



## **IPC Good Practice Guide an introduction from the Chief Nurse for Adult Social Care, Professor Deborah Sturdy OBE**

Firstly, I want to recognise the difficult circumstances faced by the social care sector since the start of the pandemic. Staff, both in care homes and in the community, have faced unprecedented challenges and have done an excellent job protecting residents and service users in these trying circumstances. Infection prevention and control (IPC) has played a key part in keeping us all safe and it is the responsibility of all of us to build on this further.

This guide includes good practice examples for care home and domiciliary care workers, and for infection control teams. There are also two case studies of good practice from infection control teams. I would like to thank NHS England and Improvement South East Region, Northumbria CCG, Sheffield CCG, Bassetlaw CCG, Birmingham City Council, West Sussex County Council, the Epilepsy Society, Flexicare at Home, Fulford Nursing, Broomgrove Trust, Royal Garden and Bees Care Agency who all provided us with examples that has informed this guide.

This guide highlights good practice that we can all learn from. This is vital as good IPC practice will continue to be important as we move forward. Our number one priority is to keep residents and service users safe, and good IPC practice helps keep them safe, not only from Covid-19 but also other infectious illnesses such as seasonal influenza and norovirus. It is my hope that we all take lessons from the pandemic to keep residents and service users safe, and we continue to improve our IPC practice.

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- Set up weekly meetings to discuss IPC guidance and provide opportunity for questions and answers.
- Implement an increased surveillance for symptoms of Covid and use the nurse and nurse manager to rigorously monitor staff practice.
- Infection Control Teams can improve communication with staff by:
  - Using provider forums, regular webinars and follow up emails to engage with staff and update on infection control practices.
  - Setting up a group chat with the home leadership team to enable communication of changes in the home and infection control guidance.
  - IPCNs can use recorded video messages and newsletter for social care staff to provide information on infection control.
- Care providers can improve communication with people using the service by:
  - Sending letters to service users reminding them of the importance of IPC. This enables them to help staff ensure measures were being followed by, for example, reminding staff about social distancing.
  - Supplying leaflets relating to infection prevention and control to people using the service.
- Care providers can improve communication with those with learning disabilities by:
  - Taking measures to help explain IPC measures to its residents, including the use of social stories to explain to residents why staff, and in some cases, they themselves need to use PPE. Easy read guidance on testing and handwashing can be provided and games can be used to reinforce messages (one provider used "IPC Bingo").
  - Using countdown calendars when residents needed to isolate to make the experience less distressing and social stories and easy read guidance can be used to explain the need for it.

## **Examples of supporting each other**

Care workers are often working in challenging environments. Staff can take action to help each other navigate difficult circumstances and keep each other safe by:

- Establishing group chats for social care managers. These chats provided peer support and sharing of infection control guidance.
- Completing risk assessments of both service users and staff. From this staff, who were identified to be in an at-risk category can be redeployed to lower risk tasks to keep them safe.
- Developing a supportive culture where staff give each other gentle reminders about PPE use if a staff member is wearing PPE incorrectly.

## Examples of good ventilation practice

Good ventilation is vital to keeping staff and service users safe as Covid and many other infectious illnesses spread less easily in well ventilated areas. Actions that can be taken to improve ventilation include:

- Opening windows in people's bedrooms and "air" bedrooms as standard when people are not using them.
- Keeping windows in communal areas open where possible - arrange furniture so people are not sat in draughts and provide additional blankets to those who request or have difficulty regulating their temperature.
- Ensuring ventilation forms part of a checklist carried out by the home each day.
- Leaving visiting areas fallow between visits with windows open.

## Case studies

### **Case study one: specialist infection control nursing providing support for Adult Social Care**

#### Actions

- Following an outbreak, an infection control nurse (IPCN) visited the care home and supported the manager with an evidence-based audit of infection control practices to identify any areas of improvement and supported the development of action plans.
- The Clinical Commissioning Group's (CCG) contract with social care providers requires an annual declaration of compliance with infection control standards which the infection control nursing team monitor, providing advice and support where necessary.
- The IPCN and her team ran weekly support and catch up meetings, offering an opportunity to provide updates and troubleshoot problems.
- The IPCN and her team devised an outbreak planning assessment tool which all care homes were asked to complete as part of their pro-active planning for managing future outbreaks. The tool originally focused on Covid-19, however with minor adjustments, it could be used and applied to any outbreak.
- The IPCN created several resources, that could be used by the sector, including IPC checklists and guides to cleaning and waste disposal.

#### Impacts

- Having a specialist available to providers enables them to ensure that they have robust processes in place to manage IPC.
- The planning assessment tool utilises learning from the pandemic and provides a resource that can be used for other outbreaks.

## **Case study two: Good training and learning**

### Action

- An infection control nurse (IPCN) and her team, based in the Clinical Commissioning Group (CCG), delivered training for social care staff via webinars and jointly with the local authority developed an infection control e-learning package.
- The team developed training packages for social care staff alongside the local authority. They have recently developed a specific training programme relating to cleaning, covering a variety of issues including cleaning product selection, chain of infection, contact time for cleaning products and dilution.
- The team delivered IPC training to every care home in the region through a variety of approaches including doing the training outside in the care home gardens, car parks, through windows and via video meetings when face to face training was not possible. Training was delivered in evenings and weekends to maximise attendance. For Care at Home staff a drop-in gazebo was set up outside of the hospital.
- A multi-agency outbreak meeting has been established with representatives from CCG, public health, LA, community nursing and the Care Quality Commission (CQC). The purpose of the group is to identify learning from outbreaks.

### Impacts

- Training and learning enables good IPC compliance.
- These measures ensure that staff are receiving adequate training specific to the local needs, thereby supporting providers in ensuring effective IPC measures are routinely reviewed and consistently in place.