

Better Care Fund resources

Infection prevention and control nurse for care homes

Scheme

Who?

South Tees CCG



South Tees Hospitals NHSFT

Middlesbrough, Redcar & Cleveland Councils

What

An infection prevention and control nurse has been employed to work with all nursing and residential care homes (approx.105) across the South Tees CCG area. The nurse provides advice, training and support.



Why?

The scheme has been set up with the aim of:



- improving the health and wellbeing of people who live in care homes by reducing their risk of infection
- reducing hospital admissions
- reducing the risk of infection to staff, visitors and visiting professionals

How can providing care homes with training and support help to achieve these aims?

- Care home staff can improve their understanding of the measures that can be put in place to prevent infections.
- Maximising educational uptake and staff contact by offering onsite care home specific education sessions. An educated workforce offers a higher standard of care to residents.
- Consistent IP&C presence and education promoting the “Principles of Infection Prevention”, within the care homes promotes compliance with regulations and understanding of the importance of IP&C within the day to day management of residents.
- Promoting resident hand hygiene after using the toilet and before meals will reduce the risk of microbial transmission via the faecal-oral route.
- Ensuring effective laundry streams reduces the risk factors of contamination and transmission to workers and cleaned laundry. This also helps to ensure that Control of Substances Hazardous to Health Regulations (COSHH) regulations are upheld

When?

The scheme was initially funded to run from April 2017 – March 2018, but was extended to run until March 2020.



How?

The IP&C nurse's role includes:



- Infection prevention and control audits for all care homes
- Assisting in the development of infection prevention and control policies.
- Infection prevention and control training for all care home staff based on the fundamentals of IP&C - hand hygiene, antimicrobial resistance and catheter care.
- Infection control surveillance to identify potential infection risks in residents, staff and equipment and to check that procedures are effective.
- Assisting in the investigation of infection incidences and supporting potential and confirmed outbreaks of infection.
- Supporting local and national initiatives to meet with increasing demand of multi drug resistant organisms.
- Integral link between the Hospital and Community services and the Private care homes, supporting multiagency networking and information cascade between PHE, CCG, CQC and environmental health.

Challenges

- It took time to gain the trust of care home managers and to get to the point where they were contacting the nurse, rather than the nurse contacting them.
- There is a high turnover of care home managers so maintaining ongoing relationships is difficult.
- Different care homes have different training and support requirements – a one-size fits all approach doesn't work.
- Gathering data on hospital admissions is difficult because data is not collected for individual settings – it is collected by area.



Impact



- Improved awareness of IP&C leading to more preventative work to reduce avoidable infections. Hospital admissions reduction from certain homes.
- Improved quality of sample taking reducing delays in treatment.
- Substantial drop in urinary catheter prevalence reduce impact of Urinary tract Infections (UTI's) reduced mobility and additional complications
- Reduction in urinary tract infections. One reason for this is that care home workers have a better understanding of identifying people at risk of dehydration (using urine colour charts) which makes people susceptible to infection.
- Establishing a hospital laundry return scheme has saved the acute trust £15,000
- Encouraging care homes to make personal protective equipment (PPE) stations more accessible at the point of need has increased the use of PPE and increased culture of PPE.
- A reduction in infection outbreaks and days each outbreak is symptomatic leads to a reduction in costs for care homes.

Case study

Urinary Catheter management



A catheter point prevalence audit is conducted every 6 months to track the number of catheters in care homes. Strategic efforts are put in place to reduce the number of patients with catheters

being discharged into the community. Care home carers have been educated to reduce avoidable catheters being discharged. Community nursing teams are being supported to facilitate removal where possible. GP's have been engaged with to challenge catheters. The CCG is working to streamline the supply of appropriate equipment limiting costs.

July 2017-Dec 2018 has seen a reduction of 15.4 % in catheters in care homes. Nursing homes have demonstrated a total reduction of 47%.

[View all practice examples](#) link 1



link 1 | <https://www.scie.org.uk/integrated-care/better-care/practice-examples>