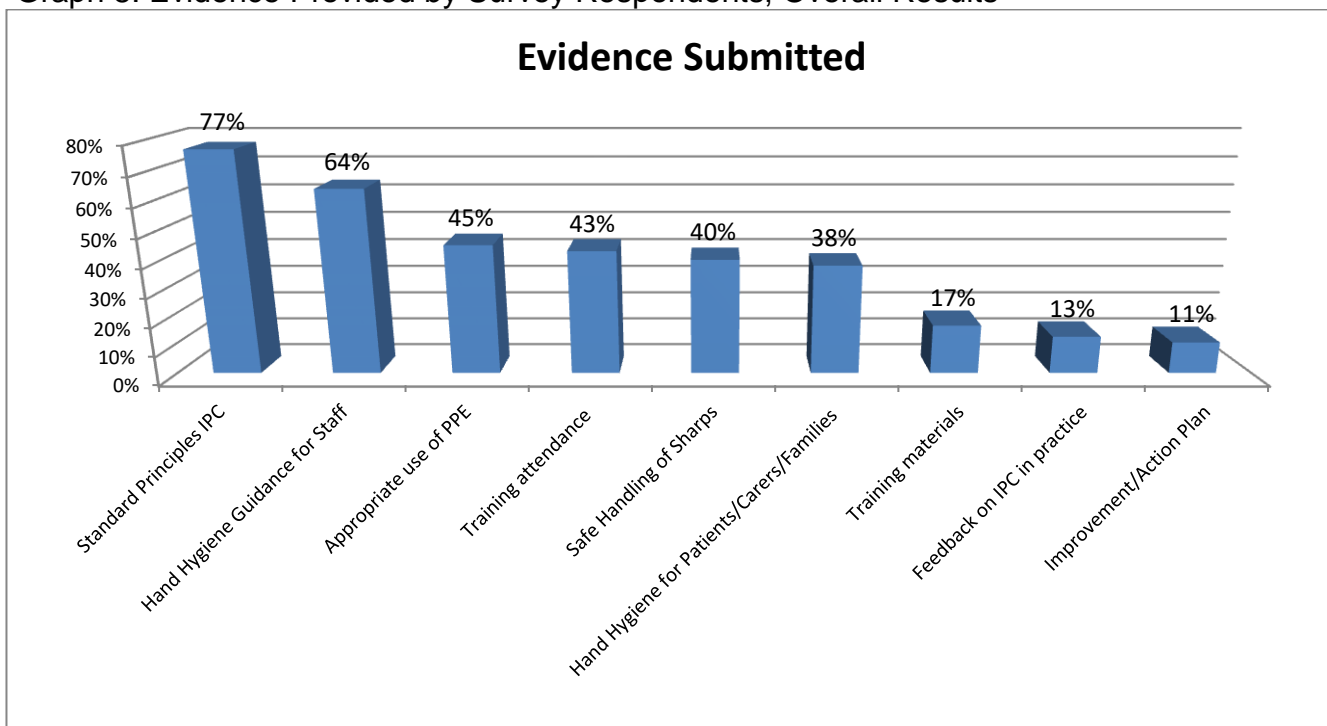
From a possible 155 organisations 111 organisations selected the evidence they would be submitting. In total 30% (47 of 155) of organisations that they provide policies, training and assessment of practice, submitted evidence. Table 5 provides a breakdown of the evidence received.

Table 5: Evidence submitted to support survey responses

Evidence	Evidence Submitted (n=47)	
	n	%
Policy/Guideline: Standard Principles of IPC	36	77%
Policy/Guideline: Hand Hygiene Guidance for Staff	30	64%
Policy/Guideline: Appropriate use of Personal Protection Equipment	21	45%
Training materials (slides or notes)	20	43%
Policy/Guideline: Safe Handling of Sharps	19	40%
Training attendance (records & numbers)	18	38%
Feedback on IPC in practice	8	17%
Improvement/Action Plan for IPC	6	13%
Policy/Guideline: Hand Hygiene for Patient's/Families' and Carer's	5	11%

Rounding each organisation could select multiple answers when asked what evidence they will be providing.

Graph 8: Evidence Provided by Survey Respondents, Overall Results



Interpretation of Evidence Submitted

Policies & Guidelines: In reviewing the evidence submitted it was considered that 77% of organisations covered basic IPC measures associated with Hand hygiene, PPE and sharps. Few made reference to the importance of patient hand hygiene or the role of healthcare providers in the education of the patient and their carers/family regarding infection control. It was not evident that the submitted policies and guidelines incorporated all the essential standards of hand hygiene, PPE and sharps from **NICE CG139**².

Training: Out of the 160 organisations surveyed, 147 confirmed that they have a system in place to educate staff (see Graph 3). After reviewing the evidence submitted by each organisation the following analysis was apparent:

- 20% (29 out of 147) of organisations provided supportive evidence in the form of training materials and/or a training attendance record
- 1% (1 out of 147) of organisation provided partial evidence to support this

Over 92% of providers indicated that their staff had access to IPC training. But based on the submitted evidence it was clear that only a small proportion of the standards set out in **NICE CG139**² were covered in training. It is also important to note that there was little standardisation of training content due to the variety of different resources used.

There was reference to ten different eLearning providers, however when viewed the content and quality of this training was found to vary greatly in scope and detail. It was therefore evident that not all healthcare providers are in receipt of training that fully covers IPC and the standards of practice set out in **NICE CG139**².

In relation to the IPC policies or guidelines accessible for staff the submitted evidence showed the following: (n=155)

- 19% provided an appropriate hand hygiene guidance for staff, with 5% providing less comprehensive information
- 14% provided suitable guidance on the appropriate use of PPE, with 7% providing less comprehensive information
- 12% provided appropriate guidance for the safe handling of sharps, with 6% providing less comprehensive information
- 3% provided appropriate hand hygiene guidance for patients, carers and families, with 3% providing less comprehensive information

Assurance (Feedback on practice and improvement plans)

Discussion: Conclusions and Key Themes

The **NICE CG139²** provides a set of carefully considered evidence based standards for infection prevention and control in the care of patients in community and primary care. For these standards to translate into patient benefit by minimising the risk of HCAI it is essential that every effort is made to bring these standards to the attention of all practitioners and providers of care.

It is evident from this audit that much attention has been given to the inclusion of infection prevention and control measures within the delivery of care by health care providers in community and primary care. This has been demonstrated in the aforementioned by the high provision of policies and guidelines, training and the access to appropriate supplies to deliver a high standard of care.

Awareness of **NICE CG139²**, 84% (135 out of 160) of participants indicated that they were aware of **NICE CG139²** but only 11% (5 out of 47) of policies or guidelines submitted as evidence actually made reference to **NICE CG139²**.

NICE CG139² details key priorities for implementation which includes standards relating to hand hygiene (for staff and for patients/carers/ families), protective equipment use and the safe handling of sharps, not all of these were included in the policies or guidelines submitted.

Policies and Guidelines

From the survey 97% (150 out of 155) and 94% (145 out of 155) of organisations have hand hygiene and PPE policies or guidelines for staff respectively. This represents a very high compliance. When identifying those who have all four policies (see page 15 * -as listed within **NICE CG139²**), the compliance drops to 46% (72 out of 155). It has been acknowledged through the report that some organisations do not use sharps in the provision of care which would explain that only 70% (108 out of 155) of organisations have a safe handling of sharps policy or guideline.

Although it is clear that there are IPC related policies and guidelines available to staff across the region (see Table 2; in Appendix1, Section 2, Standard 1). In reviewing the submitted evidence there was a wide range in the quality and detail of the submitted policies and guidelines. There was notable variation in the advice provided with some clearly setting out the expected best practice; others were less clear and failed to incorporate even the essential basic standards within **NICE CG139²** and so lacked sufficient content to fully inform staff how to provide safe practice relating to IPC.

It is important that regional guidelines provided through the Regional IPC Manual include clear statements of all 102 standards of practice as detailed in **NICE CG139²** and thus are not dissimilar to the format of NICE standards but are translated into regional phrasing and referencing.

Provider organisations and our patients would benefit from one regional set of IPC policies and guidelines which reflect the **NICE CG139²** standards and other relevant aspects of IPC. These could be defined as **NI Policy for the application of NICE CG139²** and be placed in the NI Regional IPC Manual which already hosts many best practice advice and up-to-date information in IPC policies and protocols. The manual indicates '*Healthcare organisations may adopt the advice in the NI regional IPC Manual to inform their own local policies and*

procedures'. It would be appropriate for a review of the advice within the regional manual for community and primary care to be undertaken and thus ensure complete inclusion of the agreed **NI Policy for the application of NICE CG139²** in all relevant sections. The agreed **NI Policy for the application of NICE CG139²** should be placed or linked as a definitive document on the NI Regional IPC manual and describe '*these as*' the core standards to be applied in community and primary care across Northern Ireland.

Training

It is essential that there are effective systems to communicate regionally the agreed **NI Policy for the application of NICE CG139²** for the wide range of community and primary care providers across the region. The provision of training across the region, as evidenced in the survey, is supported by ten different eLearning platforms. A brief review of each of these highlighted that there is a significant variation in their content. There was no indication that any of the training made referenced the **NICE CG139²** or the standards of practice contained within it.

Further work would be required to establish the robustness of any of the named eLearning sources. It would be necessary to assess their level of inclusion of the standards within **NICE CG139²** to be confident that undertaking the learning modules provides the learner with the appropriate IPC knowledge to provide safe, effective and high quality care to their patients. Providing one central portal for eLearning would, however, undoubtedly be the most efficient and effective approach and should be the direction to be taken in the future.

Supplies

It was evident that 22% (29 out of 130) of ISPs use the Regional BSO Procurement and Logistics Service (PaLS) for access to supplies on a weekly basis. The feasibility of widening this access to include all ISPs should be considered as it could potentially provide better value for money and ensure that a comprehensive standard of IPC materials is available across all service providers.

Education of patients, carers and families

The provision of IPC advice to a **patients, carers and families** was reviewed with respect to hand hygiene in this audit and overall there was little clarity on what information is shared with patients and provided to family and carers. It may be beneficial that some additional work is undertaken to ascertain the scope of what information is already being provided and to develop a central resource for the region. This is particularly important where family and carers are involved in nursing procedures and care of invasive devices. Clear details reflecting the standards of **NICE CG139²** in respect of invasive devices should be provided to such individuals.

Assurance

It is important that local commissioners recognise that they have a responsibility to enable and ensure that those, from whom they commission care, can and do robustly implement good IPC in the delivery of community and primary care. It would appear that none of the regional contracts or current standards for care in community and primary care in NI make

reference to **NICE CG139**² but instead make reference to one or two elements of infection control in practice. There is no consistency of scope or terminology and hence an insufficient clarity to enable clear assurance of practice.

Patient safety is a cornerstone of all care provided and the prevention of infection is an essential parameter which is becoming ever more important as more complex care is provided to patients in their own homes or in the community. A simple but structured framework based on the regionally agreed **NI Policy for the application of NICE CG139**² should be used by all providers in community and primary care to demonstrate compliance and assurance of their practice. A simple form of audit should be used to benchmark the present status and monitor progress going forward.

It is also important to recognise that much of the care in the community is provided by patient's family or carers and these individuals also play an important role in preventing HCAs. These individuals should be empowered to deliver the standard of care, set out in any regionally agreed **NI Policy for the application of NICE CG139**² to their relatives and friends. To achieve this appropriate information must be made accessible to such family members and carers and this should be made available in multiple mediums to ensure accessibility to both internet and non-internet users. This could also be facilitated by provision of an electronic library from which usage and access could be monitored.

Antimicrobial resistance is one of the major concerns in healthcare. The lack of new antibiotics to overcome resistance, presents a gloomy picture of untreatable infections which could become consistent with surgery or cancer treatments. Infection control within the delivery of health and social care is one very important control mechanism which now more than ever needs to be robustly applied in care irrespective of where it is delivered. Leaders in healthcare across Northern Ireland need to drive forward the implementation of the **NICE CG139**² standards on IPC as part of their wider agenda to limit the spread and ongoing development of multi-resistant organisms.

Overall this audit has demonstrated that many individual organisations have undertaken intense work to provide best practice in IPC in the delivery of care to their patients. By working individually however, there is an imbalance with respect to the standards of care provided by organisations/services. Collaborative regional working, central leadership and resources would escalate consistency and ensure that high standards of IPC in care are provided regardless of the organisation/service delivering the care or the regional location of that care provision. This will ultimately lead to better outcomes for all our patients.

Recommendations

Recommendation 1

Policies and Standards Standard 1

1.1 The Regional Infection Prevention and Control (IPC) Lead Nurse Forum recommends that the DoH adopt as regional policy, the IPC standards as set out by **NICE CG139² *Healthcare-associated infections: prevention and control in primary and community care.***

The **NICE CG139²** includes standards of practice relating to;

- Hand hygiene for staff;
- Appropriate use of Personal Protective Equipment (PPE);
- Safe handling of sharps;
- Hand hygiene for Patient /Family /Carers;
- Waste disposal; and
- Invasive devices: long term urinary catheters; enteral feeding & vascular devices.

1.2 Ultimately these Standards may be referred to as the ***NI Policy for the application of NICE CG139².***

The NI IPC Lead Nurse Forum seek the support of the DOH in presenting these standards for the region's Health & Social Care Sector and Independent Service Providers (ISPs) as the ***NI Policy for the application of NICE CG139²*** which should be made available to providers and practitioners via the DOH and subsequently through a web-link on relevant websites for example the PHA's Regional Infection Control Manual. Links on other should be considered to aid communication to practitioners and the public.

Consideration should also be given to provision of the ***NI Policy for the application of NICE CG139²*** to all providers of care in the community and primary care by an 'App' or other Smartphone tools to enable easy access at the time of care delivery. The inclusion of an electronic system of readership monitoring would be helpful to evaluate the uptake of this information.

1.3 It is recommended that the agreed ***NI Policy for the application of NICE CG139²*** across all of community and primary care in the region is included in all future contracts of care procured across Northern Ireland. This will aid clarification of practice for commissioner, provider, practitioner and the public and will also provide a framework for assurance within contract monitoring (See recommendation 5).

Recommendation 2

Training: Standards 2, 3 and 4

2.1 The Regional IPC Lead Nurse Forum recommends that the DoH and the Health and Social Care Board (HSCB) supports the production of a Regional eLearning system for Community and Primary care covering, but not limited to, **NICE CG139².**

This should be made accessible to all healthcare providers and workers in community and primary care by incorporation into the 'tier IPC' training currently being developed and adopted regionally by the IPC Lead Nurse Forum (*acknowledging the original version from the Southern Health and Social Care Trust*). This is being hosted on the HSC eLearning platform and will be accessible to HSC providers. The DoH should then seek to provide access to this IPC eLearning to all ISPs registered with RQIA.

2.2 Subsequent learning for ISPs and HSC should be provided in face to face training by an IPCN or another approved provider.

Recommendation 3

Supplies: Standard 5

3.1 It is recommended that the Business Services Organisation's Procurement and Logistics Service (PaLS) assess the feasibility of all ISPs having access to the regional supply chain. Providing open access to a regional standard of sharps containers, PPE and hand hygiene materials will support compliance with IPC standards in the delivery of patient care, irrespective of care provider, and maintain the health and safety of staff.

Recommendation 4

Education of Family and Carers: Standard 6

4.1 The ***NI Policy for the application of NICE CG139²*** for the prevention and control of healthcare-associated infections in primary care and community should be available and accessible to carers and their families who are directly involved in the delivery of care.

All families and carers should have access, not just in relation to the basic elements of hand hygiene and PPE, but also best practice with respect to the care of intravenous lines, urinary catheters, feeding tubes etc., as well as associated safe handling of medical devices and sharps. This can be linked to all HSC and IPS provider websites and would inform family and carers of the standards of practice for care delivered.

4.2 The current suite of information leaflets available via PHA's NI Regional Infection Control Manual, when next reviewed, should be inclusive of the standards from the ***NI Policy for the application of NICE CG139²***. If required additional information/ leaflets could be developed on any outstanding aspects of practice reflected in the standards (see list in recommendation 1). HSC Trusts and ISPs should incorporate information/leaflet links on their intranet websites and/or provide leaflets as appropriate to patients and their family/carers.

Recommendation 5

Assurance: Standard 7

5.1 Each HSC Trust should review all their related policies and guidelines to assure themselves that they are compliant with the Standards within the ***NI Policy for the application of NICE CG139²*** and thus ensuring best practice in the delivery of care across the region.

5.2. It is recommended that the Northern Ireland DoH 'Care Standards' for the provision of community and primary care are reviewed to incorporate comprehensive reference to the ***NI Policy for the application of NICE CG139²*** and their implementation across the sector.

5.3 It is recommended that the Commissioners of care (both HSC Trusts and PHA/HSCB) should use the ***NI Policy for the application of NICE CG139²*** (see recommendation 1) to agree a regional assurance framework for IPC in community and primary care based on ***NICE CG139²***. Some of the assessment tools and pathways already provided within NICE may be easily adapted for this purpose. A Framework would provide assurance of practice to commissioners, providers, RQIA and to patients, clients and to the public.

5.4 The IPC Lead Nurse Forum should undertake a review of the implementation of the recommendations included in this Audit report in 3 years and provide an update on progress to key stakeholders including DoH, PHA/HSCB, RQIA, HSC Trusts and ISPs.

Learning points

The original methodology was to undertake this audit by individual structured interview with the designated organisations and managers. This option had to be replaced by the use of an on-line Survey Monkey as there were some difficulties with undertaking the interviews within the designated audit time period. It is highly probable that a better quality of data would have been obtained by the individual structured interview method. However, the audit process utilising an on-line provided sufficient data to identify the key themes to be considered regionally to provide and build a mechanism for robust delivery of IPC into the care provided in community and primary care across Northern Ireland.

As with any survey questionnaire, the data analysis always identifies where some changes in question structure and response options would have provided a clearer understanding of findings. This is especially applicable for the question relating to what policies and guidelines were available to staff, allowing broad reference in the answer options to the regional IPC manual impinged on the clarity of what guidelines staff were actually following.

The question relating specifically to which IPC Policies and Guidelines were available to direct care staff was complicated by the inclusion in the answer options to this question reference to a general IPC manual choice. The use of the regional IPC manual only for staff should also have been a separate question.

References

- ¹ DHSSPSNI 2016 Systems, Not Structures - Changing Health and Social Care, Bengoa 2016.
- ² National Institute for Health & Care Excellence (NICE) Clinical guideline [CG139] Healthcare-associated infections: prevention and control in primary and community care <https://www.nice.org.uk/guidance/cg139>
- ³ COPNI The Commissioner's Report: A summary of advice to Government 2011-2015 Oct 2015.
- ⁴ DHSSPSNI Transforming Your Care; A Review of Health and Social Care in Northern Ireland December 2011 <http://www.transformingyourcare.hscni.net/wp-content/uploads/2012/10/Transforming-Your-Care-Review-of-HSC-in-NI.pdf> DoH-NI
- ⁵ Information Analysis Directorate Domiciliary Care Services for Adults in Northern Ireland (Dec 2018).
- ⁶ Pellowe CM 2002 The scope of guidelines to prevent health-care-associated infections British Journal of Community Nursing, 2002, Vol7, No7.
- ⁷ Health and Wellbeing 2026 – Delivering Together. Department of Health Northern Ireland May 2017 <https://www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together>
- ⁸ DoH Health & Social Care Act (2008) Code of Practice on the Prevention and control of care infections and related guidance. July 2015.
- ⁹ Care Quality Commission 2009, Working together to prevent and control infections: a study of the arrangements for infection prevention and control between hospitals and care homes. Social Care institute for excellence 2009.
- ¹⁰ Robinson J. 2014 MRSA care in the community: why patient education matters. British Journal of Community Nursing, September 2014, Vol19, No9.
- ¹¹ Dr Soto. What is the right approach to infection control for children living at home with invasive devices. Journal of Hospital infection 93(2016) 89-91.
- ¹² Smith 2009 A review of hand-washing techniques in primary care settings. Smith Sheree MS. Journal of Clinical Nursing 18, 786-790.
- ¹³ Blaine C. 2012. Improving infection prevention practice in primary and community care Journal of Hospital Infection 82, (2012), 274-276.
- ¹⁴ McGuckin M. 2013 Patient empowerment and hand hygiene 1997-2012 Journal of Hospital Infection 84 (2013) 191-199.
- ¹⁵ Marschang S. 2015 Prevention and control of healthcare-associated infection in Europe: a review of patients' perspectives and existing differences. Journal of Hospital Infection 89 (2015) 357-362.
- ¹⁶ Gallagher N. 2018 Characteristics of respiratory outbreaks in care homes during four influenza seasons 2011-2015. Journal of Hospital Infection, 99, (2018), 175-180.

KEY (Change status)

- 1 Recommendation agreed but not yet actioned
- 2 Action in progress
- 3 Recommendation fully implemented
- 4 Recommendation never actioned (please state reasons)
- 5 Other (please provide supporting information)

Clinical Audit Action Plan

Project title	Regional Infection Prevention and Control Audit of NICE Clinical Guideline CG139 and Healthcare Providers in Community and Primary Care.
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Action plan lead	Name: Monica Merron	Title: Infection Prevention Control Lead	Contact: South Eastern HSC Trust
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Recommendation	Actions Required (<i>specify "None", if none required</i>)	Action by Date	Person Responsible (<i>Name and grade</i>)	Comments/Action Status (<i>Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been completed etc.</i>)	Change Status (see Key)
<p>1.1 The Regional Infection Prevention and Control (IPC) Lead Nurse Forum recommends that the DoH adopt as regional policy, the IPC standards as set out by NICE CG139² Healthcare-associated infections: prevention and control in primary and community care.</p> <p>Ultimately these Standards may be referred to as the NI Policy for the application of NICE CG139².</p>	DoH to agree to adopt NICE CG139 as the policy standards for community and primary care in Northern Ireland.	June 2020	ICN-LN Forum Chair & Audit Project Lead		
<p>1.2 The NI IPC Lead Nurse Forum seek the support of the DoH in presenting these standards for the region's Health & Social Care Sector and Independent Service Providers (ISPs) as the NI Policy for the</p>	<p>The DoH agree to support the NI-IPC Lead Nurse Forum with this project implementation. The NI-IPC LNF will:-</p> <ul style="list-style-type: none"> ➤ put a proposal outlining resource required and 	June 2020	NI-IPC LN Forum		

Recommendation	Actions Required (<i>specify "None", if none required</i>)	Action by Date	Person Responsible (<i>Name and grade</i>)	Comments/Action Status (<i>Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been completed etc.</i>)	Change Status (see Key)
<p><i>application of NICE CG139²</i> which should be made available to providers and practitioners via the DoH and subsequently through a web-link on relevant websites for example the PHA's Regional Infection Control Manual. Links on other should be considered to aid communication to practitioners and the public.</p> <p>Consideration should also be given to provision of the <i>NI Policy for the application of NICE CG139²</i> to all providers of care in the community and primary care by an 'App' or other Smartphone tools to enable easy access at the time of care delivery. The inclusion of an electronic system of readership monitoring would be helpful to evaluate the uptake of this information.</p>	<ul style="list-style-type: none"> ➤ suitable timeframe for work to be completed to the DoH ➤ Identify through the DoH a 'Project Implementation Nurse' (PIN) to work on behalf of the NI-IPC LN Forum on this project over an 18-24 month period. ➤ The PIN will clarify working arrangements with DoH to present, launch, communicate, implement and promote the standards, making available any necessary leaflets etc. ➤ Scope the necessary resource required to set out the NI Policy for the application of NICE CG139² in an 'App' or other smartphone access technology and associated readership monitoring. ➤ The DoH will ask PHA and all other relevant Bodies/Agencies to add the DoH's final version of the NI Policy for the application of NICE CG139² to their websites. 	<p>Sept. 2020</p> <p>April 2021.</p> <p>April 2023</p>	<p>NI-IPC LN Forum</p> <p>'Project Implementation Nurse' (PIN)</p> <p>PIN</p> <p>DoH</p>		

Recommendation	Actions Required (<i>specify "None", if none required</i>)	Action by Date	Person Responsible (<i>Name and grade</i>)	Comments/Action Status (<i>Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been completed etc.</i>)	Change Status (see Key)
<p>1.3 It is recommended that the agreed NI Policy for the application of NICE CG139² across all of community and primary care is included in all future contracts of care procured across Northern Ireland. This will aid clarification of practice for commissioner, provider, practitioner and the public and will also provide a framework for assurance within contract monitoring (See recommendation 5).</p>	<p>The DoH to communicate the project plan and completion of this project to all relevant agencies to enable necessary preparation to implement this recommendation to be undertaken.</p> <p>DoH and the HSCB will include these standards in all subsequent contracts of care.</p>	<p>June 2020 & April 2023</p> <p>Dec. 2023</p>	<p>DoH</p> <p>DoH & HSCB</p>		
<p>2.1 The Regional IPC Lead Nurse Forum recommends that the DoH and the Health and Social Care Board (HSCB) supports the production of a Regional eLearning system for Community and Primary care covering, but not limited to, NICE CG139².</p> <p>This should be made accessible to all healthcare providers and workers in community and primary care by incorporation into the 'tier IPC' training currently being developed and adopted regionally by the IPC Lead Nurse Forum (<i>acknowledging the original version from the Southern</i></p>	<p>The DoH and HSCB give support to the NI-IPC LN Forum to produce an eLearning system for community and primary care.</p> <p>NI-IPC LN Forum will:</p> <ul style="list-style-type: none"> ➤ Put a proposal to the DoH outlining resource required to develop and implement a regional eLearning system for all Community and Primary Care Providers. <p>IPC-LN Forum and DoH will agree a suitable timeframe for this work to be completed (before end of 2022).</p>	<p>Dec. 2020</p> <p>April 2021</p>	<p>NI-IPC LN Forum</p> <p>PIN with NI-IPC LN Forum & the Infection Prevention Society (IPS).</p>		

Recommendation	Actions Required (<i>specify "None", if none required</i>)	Action by Date	Person Responsible (<i>Name and grade</i>)	Comments/Action Status (<i>Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been completed etc.</i>)	Change Status (see Key)
<p>Health and Social Care Trust). This is being hosted on the HSC eLearning platform and will be accessible to HSC providers. The DoH should then seek to provide access to this IPC eLearning to all ISPs registered with RQIA.</p>	<p>DoH and The HSC Leadership Centre will work with RQIA to establish if a mechanism can be identified and agreed to allow registered ISPs to access the regional HSC eLearning platform for this specific training tool.</p>	<p>Dec. 2022</p>			
<p>2.2 Subsequent learning for ISPs and HSC should be provided in face to face training by an IPCN or another approved provider.</p>	<p>DoH to consider how this can be delivery to ISP's across the region.</p>	<p>April 2021</p>	<p>DoH</p>		
<p>3.1 It is recommended that the Business Services Organisation's Procurement and Logistics Service (PaLS) assess the feasibility of all ISPs having access to the regional supply chain. Providing open access to a regional standard of sharps containers, PPE and hand hygiene materials will support compliance with IPC standards in the delivery of patient care, irrespective of care provider, and maintain the health and safety of staff.</p>	<p>DoH to ask PaLS to review this recommendation and set out their assessment, linking with PIN as required.</p> <p>PaLS to feedback to DoH</p>	<p>June 2020</p> <p>April 2021</p>	<p>PaLS</p>		

Recommendation	Actions Required (<i>specify "None", if none required</i>)	Action by Date	Person Responsible (<i>Name and grade</i>)	Comments/Action Status (<i>Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been completed etc.</i>)	Change Status (see Key)
<p>4.1 The NI Policy for the application of NICE CG139² for the prevention and control of healthcare-associated infections in primary care and community should be available and accessible to carers and their families who are directly involved in the delivery of care.</p> <p>All families and carers should have access, not just in relation to the basic elements of hand hygiene and PPE, but also best practice with respect to the care of intravenous lines, urinary catheters, feeding tubes etc., as well as associated safe handling of medical devices and sharps. This can be linked to all HSC and IPS provider websites and would inform family and carers of the standards of practice for care delivered.</p>	<p>DoH and the PIN agree the standards and provide access to the users and the public.</p> <p>DoH with stakeholder agencies provides information to the healthcare providers and the public.</p>	<p>April 2023</p> <p>April 2023</p>	<p>PIN</p>		
<p>4.2 The current suite of information leaflets available via PHA's NI Regional Infection Control Manual, when next reviewed, should be inclusive of the standards from the NI Policy for the application of NICE CG139². If required additional information/ leaflets could be</p>	<p>PHA at the next review of IPC related information leaflets should incorporate the relevant standards principles from the NI Policy for the application of NICE CG139²</p>	<p>Jan. 2023</p>	<p>PHA with PIN</p>		

Recommendation	Actions Required (<i>specify "None", if none required</i>)	Action by Date	Person Responsible (<i>Name and grade</i>)	Comments/Action Status (<i>Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been completed etc.</i>)	Change Status (see Key)
developed on any outstanding aspects of practice reflected in the standards (see list in recommendation1). HSC Trusts and ISPs should incorporate information/leaflet links on their intranet websites and/or provide leaflets as appropriate to patients and their family/carers.	Printed information leaflets should be resourced by DoH and made available to HSC Trusts and ISPs in the usual way.				
5.1 Each HSC Trust should review all their related policies and guidelines to assure themselves that they are compliant with the Standards within the NI Policy for the application of NICE CG139² and thus ensuring best practice in the delivery of care across the region.	DoH request HSC Trusts to undertake this action. Action to be completed by HSC Trusts	June 2020 April 2022	DoH HSC Trusts		
5.2. It is recommended that the Northern Ireland DoH 'Care Standards' for the provision of community and primary care are reviewed to incorporate comprehensive reference to the NI Policy for the application of NICE CG139² and their implementation across the sector.	DoH communicate to relevant reviewers that the next review of Care Standards across the region will include the NI Policy for the application of NICE CG139² and so work to assess any impact on service provision in advance of the review.	June 2020			

Recommendation	Actions Required (<i>specify "None", if none required</i>)	Action by Date	Person Responsible (<i>Name and grade</i>)	Comments/Action Status (<i>Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendation has not been completed etc.</i>)	Change Status (see Key)
<p>5.3 It is recommended that the Commissioners of care (both HSC Trusts and PHA/HSCB) should use the NI Policy for the application of NICE CG139² (see recommendation 1) to agree a regional assurance framework for IPC in community and primary care based on NICE CG139². Some of the assessment tools and pathways already provided within NICE may be easily adapted for this purpose. A Framework would provide assurance of practice to commissioners, providers, RQIA and to patients, clients and to the public.</p>	<p>The DoH seek that the PHA/HSCB and HSC Trusts, linking as appropriate with RQIA and the PIN, establish an agreed IPC assurance framework for community and primary care based on NI Policy for the application of NICE CG139².</p>	<p>Dec. 2022</p>	<p>DoH Lead with PIN</p>		
<p>5.4 The IPC Lead Nurse Forum should undertake a review of the implementation of the recommendations included in this Audit report in 3 years and provide an update on progress to key stakeholders including DoH, PHA/HSCB, RQIA, HSC Trusts and ISPs.</p>	<p>NI-IPC LN Forum will undertake a review of progress with implementation of the recommendations.</p>	<p>April 2023</p>	<p>NI-IPC LN Forum</p>		

Project Team

Name	Job Title/Specialty	Trust	Role within Project (data collection, Supervisor etc)
Project Lead			
Monica Merron	Infection Prevention Control Lead	South Eastern HSC Trust	Project Lead, report writing and data analysis
Deputy Project Lead			
Adele Hyvart	Audit and QI Facilitator, Safe & Effective Care	SE HSC Trust	Lead audit input, data cleansing , data presentation and analysis
Project Team			
Sharon Thompson Carol Lutton	QI Co-Ordinator, Safe & Effective Care	SE HSC Trust	Advisory regarding data collection
Melanie Regan Julie Hall	Audit Manager, Safe & Effective Care	SE HSC Trust	Audit advisory and finance
Gary Cousins	Resident Experience Care Specialist Nurse/IPC moved to Nurse Consultant – Care Homes	Four Seasons Healthcare Independent Care Provider Group, NI moved to HSC/ PHA	Advisory and support to implementation
Niall Smyth/ Denise Bryans	Independent Service Provider representative	Advanced Community Care	Advisory and support to implementation
Nicola Porter/ Robert Mercer	RQIA representative	RQIA	Advisory
Julie Davidson	Head of Contracts/ Social Care Procurement and Commissioning	SE HSC Trust	Advisory relating to ISP agencies and contracted providers
**Isobel King	IPC Lead	SE HSC Trust	Chair NI IPC Lead Nurse Forum (at time of application) Supportive report writing, internal reviewer
**Naomi Baldwin	IPC Lead &	N HSC Trust	Chair NI IPC Lead Nurse Forum (during project) Supportive report writing, internal reviewer
**Wendy Cross	IPC Lead	W HSC Trust	Supportive report writing, internal reviewer
**Colin Clarke	IPC Lead	S HSC Trust	Supportive report writing, internal reviewer
**Ruth Finn	IPC Lead	B HSC Trust	Supportive report writing, internal reviewer

**Caroline McGeary	IPC Lead	PHA	Supportive report writing, internal reviewer
Linda Thompson/ Andrew Carmichael	Nursing agencies contract	SET/BSO link	Advisory on relevant staff contracts

** members of NI-IPC LNF

[Northern Ireland Infection Prevention & Control Lead Nurse Forum]

Section 1: Survey Participant Information

Table 1: Organisations who were asked to participate in the survey

Organisational Grouping	Survey Invites (n=839)		Response Rates (n=160)	
	n	(%)	n	(%)
ISP (PN/R & Dom Care)	772	92%	130	17%
HSC Trust	25	3%	25	100%
CN/NA	42	5%	5	12%
Totals	839	100%	160	19%

Table 1a: Service provided by each organisation grouping

Service	ISP (PN/R & Dom Care) (n=130)		HSC Trust (n=25)		CN/NA Agency (n=5)		Overall (n=160)	
	n	%	n	%	n	%	n	%
PN/R Care	85	65%	11	44%	0	0%	96	60%
Dom Care	45	35%	8	32%	0	0%	53	34%
Community Nursing	0	0%	1	4%	5	100%	6	4%
Podiatry	0	0%	3	12%	0	0%	3	2%
Physiotherapy	0	0%	2	8%	0	0%	2	1%
Totals	130		25		5		160	

Section 2: Standard 1 to 7**Standard 1: Staff involved in direct patient/client care have access to IPC Policies / Guidelines.**

Table 2: A breakdown of the IPC Policies/Guidelines available to staff in each organisation

<i>Policy/Guideline Accessible</i>	ISP (PN/R & Dom Care) (n=130)		HSC Trust (n=25)		Overall (n=155)	
	n	%	n	%	n	%
Hand Hygiene Guidance for Staff	127	98%	23	92%	150	97%
The Appropriate use of PPE	123	95%	22	88%	145	94%
General IPC	118	91%	23	92%	141	91%
Safe Handling of Sharps	91	70%	17	68%	108	70%
Hand Hygiene guidance for Patient/Family/Carers	82	63%	12	48%	94	61%
NI IPC Manual	61	47%	11	44%	72	46%
None of the above	0	0%	2	8%	2	1%

Rounding: Each organisation could select multiple answers when asked what IPC Policies/Guidelines were provided for staff.

Exceptions/Inclusions: The CN/NA Agencies are excluded from the findings above as they do not provide this information to staff, but rather this is provided by the employing organisation and therefore n=155.

***The 4 policies and guidelines referred to in NICE CG139² are:**

- Hand Hygiene Guidance for Staff
- The Appropriate use of PPE
- Safe Handling of Sharps
- Hand Hygiene guidance for Patient/Family/Carers

Table 2a: How IPC Policies/Guidelines are made available to staff

Policy/Guidelines Available	ISP (PN/R & Dom Care) (n=130)		HSC Trust (n=23)		Overall (n=153)	
	n	%	n	%	n	%
In a folder at the work base/office	113	87%	18	78%	131	86%
Computer/Intranet	65	50%	23	100%	88	58%
At the point of care (i.e. in patients home/ care home)	38	29%	6	26%	44	29%
Other *	19	15%	7	30%	26	17%

Rounding: Each organisation could select multiple answers when asked where staff could access IPC Policies or Guidelines.

Exceptions/Inclusions: Two HSC Trust respondents stated that their staff do not have access to IPC Policies/ Guidelines (referenced in Table 2a, access to none of the above), therefore n=153.

***Other (n=26)**

- IPC Policies/ Guidelines are provided to staff in Staff Manual/Training Booklet at training session or staff induction (18)
- IPC Policies/ Guidelines are given to staff at Supervision/Team Meetings (3)
- IPC Policies/ Guidelines posters/news sheets are displayed throughout the Nursing Home (3)
- IPC Policies/ Guidelines are circulated by email or stored on Shared Drive (2)

Graph 1: Policies and Guidelines are based on the contents of NICE CG139²

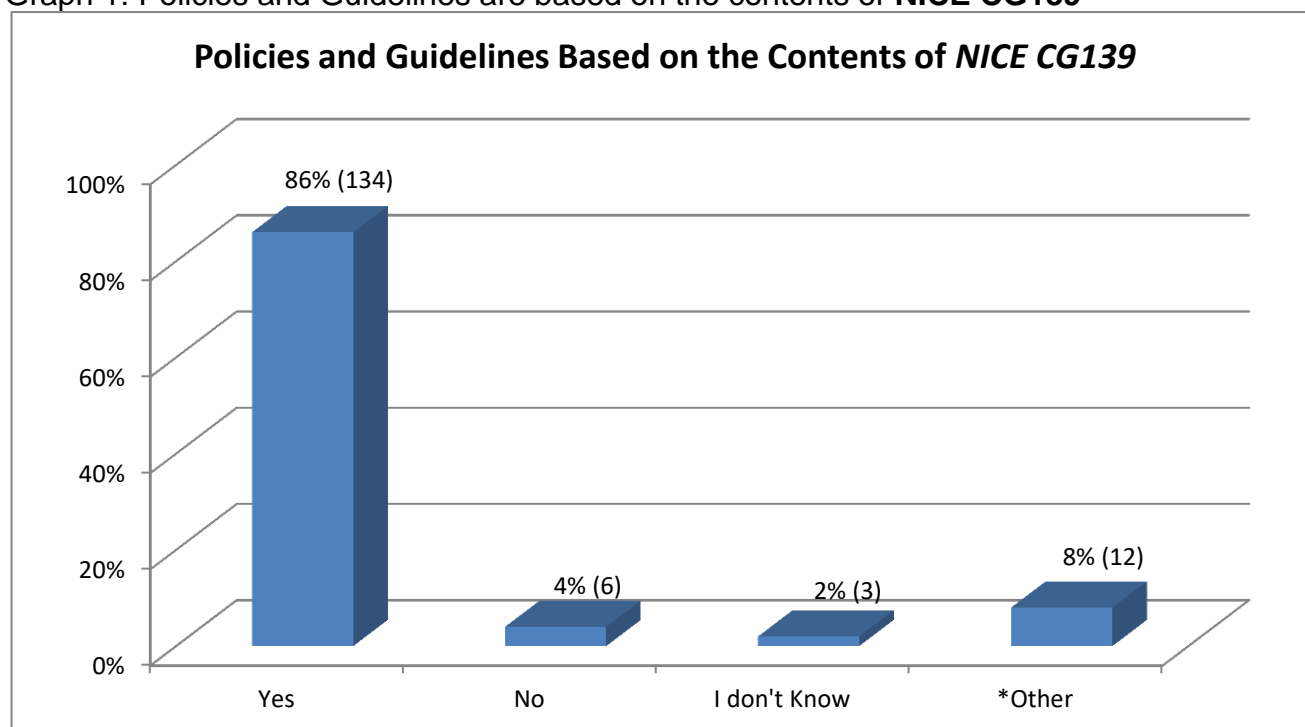


Table 2b: Author of Policies or Guidelines

Author	ISP (PN/R & Dom Care) (n=130)		HSC Trust (n=25)		Overall (n=155)	
	n	%	n	%	n	%
You (The Manager)	59	45%	2	8%	61	39%
Head of Organisation	54	42%	4	16%	58	37%
Public Health Agency	31	24%	9	36%	40	26%
Northern Ireland IPC Manual	29	22%	10	40%	39	25%
IPC Nurse	4	3%	20	80%	24	16%
*Other	32	25%	5	20%	37	24%

Rounding: Each organisation could select multiple answers when asked, who wrote IPC Policies/ Guidelines.

Exceptions/Inclusions: Two HSC Trust respondents stated that their staff do not have access to IPC Policies/ Guidelines (referenced in Table 2), however they did respond to the question above giving a total figure of n=155.

***Other (n=37)**

- A Manager, Director or IPC lead (22)
- Human Resources Team/Corporate Services/Health and Safety Department (5)
- Training Agency/facilitators (4)
- Miscellaneous comments (3)
- Clinical and Social Care Guidelines Committee/Forum (2)
- Appointed staff at the time of policy completion and review (1)

Exceptions/Inclusions: Table 2d is applicable to all organisations included in Table 2, therefore once again n=155. The CN/NA Agencies are excluded from the findings above as they do not provide this information to staff, but rather this is provided by the employing organisation.

***Other (n=12)**

- Miscellaneous comments (4)
- NI Manual (2)
- PHA (2)
- Standard IPC Precautions (2)
- DOH Infection control guidance for care homes (1)
- Belfast Trust IPC Policies (1)

Appendix 1: Additional Data

Table 2c: Is the organisation and their staff aware of Guideline **NICE CG139**²:

Answer	ISP (PN/R & Dom Care) (130)		HSC Trust (n=25)		CN/NA Agency (n=5)		Overall (n=160)	
	n	%	n	%			n	%
Yes	114	88%	16	64%	5	100%	135	84%
No	11	8%	5	20%	0	0%	16	10%
No Response	5	4%	4	16%	0	0%	9	6%

Exceptions/Inclusions: *The findings are applicable to all survey respondents (n= 160).*

Table 2d: Do you formally require your staff to adhere to IPC best practice guidelines in the organisation within which they provide care?

Answer	CN/NA Agency (n=5)	
	n	%
Yes	5	100%

Exceptions/Inclusions: *Table 2f and 2g provide additional information relating only to CN/NA Agencies only therefore n=5.*

Table 2e: How does your agency formally require your staff to adhere to best IPC practice?

Answer	CN/NA Agency (n=5)	
	n	%
An agency IPC Policy/Guideline	5	100%
Within their Agency Contract	2	40%
Within a job description or similar document	2	40%
*Other	1	20%

***Other (n=1)**

- Provision of training (1)

Appendix 1: Additional Data

Table 2f: Policies/ Guidelines are based on the contents of **NICECG139²**.

Answer	ISP (PN/R & Dom Care) (n=130)		HSC Trust (n=25)		Overall (n=155)	
	n	%	n	%	n	%
Yes	110	85%	24	96%	134	86%
No	6	5%	0	0%	6	4%
I don't Know	3	2%	0	0%	3	2%
*Other	11	8%	1	4%	12	8%

Exceptions/Inclusions: Table 2d is applicable to all organisations included in Table 2, therefore once again n=155. The CN/NA Agencies are excluded from the findings above as they do not provide this information to staff, but rather this is provided by the employing organisation.

***Other (n=12)**

- Miscellaneous comments (4)
- NI Manual (2)
- PHA (2)
- Standard IPC Precautions (2)
- DOH Infection control guidance for care homes (1)
- Belfast Trust IPC Policies (1)

Standard 2: All organisations have a system in place to educate/train staff on IPC practice.

Table 3: Does the organisation provide IPC training to staff?

Answer	ISP (PN/R & Dom Care) (n=130)		HSC Trust (n=25)		CN/NA Agency (n=5)		Overall (n=160)	
	n	%	n	%	n	%	n	%
Yes	118	91%	24	96%	5	100%	147	92%
No	12	9%	1	4%	0	0%	13	8%

Exceptions/Inclusions: None, therefore n=160.

Appendix 1: Additional Data

Table 3a: How often are staff required to undertake IPC training

Frequency	ISP (PN/R & Dom Care) (n=118)		HSC Trust (N=24)		CN/NA Agency (n=5)		Overall (n=147)	
	n	%	n	%	*n	*%	n	%
Upon registration	0	0%	0	0%	5	100%	5	3%
Yearly	92	78%	7	29%	4	80%	103	70%
Every 2 Years	23	19%	13	54%	1	20%	37	25%
Every 3 Years	3	3%	4	17%	0	0%	7	5%
*Other	0	0%	0	0%	1	20%	1	1%

Rounding: Only CN/NA Agencies were able to select more than 1 answer to the above question therefore the percentages shown do not equal 100.

Exceptions/Inclusions: Only those 92% of organisations compliant to Standard 2 were included in Table 3a, therefore n=147.

***Other (n=1)**

- If advice changes (1)

Standard 3: All staff to be trained in hand hygiene, safe use of personal protective equipment and the handling of sharps.

Table 4: Staff trained in all three topics

Trained in All <u>3*</u> Topics	ISP (PN/R & Dom Care) (n=118)		HSC Trust (n=24)		CN/NA Agency (n=5)		Overall (n=147)	
	n	%	n	%	n	%	n	%
Yes	100	85%	22	92%	5	100%	127	86%
No	18	15%	2	8%	0	0%	20	14%

Exceptions/Inclusions: The 13 (8%) who are non-compliant to Standard 2 are excluded from Standard 3. Thus the results displayed in Table 4 only refers to the 147 (92%) of organisations who provide IPC training for staff.

***NICE CG139² stipulates that all staff should be trained in 3 key areas:**

- Hand hygiene
- Safe Use of Personal protective equipment
- The appropriate handling of sharps

Appendix 1: Additional Data

Table 4a: All topics included in IPC training

Topics	ISP (PN/R & Dom Care) (n=118)		HSC Trust (n=24)		CN/NA Agency (n=5)		Overall (n=147)	
	n	%	n	%	n	%	n	%
Use of PPE	118	100%	24	100%	5	100%	147	100%
Hand Hygiene	117	99%	24	100%	5	100%	146	99%
General IPC Practices	112	95%	23	96%	5	100%	140	95%
Safe handling of Sharps	100	85%	21	88%	5	100%	126	86%
Hand Hygiene guidance for patient/family/carer	72	61%	16	67%	4	80%	92	63%
*Other	10	8%	4	17%	1	20%	15	10%

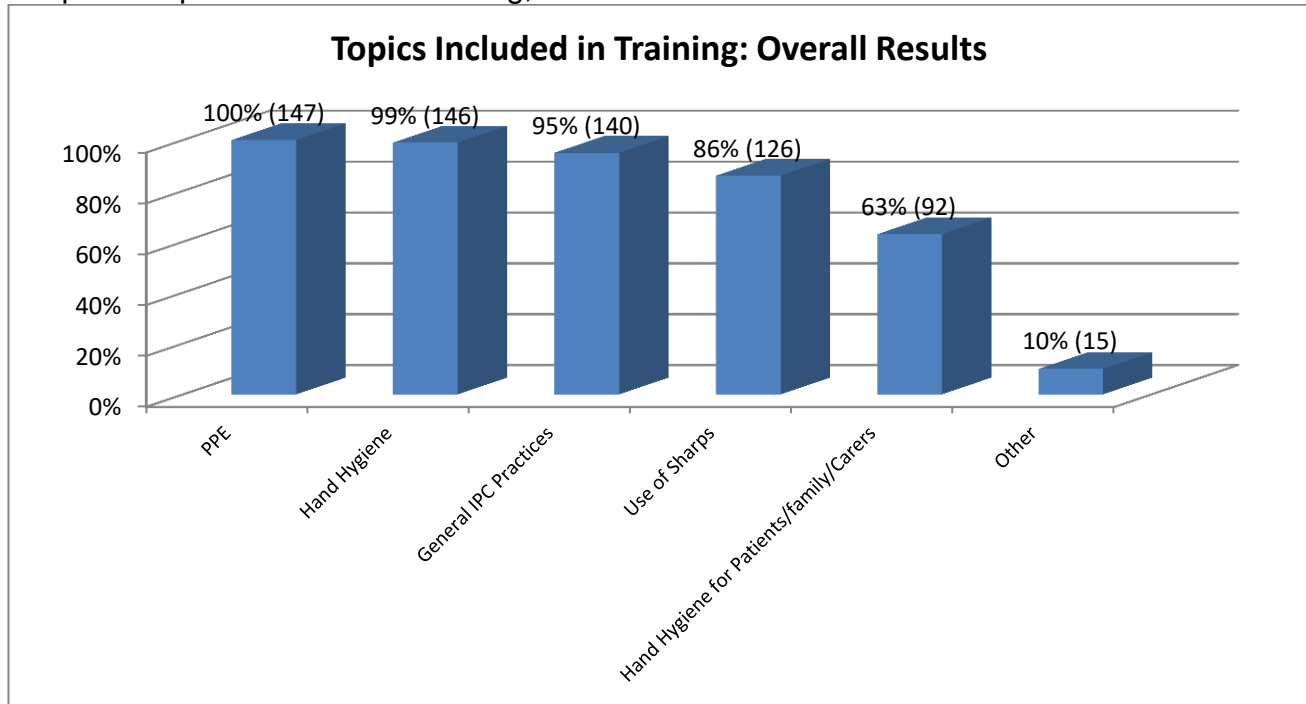
Rounding: Each organisation could select multiple answers when asked what topics were included in the IPC training provided.

Exception/Inclusions: The only exceptions applicable to Table 4a are the 8% (13) that are non-compliant to standard 2, therefore n=147.

***Other (n=15)**

- Environmental and equipment cleaning (8)
- Virus outbreaks (3)
- Miscellaneous comments (3)
- Types of infections that can occur in care homes (1)

Graph 2: Topics Included in Training, Overall Results



Rounding: Each organisation could select multiple answers when asked what topics were included in the IPC training provided.

Exception/Inclusions: The only exceptions applicable to Table 4a are the 8% (13) that are non-compliant to standard 2, therefore n=147.

***Other (n=15)**

- Environmental and equipment cleaning (8)
- Virus outbreaks (3)
- Miscellaneous comments (3)
- Types of infections that can occur in care homes (1)

Standard 4: IPC Training should be provided by an IPC practitioner or another approved source.

Table 5: Is IPC Training provided by an IPCN or an approved other source

Answer	ISP (PN/R & Dom Care) (n=118)		HSC Trust (N=24)		CN/NA Agency (n=5)		Overall (n=147)	
	n	%	n	%	n	%	n	%
Yes (IPCN or External IPC Trainer)	33	28%	21	88%	2	40%	56	38%
No (alternative source for training)	85	72%	3	13%	3	60%	91	62%

Exceptions/Inclusions: The only exceptions applicable to standard 4 are the 13 (8%) that are non-compliant to standard 2, therefore n=147.

Table 5a: A breakdown of who provides the training

Answer	ISP (PN/R & Dom Care) (n=118)		HSC Trust (N=24)		CN/NA Agency (n=5)		Overall (n=147)	
	n	%	n	%	n	%	n	%
**eLearning	65	55%	12	50%	5	100%	82	56%
Another staff member within the organisation	49	42%	4	17%	0	0%	53	36%
IPCN	6	5%	21	88%	1	20%	28	19%
An external IPC trainer	27	23%	0	0%	1	20%	28	19%
Local HSC Trust	7	6%	0	0%	0	0%	7	5%
*Other	36	31%	13	54%	0	0%	49	33%

Rounding: Each organisation could select multiple answers when asked, who wrote IPC Policies/Guidelines.

Exceptions/Inclusions: The only exceptions applicable to Table 5a are the 13 (8%) that are non-compliant to standard 2, therefore n=147.

***Other (n=49)**

- Internal training booklet/video (10)
- Social Care TV (8)
- Other internal training package (8)
- Miscellaneous comments (6)
- Strategic Thinking (5)
 - Human Focus Training (4)
 - Evolve Training (4)
 - Me, the Manager/training manager (4)

****eLearning Sources Listed (n=82, however only 51 sources were noted):**

- Miscellaneous Comments (9)
- DVD (9)
- Trust eLearning/Internal eLearning System (7)
- Social Care TV (7)
- Strategic Thinking (5)
- Evolve Learning (4)
- Human Focus training (4)
- IHASCO (2)
- BVS Training (1)
- Healthier Business Group Compliance (1)
- Psittacus (1)
- CPL online (1)

Standard 5: Staff should have appropriate supplies for hand hygiene, personal protection and safe disposal of sharps

Table 6: Is there a system in place to maintain supplies?

System	ISP (PN/R & Dom Care) (n=130)		HSC Trust (n=25)		Overall (n=155)	
	n	%	n	%	n	%
Other supplier directly to carer	38	29%	0	0%	38	25%
Weekly ordering via Business Services Organisation (BSO) Regional PaLS	29	22%	14	56%	33	21%
BSO PaLS (stock level to be maintained)	4	3%	13	52%	17	11%
BSO PaLS (no standard stock level identified)	0	0%	5	20%	5	3%
No supply routinely available	1	1%	1	4%	2	1%
Supplied by Trust	1	1%	0	0%	1	1%
Hospital pharmacy	0	0%	1	4%	1	1%
*Other	65	50%	0	0%	65	42%

Rounding: Each organisation could select multiple answers when asked what system is in place to maintain supplies.

Exceptions/Inclusions: The only exceptions applicable to Table 6a are CN/NA Agencies as they are not involved in provision of supplies to staff, therefore n=155.

***Other (n=65)**

- Regular order placed with an external supplier. Products are then delivered to care home or collected by carer (58)
- Support staff manage stock levels and inform management when an order is required (3)
- Miscellaneous comments (2)
- In process of sourcing a supplier (1)
- Team Leaders deliver supplies to care workers (1)

Standard 7: Healthcare employers in community and primary care have a mechanism to ensure safe practice is applied consistently

Table 7: Individual breakdown of each topic monitored for IPC Practice

IPC Practice	ISP (PN/R & Dom Care) (n=130)		HSC Trust (n=25)		Overall (n=155)	
	n	%	n	%	n	%
Hand Hygiene	110	85%	20	80%	130	84%
PPE	99	76%	15	60%	114	74%
Sharps	56	43%	9	36%	65	42%
None	10	8%	5	20%	15	10%
*Other	23	18%	3	12%	26	17%

***Other (n=26)**

As per Other options listed above at Table 8

Table 7a: The organisation benchmarked their service provision against **NICE CG139²**

Answer	ISP (PN/R & Dom Care) (n=114)		HSC Trust (n=16)		Overall (n=130)	
	n	%	n	%	n	%
Yes	59	52%	3	19%	62	48%
No	34	30%	7	44%	41	32%
I don't Know	18	16%	6	38%	24	18%
No Response	3	3%	0	0%	3	2%

Rounding: Percentages do not equal 100% due to rounding.

Exclusions/Inclusions: Out of the 160 organisation surveyed only 135 organisations stated that they and their staff are aware of **NICE CG139²** (reference Table 2e). However as CN/NA Agencies are excluded from Standard 7, n=130.

Table 7b: Any identified areas of non-compliance to **NICE CG139**²

Answer	ISP (PN/R & Dom Care) (n=59)		HSC Trust (n=3)		Overall (n=62)	
	n	%	n	%	n	%
Yes	7*	12%	0	0%	7	11%
No	52	88%	3	100%	55	89%

Exclusions/Inclusions: Table 9a applies only to the 62 (48%) of organisations that benchmark their service against **NICE CG139**².

***Non-Compliant areas identified by ISP (PN/R and Dom Care) (n=7)**

- Improvement has been identified in areas of hand hygiene, cleanliness and appropriate PPE (3)
- Not all staff follow IPC procedures but when identified they are monitored and supervised (1)
- Training provided for non-compliance (1)
- Staff are informed of poor performance and training or supervision is completed (1)
- Recording of staff monitoring of hand washing techniques (1)

Table 7c: Has your organisation developed an action plan or set out actions which will address any observed areas of non-compliance from **NICE CG139**².

Answer	ISP (PN/R & Dom Care) (n=7)		HSC Trust (n=0)		Overall (n=7)	
	n	%	n	%	n	%
Yes	6	86%	0	0%	6	86%
No Response	1	14%	0	0%	1	14%

Exclusions/Inclusions: Table 9b refers to the 7 (11%) of organisations with areas of non-compliance (n=62) to **NICE CG139**².

Appendix 1: Additional Data

Table 7d. How was the **NICE CG139²**, brought to the attention of you and your team?

Answer	ISP (PN/R & Dom Care) (n=114)		HSC Trust (n=16)		Overall (n=130)	
	n	%	n	%	n	%
Organisation/Line Manager	62	54%	16	100%	78	60%
PHA/HSC Board/ RQIA/DOH	55	48%	5	31%	60	46%
Other (e.g. contracts for care, health care journals etc)	16	14%	0	0%	16	12%
By the organisation contracting my services	8	7%	0	0%	8	6%
Team member	3	3%	1	6%	4	3%
*Other	7	6%	0	0%	7	5%

Rounding: Each organisation could select multiple answers when asked how the guideline was brought to their attention.

Exclusion/Inclusions: Table 9c refers to the 130 organisation referenced in Table 9.

***Other (n=7)**

- Online search/NICE Website (3)
- IPCN/Training Facilitator (2)
- Registered Manager and Governance Lead (1)
- Internal documents library/eLearning (1)



5th November 2018

Regional Audit of Healthcare Providers in community (including residential care and care to patients in their own home) identifying that providers have systems in place to facilitate compliance with the practices set out by *NICE CG 139 (Healthcare-Associated Infections: prevention and control in primary and community care 2012/2017).

Dear Colleague

The Regional Infection Prevention Control (IPC) Lead Nurse's Forum have been awarded funding from The Regulation and Quality Improvement Authority (RQIA) to undertake a Regional Audit of Healthcare Providers in community to identify if providers have systems in place to facilitate compliance with the practices set out by *NICE CG 139.

The aim of the audit is to establish the systems and processes that are in place to enable the application of the Standard Principles of IPC in the care provided in the community across Northern Ireland, by both HSC Trusts and Independent Sector Providers (ISPs), as set out in NICE 139's General advice section.

To that end they should have in place appropriate:

- IPC training to equip their staff with the knowledge base to provide safe care for patients across healthcare settings.
- Resources and support to facilitate best IPC practice to their patients and clients.
- Systems to ensure that any gaps in practice are identified and addressed.

The findings from this audit will inform recommendations which will seek to standardise the application of infection prevention and control in community healthcare across Northern Ireland, delivered by both, HSC and independent providers. Such a development will enable all providers to have supportive systems to monitor and deliver safe practice to minimise healthcare associated infection.

The time period for completion of this regional IPC audit is from **05 November – 23 November 2018**.

Please answer all questions on the online proforma which is hosted on the 'Survey Monkey' link below.

Who should complete the audit is set out for each organisation in annex 1

Please remember the importance of data protection and ensure that the anonymity of staff, residents and their families is maintained at all times e.g. no names or personal details are provided in your completed proforma. All data provided for this project will be stored in a password protected PC, in a secure HSC Trust location. Data will be reported anonymously and all nursing homes taking part in the project will be allocated a unique code known **only** to the project audit team.

Please complete the online proforma (see link below) **and then submit your evidence documents to Adele.Hyvarth@setrust.hscni.net by 4pm, Friday 23rd November 2018.**

Important information before accessing and completing the online proforma:

- Proforma should only be accessed through the same one pc/laptop/device. If for any reason you cannot complete the proforma in one sitting please remember when returning to the link to use the same pc/laptop or device you originally used to open it.
- You can save your responses as you progress through the proforma, but REMEMBER only fully completed pages i.e. pages where you have clicked 'Next' will be saved. Do not stop midway through a page or the information will not be saved.
- Once you have completed the proforma click on 'Done' and it will automatically be forwarded to the Project Team.
- You will not be able to revisit the proforma once it has been submitted.

To access the audit proforma please click on the link below

<https://www.surveymonkey.co.uk/r/Q2W8HRT>

Thank you for participating in this project, your input is important to us and your assistance is greatly appreciated. If you have any queries please feel free to contact me by email (below) if you are having any difficulties.



Monica Merron

On behalf of; - **Audit Project Team &**

Northern Ireland Infection Prevention Control Lead Nurse's Forum

monica.merron@setrust.hscni.net



Nicola Porter

RQIA Audit Manager

Appendix 3: Survey Monkey Data Tool

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Introduction

Welcome to the Regional Audit facilitated by the NI Infection Prevention Control (IPC) Lead Nurse Forum and supported by RQIA. You will be provided with feedback on the findings and recommendations from this regional IPC audit of both Public and Private care providers within the community.

* 1. Select the organisation you are employed by:

HSC Trust Community Nursing Agency or Community Care Assistant Agency

Independent Sector Provider (ISP) [eg. Residential or Nursing Home or Domiciliary Care Provider]

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

Section A: General Information

* 2. Select which HSC Trust you work for:

Northern Trust Western Trust

Southern Trust Belfast Trust

South Eastern Trust

* 3. Select which HSC service you provide:

Community Nursing Residential Care

Physiotherapy Domiciliary Care

Podiatry

* 4. Please provide the following information:

Your job title:

The service you manage:

Name of your Organisation/Home/Service etc.

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RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

Section B: IPC Questions

* 5. For those HSC staff members involved in direct patient/client care, which of the following Infection Prevention and Control (IPC) Policies/Guidelines do they have access to? (more than one answer can be selected)

General IPC Policy/Guidance Safe Handling of Sharps

Hand Hygiene Guidance for Staff NI IPC Manual

Hand Hygiene Guidance for Patient/Family/Carers None

The Appropriate use of Personal Protective Equipment (e.g. gloves, aprons, masks etc)

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

Section B: IPC Questions

* 6. Are the IPC policies/guidelines provided to your staff based on the contents of NICE 139 (2017), Healthcare - associated infections: Prevention and Control in Primary and Community Care?

Yes Don't Know (Please explain in text box below)

No

Other (please specify)

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

Section B: IPC Questions

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* 7. Who are the IPC policies/guidelines for your staff written by? (more than one answer can be selected)

Infection Prevention Control Nurse Head of Organisation

Public Health Agency Northern Ireland IPC Manual

You (the manager)

Other (please specify)

* 8. How are IPC policies/guidelines made available for your staff? (more than one answer can be selected)

Stored in a folder at their work base/office Made available at the point of care (i.e. patients home/ care home)

Via computer/intranet access

Other (please specify)

* 9. Do staff have access to a programme of IPC training?

Yes No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

Section B: IPC Questions

* 10. If yes, how often are HSC staff required to attend/undertake IPC training?

Yearly Every 5 years

Every 2 years

Other (please specify)

3

* 11. Who provides the IPC training for your staff? (more than one answer can be selected)

An Infection Prevention Control Nurse An external IPC trainer

Another staff member within the organisation (specify in text box below) eLearning (if yes, list source in the text box below)

Other (please specify)

* 12. If someone other than an HSC IPC Nurse provides the training please complete the following:

Their Job Title:

Their Employer:

* 13. Which of the following topics are included in the training provided? (more than one answer can be selected)

IPC Practices The Use of Personal Protective Equipment

Hand Hygiene to Guide Staff Practice Safe Handling of Sharps

Hand Hygiene Guidance for Patient/Family/Carer (which staff should provide)

Other (please specify)

* 14. From the list below, which items are made available to your staff to allow them to safely carry out their duties i.e. they are available for all care visits/contact with patient/clients? (more than one answer can be selected)

Liquid soap Disposable aprons

Disposable hand towels Sharps boxes

Hand sanitiser/alcohol gel None, (please specify):

Disposable gloves

Other (please specify)

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

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* 23. If yes, do you measure/assess how well or how often patient education on hand hygiene is provided by your staff, to their patients?

Yes
 No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

Section B: IPC Questions

* 24. If yes, please describe how this is assessed/measured:

* 25. Within your workforce is there a structured monitoring system or review system for how the following IPC practice is applied by your HSC staff? (More than one answer can be selected)

Hand Hygiene
 Personal Protective Equipment
 Safe Handling of Sharps
 None
 Other (please specify)

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

Section B: IPC Questions

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* 26. Who undertakes the Monitoring/Review of IPC practice? (more than one answer can be selected)

Staff colleague
 An Infection Prevention Control Nurse
 By you (the manager)
 IPC Link Nurse
 Other, please outline this monitoring process here

* 27. Are there any tools or defined processes used for monitoring IPC Practice?

Yes
 No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

Section B: IPC Questions

* 28. If yes, please provide details of the tools or processes used:

* 29. Once monitoring is completed who are the findings reported to? (more than one answer can be selected)

Line manager
 Staff meetings
 Service or Directorate reporting
 Not reported
 Other (please specify)

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

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Section B: IPC Questions

* 15. If none of the products listed are made available to your service, please explain the reason why:

* 16. What systems/processes are in place within your team to maintain supplies for Hand Hygiene/PPE products etc? (more than one answer can be selected)

Weekly ordering via Business Services Organisation (BSO) Alternative supplier directly to carers Regional Supplies
 BSO Regional Supplies (with a standard stock level to be maintained) No supply routinely available
 BSO Regional Supplies (no standard stock level identified)
 Other (please specify)

* 17. Where staff provide care in a patients own home what are they advised to do with hand hygiene/PPE products? (more than one answer can be selected)

Take a supply of hand hygiene/PPE products into the patients home each day Not Applicable (i.e. in a care home situation)
 Leave a supply of hand hygiene/PPE products at the patients home
 Other (please specify)

* 18. Have all your staff been trained in the appropriate method/technique for hand hygiene?

Yes
 No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

Section B: IPC Questions

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* 19. If yes, how is this advice shared with staff? (more than one answer can be selected)

Information leaflet
 Guidance document
 Training sessions
 Demonstration by a competent colleague/manager
 Other (please specify)

* 20. Is the hand hygiene technique of your staff observed/monitored/audited?

Yes
 No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

Section B: IPC Questions

* 21. If yes, who is this observation undertaken by?

Staff colleagues (other team members/peer review) By you (the manager)
 By an Infection Prevention Control Nurse
 Other (please specify)

* 22. Do your staff actively educate patients/carers about hand hygiene?

Yes I don't know
 No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

Section B: IPC Questions

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Section C: NICE 139 Questions

* 30. Are you and/or your team aware of the NICE Guideline 139 (2017), Healthcare - Associated Infections: Prevention and Control in Primary and Community Care Guideline?

Yes No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

Section C: NICE 139 Questions

* 31. If yes, how was the NICE Guideline 139 (2017), Healthcare - Associated Infections: Prevention and Control in Primary and Community Care brought to the attention of you and your team? (more than one answer can be selected)

By my organisation and/or my line manager
 By the organisation contracting my services
 Informally by one of my team
 By PHA, HSC Board, RQIA, DOH
 Other (e.g. contracts for care, Health Care Journals etc)

* 32. Within your organisation have you benchmarked your service provision against the NICE Guideline 139 (2017), Healthcare - Associated Infections: Prevention and Control in Primary and Community Care?

Yes I don't know
 No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

Section C: NICE 139 Questions

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* 33. If yes, have any areas of non-compliance to NICE Guideline 139 (2017), Healthcare - Associated Infections: Prevention and Control in Primary and Community Care, been identified?

Yes
 No
 Don't know

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

HSC Trust

Section C: NICE 139 Questions

* 34. If non-compliance has been identified please summarise this:

* 35. Has your organisation developed an action plan or set out actions which will address any observed areas of non-compliance from NICE Guideline 139 (2017), Healthcare - Associated Infections: Prevention and Control in Primary and Community Care?

Yes I don't know
 No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Independent Service Provider (ISP)

Section A: General Information

* 36. Select which type of Independent Service you provide:

Residential Home Domiciliary Care Provider
 Nursing Home

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* 37. Select which HSC Trust catchment area you work in:

Northern Area Western Area
 Southern Area Belfast Area
 South Eastern Area

38. Please provide the following information:

Your job title:

The service you manage:

Name of organisation/home/service etc:

* 39. As an Independent Service Provider (ISP) which options best describe your service arrangement? (more than one answer can be selected)

ISP in HSC premises
 Private Care Home (nursing or residential)
 ISP contracted by HSC Trust for care in the patient's own home
 Private care for patients in their own home (arranged/resourced directly by patients)
 Other (please specify)

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Independent Service Provider

Section B: IPC Questions

* 40. For those Independent Service Providers (ISP) involved in direct patient/client care, which of the following Infection Prevention and Control (IPC) policies/guidelines do they have access to? (more than one answer can be selected)

General IPC Policy/Guideline Safe Handling of Sharps
 Hand Hygiene Guidance for Staff NI IPC Manual
 Hand Hygiene Guidance for Patient/Family/Carers None
 The Appropriate Use of Personal Protective Equipment (e.g. gloves, aprons, masks etc)

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RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Independent Service Provider

Section B: IPC Questions

* 41. Are the IPC policies/guidelines provided to your staff based on the contents of NICE 139 (2017), Healthcare - associated infections: Prevention and Control in Primary and Community Care?

Yes I don't know (please explain in the text box below)
 No
 Other (please specify)

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Independent Service Provider

Section B: IPC Questions

* 42. Who are the IPC policies/guidelines for your staff written by? (more than one answer can be selected)

Infection Prevention Control Nurse Head of Organisation
 Public Health Agency Northern Ireland IPC Manual
 You (the manager)
 Other (please specify)

* 43. How are IPC policies/guidelines made available for your staff? (more than one answer can be selected)

Stored in a folder at their work base/office Made available at the point of care (e.g. patients home/ care home)
 Via computer/intranet access
 Other (please specify)

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* 44. Do staff have access to a programme of IPC training?
 Yes No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Independent Service Provider

Section B: IPC Questions

* 45. How often are your staff required to attend/undertake IPC training?
 Yearly Every 5 years
 Every 2 years
 Other (please specify)

* 46. Who provides the IPC training for your staff? (more than one answer can be selected)
 An Infection Prevention Control Nurse eLearning (specify source in the text box below)
 Another staff member within the organisation Local HSC Trust
 An external IPC trainer
 Other (please specify)

* 47. If someone outside of your organisation provides the training please complete the following (please type NA if your training is provided via elearning):
 Their Job Title
 Their Employer

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* 48. Which of the following topics are included in the training provided? (more than one answer can be provided)
 IPC Practices The Use of Personal Protective Equipment
 Hand Hygiene to Guide Staff Practice Safe Handling of Sharps
 Hand Hygiene Guidance for Patient/Family/Carer (which staff should provide)
 Other (please specify)

* 49. From the list below, which items are made available to your staff to allow them to safely carry out their duties i.e. they are available for all care visits/contact with patient/clients? (more than one answer can be selected)
 Liquid soap Disposable aprons
 Disposable hand towels Sharps boxes
 Hand sanitiser/alcohol gel None
 Disposable gloves
 Other (please specify)

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Independent Service Provider

Section B: IPC Questions

* 50. If none of the products listed are made available to your service, please explain the reason why:

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* 51. What systems/processes are in place within your team to maintain supplies for Hand Hygiene/PPE products etc? (more than one answer can be selected):
 Weekly ordering via Business Services Organisation (BSO) Supplied by the Trusts
 BSO Regional Supplies (with a standard stock level to be maintained) Other supplier directly to carer
 BSO Regional Supplies (no standard stock level identified) No supply routinely available
 Other (please specify)

* 52. Where staff provide care in a patient's own home what are they advised to do with hand hygiene/PPE products? (more than one answer can be selected)
 Take a supply of hand hygiene/PPE products into the patients home each day Not Applicable (i.e. in a care home situation)
 Leave a supply of hand hygiene/PPE products in the patients home
 Other (please specify)

* 53. Have all your staff been trained in the appropriate method/technique for hand hygiene?
 Yes No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Independent Service Provider

Section B: IPC Questions

* 54. If yes, how is this advice shared with staff? (more than one answer can be selected)
 Information leaflet
 Guidance document
 Training sessions
 Demonstration by a competent colleague/manager
 Other (please specify)

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* 55. Is the hand hygiene technique of your staff observed/monitored/audited?
 Yes No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Independent Service Provider

Section B: IPC Questions

* 56. If yes, who is this observation undertaken by? (more than one answer can be selected)
 Staff colleagues (other team members/peer review) By you (the manager)
 By a qualified Infection Prevention Control Nurse
 Other (please specify)

* 57. Do your staff actively educate patients/carers about hand hygiene?
 Yes I don't know
 No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Independent Service Provider

Section B: IPC Questions

* 58. If yes, do you measure/assess how well or how often patient education is provided by your staff, to their patients?
 Yes No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Independent Service Provider

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Section B: IPC Questions

* 59. If yes, please describe how this is assessed/measured:

* 60. Within your workforce is there a monitoring/review system for how IPC practice is applied by your staff? (More than one answer can be selected)

Hand Hygiene
 Personal Protective Equipment
 Safe Handling of Sharps
 None
 Other (please specify)

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Independent Service Provider

Section B: IPC Questions

* 61. Who undertakes the monitoring of IPC practice? (more than one answer can be selected)

Staff colleague
 By a Infection Prevention Control Nurse
 By you (the manager)
 IPC Link Nurse
 Other, please outline this monitoring process here

* 62. Are there any tools or defined processes used for monitoring IPC Practice?

Yes No

* 63. If yes, please provide details of the tools or processes used:

* 64. Once monitoring is completed who are the findings reported to? (more than one answer can be selected)

Line manager
 Staff meeting
 Service Management Team
 Not reported
 Other (please specify)

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Independent Service Provider

Section C: NICE 139 Questions

* 65. Are you and/or your team aware of the NICE Guideline 139 (2017), Healthcare - Associated Infections: Prevention and Control in Primary and Community Care?

Yes No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Independent Service Provider

Section C: NICE 139 Questions

* 66. If yes, how was the NICE Guideline 139 (2017), Healthcare - Associated Infections: Prevention and Control in Primary and Community Care brought to the attention of you and your team? (more than one answer can be selected)

By my organisation and/or my line manager By PHA/ HSC Board / RQIA/ DOH
 By the organisation contracting my services Other (e.g. contracts for care, Health Care Journals etc)
 Informally by one of my team
 Other (please specify)

* 67. Within your organisation have you benchmarked your service provision against the NICE Guideline 139 (2017), Healthcare - Associated Infections: Prevention and Control in Primary and Community Care?

Yes I don't know
 No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Independent Service Provider

Section C: NICE 139 Questions

* 68. If yes, have any areas of non-compliance to NICE Guideline 139 (2017), Healthcare - Associated Infections: Prevention and Control in Primary and Community Care been identified?

Yes No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Independent Service Provider

Section C: NICE 139 Questions

* 69. If non-compliance has been identified please summarise this:

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* 70. Has your organisation developed an action plan or set out actions which will address any observed areas of non-compliance from NICE Guideline 139 (2017), Healthcare - Associated Infections: Prevention and Control in Primary and Community Care?

Yes I don't know
 No

RQIA Regional Audit on NICE 139 (2017) Healthcare - Associated Infections: Prevention and Control in Primary and Community Care

Agencies

* 71. Select which HSC Trust catchment area you work in:

Northern Area Western Area
 Southern Area Belfast Area
 South Eastern Area

* 72. Select which type of Independent Service you provide:

Community Nursing Agency Both
 Community Care Assistant Agency

73. Please provide the following information:

Your job title:

The service you manage:

Agency name:

* 74. Do you formally require your staff to adhere to IPC best practice guidelines in the organisation they provide care?

Yes No

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* 75. If yes, how does your agency communicate this to staff? (more than one answer can be selected):

An agency IPC Policy or Guideline In a Job Descriptions or a similar document

In their Contract with your Agency

Other (please specify)

* 76. How often are your Nursing Staff required to update their IPC training (more than one answer can be selected)?

On registration with your agency Every 2 years

Yearly Every 5 years

Other (please specify)

77. How often are your Care Assistant Staff required to update their IPC training? (More than one answer can be selected)

On registration with your agency

Yearly

Every 2 years

Every 5 years

Other (please specify)

* 78. Is your agency aware of the NICE Guideline 139 (2017), Healthcare - Associated Infections: Prevention and Control in Primary and Community Care?

Yes No

Other (please specify)

79. Who provides the IPC training for your staff? (more than one answer can be selected)

An Infection Prevention Control Nurse

Another staff member within the organisation

An external IPC trainer

eLearning (if yes, list source in the text box below)

Other, please specify:

80. If someone other than an HSC IPC Nurse provides the training please complete the following (please type NA if your training is provided by an HSC IPC Nurse or via elearning):

Their Job Title: _____

Their Employer: _____

81. Which of the following topics are included in the training provided? (more than one answer can be selected)

IPC Practices The Use of Personal Protective Equipment

Hand Hygiene to Guide Staff Practice Safe Handling of Sharps

Hand Hygiene Guidance for Patients/Family/Carer (which staff should provide)

Other (please specify)

* 82. To validate this audit, please tick below the evidence you will submit to adele.hyvart@setrust.hscni.net. Documents should be submitted by 23/11/2018.

Policy/Guideline: Standard Principles of IPC Improvement/Action Plan for IPC

Policy/Guideline: Hand Hygiene Guidance for Staff Feedback on IPC in practice

Policy/Guideline: Hand Hygiene for Patients/Families' and Carers Training materials (slides or notes)

Policy/Guideline: Appropriate use of Personal Protection Equipment Training attendance (records and numbers)

Policy/Guideline: Safe Handling of Sharps

Thank you for completing this survey. A report will be issued by the Regional IPC Lead Nurse Forum in conjunction with RQIA.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

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