‘Preventing Infection in Care’
An educational programme in infection prevention and control for people who work in care homes and the home environment
Evaluation of the early implementer programme
June 2012
Foreword

The Care Inspectorate is committed to making a difference for those who use care services. Our vision for the next three years focuses on four key areas: assurance, protection, improvement and innovation, so that people who use services and their carers experience a better quality of life as a result of excellent, accessible services that reflect their individual needs and rights.

In helping services to improve, the Care Inspectorate is acting as a catalyst for change and innovation, by supporting improvement and by signposting good practice. ‘Preventing Infection in Care’, published in August 2011 in collaboration with NHS Education for Scotland (NES), is an example of the contribution we are making to innovative improvements in services across Scotland.

Infection prevention and control is important to everyone. It is an important quality of care and safety issue for those who use services, their carers, visitors and staff. Knowledge and awareness in this area is vital to care and support professionals in order to prevent harm to those they care for. Key to this is a well trained team. The purpose of Preventing Infection in Care is to help improve the knowledge and skills of carers in this important area of care.

The Early Implementer Programme allowed us to explore the best ways of implementing the resource in six care services across a variety of settings. This report brings together their experiences and lessons learned. We hope their experience and advice will be of great help to providers across the country in their own implementation of the resource.

Annette Bruton
Chief Executive
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Summary with recommendations

About this report

‘Preventing Infection in Care’ is an educational programme in infection prevention for care homes and the home environment. Launched in August 2011, its development was led by the Care Inspectorate and NHS Education for Scotland (NES), with support from key partners. This included service providers, Scottish Care, Association of Directors of Social Work (ADSW) and representation from the Health Protection Nurse Specialists Scottish Network.

In September 2011 six care home and care at home services volunteered to be part of an early implementer programme for the Preventing Infection in Care educational resource. The purpose of the programme was to uncover best ways of implementing the resource for these services. This report brings together their experiences, findings and lessons learned. It is hoped that the recommendations in this report will assist providers throughout Scotland in implementing Preventing Infection in Care.

Who was involved?

We worked with six early implementer sites from the West of Scotland.

The scope of the model included:

- two care homes providing nursing care
- two care homes providing residential care
- two care at home services.

We also had support from Scottish Care, who helped identify early implementer sites.

All services responded to the final questionnaire on how the programme had been implemented. We were also fortunate to receive an additional response from one of our provider’s other residential care home services.

What we found

This is a summary of our findings; sections 2–4 of the report will explain these in more detail.
Recommendations

The following recommendations are based on the responses received from the services involved in the early implementer programme.

Planning for implementation

Services found that when planning implementation the following key areas were important to consider.

- Alignment of Preventing Infection in Care with the service’s existing education and training strategy (for example, will the induction part of Preventing Infection in Care be included within the service’s existing induction programme?).
- Identification of which staff within the service could act as trainers for Preventing Infection in Care (for example, dedicated trainers, managers, Infection Prevention Champions).
- Review of available training facilities in the service to establish where Preventing Infection in Care could be undertaken (for example, training room; quiet room).
- Assessment of what technical equipment will be required by the service for Preventing Infection in Care (for example, DVD players; TVs).
- Identification of how staff will be prioritised for training in Preventing Infection in Care (for example, review of training records; new staff).
- Planning realistic timescales for implementation (for example, taking account of service needs, staff availability, differing staff learning styles and time required to complete Preventing Infection in Care).
- Assessment of how staff progress and uptake of training in Preventing Infection in Care will be monitored.

Implementation models

- Services found that of all the implementation models available, the preferred and most practical options were:
  - small group training sessions with trainers
  - classroom style with trainers
  - individuals working on their own. Services found that staff interaction worked well in small group sessions when staff had varying degrees of experience (for example, staff with more experience could share their knowledge).
- The implementation models chosen were based on the training facilities available in each of the services, the size of the service and numbers of staff, the timescales allocated for training and each service’s knowledge of learning styles of staff.
- All services used in-house trainers. These trainers included managers, supervisors, dedicated internal trainers and infection control champions.
Staff prioritisation

- Services agreed that knowledge in infection prevention and control is important for everyone and that Preventing Infection in Care should be undertaken by all staff and not only those providing direct care.
- Prioritisation should commence with those who would be training staff and those who would be signing off learning outcomes in the staff workbooks.
- Staff training records or online training matrices should be reviewed to assess those with the least training in infection prevention and control and also new staff.

Completion of programme

- Services completed Preventing Infection in Care in its entirety, both induction and the main educational programme. They found that both the induction and main programmes were of benefit, however, those that ran both the induction and main programmes together as one complete programme for staff found duplication with regards to standard infection prevention precautions.

  The induction programme is intended for new staff as part of their overall induction programme. However, the services involved in the early implementer programme were asked to pilot both the induction and the main programme.

Workbook completion

- The preferred option for workbook completion was in hard copy rather than in PDF. This was for practical reasons due to lack of access to computers for staff and unfamiliarity with use of IT. However services found that staff benefited from peer support and learning together through use of hard copy in group training sessions.
- When planning timescales for workbook completion as part of the overall training in Preventing Infection in Care, it is important to recognise that workbook completion may take longer for some staff than others and to take account of this in training timescales and resources.

Signing off learning outcomes

- Services identified that managers should sign off learning outcomes in the workbook. Other staff identified included supervisors, a night duty sister and infection prevention champions. All services considered it important that those signing off outcomes should have undertaken Preventing Infection in Care.
Barriers

- The main barrier highlighted was in relation to planning training during the festive period when there could be increased service needs due to ill health over the winter months and also due to staff leave and holidays. This resulted in planned training being cancelled for one service.

Advice to other services

Implementation of knowledge into practice

- Although not specifically asked in the evaluation questionnaire, services identified how they would assess the use of knowledge gained following training into day to day practice.

- Methodologies suggested included the use of:
  - team leaders shadowing staff to assess their practice
  - planned themed audit focusing on infection prevention and control
  - practice monitoring by an Infection Prevention Champion working with individual carers on a one to one basis over a period of several months.

Timescales for implementation

- Services identified that in their experience different learning styles of staff and time taken to complete the workbooks should be considered when planning timescales for implementation. Some staff required longer than planned to complete workbooks and required more supervision than originally thought.

Implementation methods

- Services found that focusing on Preventing Infection in Care was beneficial rather than attempting to undertake other mandatory training at the same time.
- Services also identified that the implementation methods used for Preventing Infection in Care could be used for other training programmes (for example, the Falls Prevention Toolkit).
Main Report

Section 1 - Introduction

This part of the report sets out:

• who we are and what we do
• information on Preventing Infection in Care
• what this report is about
• aims and objectives
• what we did.

Who we are and what we do

The Care Inspectorate is the unified independent regulator of social care and social work services across Scotland. We were established under the Public Services Reform (Scotland) Act 2010, which brought together the scrutiny work previously undertaken by the Care Commission, the Social Work Inspection Agency (SWIA) and the child protection team of Her Majesty’s Inspectorate of Education (HMIE).

We regulate, inspect and support improvement of care, social work and child protection services for the benefit of the people who use them. Various kinds of organisations provide the services we regulate: local authorities, individuals, businesses, charities and voluntary organisations.

‘Preventing Infection in Care’

As part of the Scottish Government’s national strategy to reduce avoidable health and care associated infection, its Healthcare Associated Infection (HAI) Taskforce Delivery Plan (April 2008 to March 2011) stated that action was required to address, action and deliver an education programme for care home staff in the prevention and control of infection. This area of work was included as a key objective for the Care Inspectorate’s Consultant Nurse Infection Control.

In response to this, a free educational resource to improve the knowledge and skills of carers in infection prevention and control was developed by the Care Inspectorate and NHS Education for Scotland (NES), with support from key partners including service providers, Scottish Care, Association of Directors of Social Work (ADSW) and representation from the Health Protection Nurse Specialists Scottish Network.

The development of this educational resource was overseen by a curriculum advisory group formed by the Care Inspectorate and NES, with regular meetings hosted by NES. The resource was funded by the Scottish Government HAI Taskforce.

Preventing Infection in Care was launched in August 2011 aimed at the care home and the home environment (care at home and housing support services). It includes a comprehensive DVD learning
programme and a CD of additional resources with links to other courses run by NES. The DVD offers two resources:

- an induction module based on standard infection control precautions
- a main programme offering comprehensive information on, for example, the causes of infection, common infections found in care homes, outbreak control and standard infection control precautions.

The CD contains the transcripts of the DVD programme, a workbook with learning outcomes and a certificate of completion. It also includes web links, trainers’ notes and further guidance.

The DVD scripts, video clips, trainers’ notes and workbook are available from the Institute for Research and Innovation in Social Services (IRISS) learning exchange at:

[www.lx.iriss.org.uk/content/preventing-infection-care-introduction](http://www.lx.iriss.org.uk/content/preventing-infection-care-introduction)

Further details about the resource can be found at:


The overall resource:

- helps to enable the consistent application of standard infection control precautions across the highly mobile workforce in the care home sector
- helps care home, care at home and housing support providers meet their responsibility to ensure that staff employed have the appropriate skills and knowledge to prevent and control infection
- is available to anyone providing care, whether care in the community or at home.

About this report

In September 2011 six care home and care at home services volunteered to be part of an early implementer programme for the Preventing Infection in Care educational resource. The purpose of the programme was to uncover best ways of implementing the resource for these services. This report brings together their experiences, findings and lessons learned. It is hoped that the recommendations in this report will assist providers throughout Scotland in their own implementation of Preventing Infection in Care.

Why should we do this?

In all care settings preventing and controlling infection is a priority area to ensure quality of care, support and safety for those who use these services. Infection prevention and control is important to everyone. This means protecting the health and safety of staff, visitors, and most importantly the health and wellbeing of people that use these care services.

During July 2010, we participated in a study that provided new information on the prevalence of infection in care facilities for older people. This was undertaken as part of the Healthcare Associated Infection in Long Term Care Facilities (HALT) project, a European HAI prevalence study carried out
across 28 European countries in volunteer care homes, with the overall aim of supporting and extending the control of HAI and antimicrobial resistance in care homes. In Scotland the study involved 4,870 residents from care homes.

Although the survey is not representative of all care homes for older people in Scotland, it does provide an invaluable insight into the prevalence of HAI and antimicrobial prescribing. It is also the first information of its kind in Scotland.

The report of the HALT study in Scotland showed that the frequency of infections in care home settings for older people is comparable to that in acute healthcare settings such as hospitals. In relation to training, the HALT data also showed that for those homes surveyed who had a designated member of staff responsible for infection prevention and control, only 16.9% had undertaken training.

We are already aware that older people are more prone to infections for a number of reasons, including declining immune systems, multiple chronic diseases, cognitive impairment and use of multiple medication including antibiotics. There is also the additional risk of 'collective living' in residential settings with a fluid population and a number of people living together with shared facilities, staff and equipment. These risks emphasise the need to consider prevention and control of infection in all aspects of service provision.

The report of the HALT study can be accessed at: www.documents.hps.scot.nhs.uk/hai/sshaip/publications/halt/halt-prevalence-2010.pdf
What we did

What we did can be split into four stages:

- preparation
- pre-implementation
- implementation
- post-implementation.

Preparation

We developed a proposal for evaluating the Preventing Infection in Care resource. This focused on the implementation of the educational resource within two care homes providing nursing care; two care homes providing residential care and two care at home services.

It is not within the scope of this report to evaluate knowledge of care staff in infection prevention and control as a result of undertaking this programme. This work is being undertaken in partnership between NES and the Care Home Education Facilitators in a sample of care homes providing nursing care.

During the preparation stage we also carried out a literature review, focusing on educational implementation models and learning styles and behaviours. This helped in the development of a series of telephone interview questions.

Services were invited, through Scottish Care, to volunteer for the early implementer programme. This was done via email and also appeared on the Scottish Care website. Scottish Care reported an immediate and positive response to the request from service providers. Sites were chosen on a geographical basis due to ease of access. Scottish Care assisted in the site selection and six services were chosen from the West of Scotland.

We also involved our inspectors who were allocated these services and the Health Protection Nurses in the local NHS Boards in which the services were based. It was important that both, as key stakeholders, were fully informed and connected to the development of the early implementer programme.

Support was offered to the services by the Consultant Nurse Infection Control and the Consultant Nurse for Care Homes for Older People. We provided background on the development of the resource, explained what the resource included, answered questions relating to the infection prevention content and provided possible options on how the programme could be implemented.

This support was given for no less than three months and included:

Pre-implementation

- telephone interviews (see Appendix 1)
- site visits
- the development of introductory and awareness raising materials. This included briefing sheets and PowerPoint slides for use by providers.
Implementation

- on site attendance
- telephone advice.

Post-implementation

In January 2012 the early implementer sites were asked to complete an evaluation questionnaire (see Appendix 2). The findings in this report are based on analysis of these.

Who was involved?

We worked with six early implementer sites from the West of Scotland.

The scope of the model included:

- two care homes providing nursing care
- two care homes providing residential care
- two care at home services.

We also had support from Scottish Care, who helped identify the early implementer sites and our inspectors who provided advice.

All services responded to the final questionnaire on how the programme had been implemented. We were also fortunate to receive an additional response from one of our provider’s other residential care home services.
Section 2 Pre-implementation

During October 2011 we held telephone interviews with the services involved. The site that included three services had one telephone interview with the member of staff coordinating the programme. We asked a question set of six headline questions. Each service answered every question.

We wanted to find out how education and training was already delivered in these services. This would allow us to suggest which implementation models might be most useful.

The results are outlined below:

1. **Do you have an overall education and training strategy for your service that includes infection prevention and control?**

   All services reported that they had an overall education and training strategy that included infection prevention and control (IPC) and that this was included within induction training.

   Five of the six services regarded IPC training as mandatory. Mandatory annual training in IPC was reported by four services, with one service reporting mandatory update training on a two yearly basis. One service reported that annual training in IPC was not yet in place.

   All services reported that all staff would receive training in IPC. This included domestic staff, care staff, nursing staff, management and catering staff. One service highlighted the importance of staff delivering direct care receiving this training.

2. **Do you have a designated person responsible for facilitating education and training in your care home?**

   Five services stated that managers had overall responsibility for education and training, with one service reporting that this was the role of the Managing Director.

   One service also highlighted that organising training was the responsibility of the Deputy Manager. This home also had an infection prevention champion, a senior carer who assisted with training in infection prevention and control.

   Two services accessed training from an external provider – one for all training and one for IPC only. Training from NHS Board Health Protection Nurses was also reported by one service following an outbreak of infection.

   Five services had support from their provider organisation, for example in the form of training from an employee development officer (this does not include infection prevention and control); corporate training materials in infection prevention and control and a general bespoke online training course, which does not include infection prevention and control.
3. Do you have a training room and training facilities for your staff?

Five services had specific training rooms on site. The other service said it undertook its training in a residents’ quiet room. For larger training sessions, staff in this service could access the provider’s main off-site training facilities.

Three services said training could be undertaken both during working hours and at home by staff. Two services reported that the option of asking staff to undertake training at home was not usually a training style used. One of these reported that although training is generally undertaken during working hours, overtime could be paid or time off in lieu given to staff out with normal working hours.

Five services said staff had access to PCs or laptops in the service for education and training purposes. Staff were unable to access any IT equipment onsite in the sixth service. Five services had DVD players. The other service said that it would purchase one for the purposes of implementing Preventing Infection in Care.

4. How will you prioritise and assess the order in which your staff are to receive Preventing Infection in Care?

One service said it would prioritise team leaders, as they had most contact with carers, followed by senior staff.

Three services said they would identify staff by reviewing training records for uptake of their ‘bespoke’ online course.

One service said it would audit staff practice to identify those whose practice could benefit from increased knowledge in IPC.

5. Do you have systems in place to monitor the uptake of IPC education by your staff?

All services reported that they had systems in place to monitor the uptake of IPC education.

Review of online training matrices were used by three services, while the remaining three services used review of hard copy information in the form of training records, annual training plan and staff training files. These staff training files were reviewed monthly.
6. Do you perceive that there could be any barriers to providing Preventing Infection in Care for your staff?

Three services did not perceive there to be any barriers to implementation.

One service suggested that staff motivation might be a problem as staff already took part in a lot of training.

One service identified time constraints as a potential barrier, although acknowledged that as IPC is mandatory “it has to be undertaken.”

The service who did not have access to PCs or laptops suggested this could be a potential barrier.
Section 3 Post-implementation

In January 2012 we sent an evaluation questionnaire to the six services, asking a series of questions based on their experiences throughout implementation of the educational resource. There was a 100% response rate with every service answering all questions apart from Question 7 which was not completed by three services.

Question 1: Services were asked if they found the following questions useful in planning and implementing the resource.

(a) Do you have an overall education and training strategy for your care home that includes infection prevention and control?

Six of the seven services found this question useful.

One residential care home said the question highlighted the importance of a training strategy, as it gave homes that were not working with a strategy the opportunity to develop one, and homes whose training strategy did not include IPC, the opportunity to include.

One care home with nursing provision said it was useful in ensuring that the educational resource aligned with the home’s own strategy and that of its national provider. This would mean that the new educational resource did not conflict with the national provider’s requirements.

Comments included:

“To establish where we were in terms of staffing having completed the company’s training course.”

“As a good starting point.”

“Homes that were not working with a training strategy now have the chance to put one in place. Also for homes that do have a training strategy but this didn’t include infection control, can now add this in too. This gave food for thought.”
(b) Do you have a designated person/designated people responsible for facilitating education and training in your care home?

Six of the seven services found this question useful.

A number of services said it provided a focus for the facilitation plan. It helped to identify staff that could act as trainers and also those who could sign off learning outcomes in the workbook.

One residential care home said it encouraged them to identify an Infection Control Champion.

Comments included:

“To establish if there was a learning culture in this service and that someone was charged with facilitating this.”

“This question was useful because it focused the plan for facilitation, in particular on the key people who would be vital in the implementation process.”

(c) Do you have a training room and facilities for your staff?

Six of the seven services found this question useful.

It helped services focus on what implementation models could be used within their premises and whether any additional resources would be required. It also focused attention on where, when and how staff could undertake the educational resource.

Comments included:

“For planning how to implement the training through classroom style. To ensure that a designated room is available for staff.”

“Staff need to be able to do their training in an area that they are able to concentrate with little or no disturbance.”

“Useful for thinking about implementation models that could be used. The implementation process is different in each area – are training facilities a requirement to successful implementation? It makes the lead person focus on how the process will work.”
(d) How will you prioritise and assess the order in which your staff receive Preventing Infection in Care?

Six of the seven services found this question useful as it encouraged them to think about how they would prioritise which staff would initially undertake the training.

One care home with nursing provision did not find the question useful as it believed infection prevention applied to everyone.

Comments included:

“It is important to identify before starting the training what staff you are going to target first.”

“Not useful because we see infection prevention as applying to everyone. I understand why you would ask, however the implementation was for all staff.”

“All staff groups were encouraged as we were using it for updates and for new-start inductions.”

(e) Do you have a system in place to monitor the uptake of IPC education by your staff?

All services found this question useful as it encouraged them to think about the system they had in place or to implement one if necessary.

Several services also gave examples.

Comments included:

“For us to think about our system and implement one if we have not got one. Electronic system has been developed since initial discussion … in November 2011.”

“We have an online training programme. It’s useful for you to know that this ‘talks’ to our training matrix so that we can keep track of training progress.”

“Useful. Easier to follow the implementation process and to observe staff progress and who has still to be trained.”
(f) Do you perceive that there could be any barriers to providing Preventing Infection in Care for your staff?

Opinion was divided on the value of this question, as four services found it useful and three did not. There was also no agreement by service type with opinion split.

Those that did find it useful said it was helpful to think in advance about any potential barriers and how these might be overcome.

Several services also gave examples of potential barriers. These included staff absence, a mobile workforce and timescales.

Comments included:

“It’s good to be aware of the barriers before starting the training and to be prepared for them such as staff absence, timescales etc.”

“So that we could forward plan how we might effectively deliver the programme.”

“Not useful. We did not perceive there to be any barriers prior to providing and implementing with staff.”
Question 2: Services were asked to consider if anything else should be considered prior to implementation.

All seven services responded to this question.

Suggestions made include:
- availability of equipment such as DVD players and laptops
- staffing levels
- impact on service
- time commitment.

One care at home service and two care homes - one with nursing provision and one residential – suggested that services should consider what equipment such as laptops, DVD players or televisions would be required.

Two services – one care at home and one residential care home – felt it would be important to consider expectations around time commitment.

Comments included:

“Although all staff require training, staff who work directly with service users requiring personal care, particularly in ‘the runs’ where staff go from one house to another. Befriending less important. New staff receive IPC as part of induction and are then shadowed by supervisors. The effect of new staff on a large busy workforce.”

“It is important for services to ensure all staff are included in the training from management to care staff to relief workers. All staff must be aware of their roles and responsibilities in infection control. It is also important for more than one member of staff to carry out the training and this doesn’t have to be the management, a lot can be learned from staff who have many years of experience whether or not they are in a managerial role.”

“Services should consider staff abilities when perhaps arranging group sessions. Ensuring there is a range of abilities should provide a more interactive learning environment.”

“Have plenty of technical equipment.”

“Time commitment expected.”

“Staffing levels - freeing staff up off the floor. Paid or unpaid hours to deliver the training.”

“What constraints are on the service during implementation such as, is there training hours that can be used? Can staff complete at home? If so, what level of support will they receive? Will other training be ongoing also?”
Question 3: Services were asked which model of implementation they planned to use. They were given a series of possible options:

- classroom style with trainer/s
- individuals working on their own
- small group settings with trainers
- provided by external training provider
- workbooks completed in hard copy
- workbooks completed in online PDF
- learning outcomes signed off by:
  - managers
  - supervisors
  - team leaders
  - external training provider
  - other
- use of in-house ‘champions’ to train others.

In response:

- Five services said they planned to use classroom style. Two residential care homes did not choose this option.
- Six services said they planned to use the option of individuals working on their own. One of the residential care homes did not choose this option.
- All seven services said they planned to use small group settings with trainers.
- No services planned to use implementation provided by external training provider.
- Six services said they planned to use workbooks completed in hard copy. One of the care homes with nursing provision did not choose this option.
- No services said they planned to use workbooks completed by online PDF.
- All services planned to use managers to sign off learning outcomes; four services planned to use supervisors; one would use a team leader; no services said they’d use external trainers; and no services chose other.
- Three services planned to use in-house ‘champions’ to train others.

Question 4: Services were asked whether they planned to implement:

- induction resource only
- main resource only
- both induction and main resource.

Five services said they had intended to use both the induction and main resource. One care home service with nursing provision said it planned to use the induction resource only, while one of the residential care homes said it planned to use the main resource only.
Question 5: Services were asked to outline their timescales for planned implementation. They were also asked how they decided on these.

Timescales varied between all services. Reasons given for choice of timescales were also wide-ranging.

One care home with nursing provision said their timescales were decided by senior management.

The other care home with nursing provision felt that if the training programme was not implemented immediately, then the programme might be overtaken by another priority. One care at home service said they did not want to start training until after the busy festive period. It was noted that during this time there were often holidays and potential illness. It felt that during this period “learning could have been compromised.”

Comments included:

“We decided on approx 4 hours/person/training session as this was identified when the group met to watch the DVD.”

“It was felt all staff should undertake the training and the simple reason for the end of March was the end of the financial year really.”

“I think it was November to February – around 8 weeks. We are asked to complete as many as we could before early February, to give managers time to evaluate.”

“December 2011 – January 2012 with supervision and practice monitoring. February 2012 for practice monitoring. November – December 2012 for focused supervision. Decided on these to meet regulatory requirements and for quality and safety. If not implemented immediately by clearing the decks then the programme may have become subsumed by another priority.”

Question 6: Services were asked which model of implementation they had used. They were given the same choice of implementation models as in question 3.

- Two services used the same implementation model as they had planned - a care home with nursing provision and a residential care home.
- Two services had planned to use the classroom style with trainers but did not. These were a care home with nursing provision and a care at home service.
- One residential care home had planned to use small group settings with trainers but did not.
- One care at home service had planned to use in-house ‘champions’ to train others but did not.
- One residential care home had planned to use individuals working on their own but instead used classroom style with trainers.
- One care home with nursing provision had planned to use supervisors to sign off learning outcomes, but instead used team leaders.
Question 7: Services that had changed their implementation method were asked to outline why they had done this.

One care home with nursing provision had planned to use the classroom style, along with individuals working on their own and in small group settings with trainers. During implementation the service chose not to use the classroom style as they felt this was a less accessible option for them within their timescales. This was due to increased planning and arrangements required compared to the other implementation methods.

One care at home service also changed their implementation methods with regards to timescales, realising that for them undertaking training during winter months was not feasible due to holidays, increased service user requirements and possible staff illness.

Another care home with nursing provision had decided not to offer the option of undertaking Preventing Infection in Care to individuals and rather to promote training in groups and classroom style.

Comments included:

"The Night Sister trained night duty staff."

"For classroom sessions staff were paid 3.5 hours time to attend outside working hours."

"No, the methods above were planned. The Deputy Manager focused on the staff in the upstairs floor and housekeeping staff and the IC Champions focused on staff on the ground floor and kitchen staff."

"[Had] not planned to use this method of training as more planning and discussion is needed for the logistics of this type [of] training delivery."

"I don’t think it is practical from a resource perspective to have people undertaking the training independently and keeping track of 90 people who may dip in and out of it would be too onerous. Therefore I think it is imperative that the training is delivered to groups. The feedback from staff indicated that this was the preferred method of learning however I suspect it is rather easy to drift through the session and rely on colleagues to provide the answers to questions. The learning has to be facilitated by a senior member of the team to assess individual knowledge as the session progresses in order to be assured that learning is effective."
Question 8: Services were asked how they decided which staff they would prioritise to undertake the programme.

Services prioritised in a number of ways. Three services – a residential care home, a care at home service and a care home with nursing provision – gave all staff the opportunity to sign up for training, noting that infection prevention and control applies to everyone.

The care home with nursing provision said it prioritised staff that had responsibility for training others and signing off learning outcomes. One of the care at home services prioritised in a similar way. It prioritised team leaders and supervisors, before rolling the training out to all staff starting with the newest.

One of the residential care homes said it had prioritised staff that had the least training in infection prevention and control, while one of the care homes with nursing provision said it identified training requirements using its online training matrix.

One residential care home said it prioritised staff that had direct contact with residents.

Comments included:

“Staff were selected via our online training matrix, which produces a report on staff training requirements.”

“As we were using this both as an induction and a refresher course, all staff grades were targeted. This allowed us to run sessions for available staff, and to encourage individual staff members to complete on their own. This worked well both days and nights.”

“Team leaders and supervisors carried this out to start with. We will carry this out at induction after our recruitment is over in a few weeks. We will then work with newest staff and then work our way through older staff. We have considered using ‘champions’ – those who have expressed an interest in promotion. This is something we are still exploring.”

“All staff should undertake course but priority has been given to staff in direct contact with residents such as care assistants and domestic assistants.”

“The total staff pool was the priority - Home Manager to kitchen assistant. In care homes spending time with residents is a part of everyone’s role. Infection control is pertinent to all.”
Question 9: Services were asked whether staff completed the entire programme. If the entire programme was not completed, they were asked to explain why.

Five services answered yes, while two of the residential care homes said no. For those who said they had been unable to complete the entire programme, timescales for completion of the evaluation questionnaire had been a major factor and not that they would not complete the entire programme (both induction and main resource).

Comments included:

“All staff were given the opportunity to attend a session that had been arranged where possible in advance. No priority was given to any particular area of the home’s staff and groups had a good mix of candidates from all disciplines.”

“We identified staff within the group who had very little training on Infection Control and decided to train them first. This worked well in that we were able to give them time they required. Although we did ensure that some experienced staff were also in the group so they were able to help them with the workbook as well.”

“Team leader and monitoring staff. No difficulties found. Workbooks completed and learning outcomes signed off. Three of the monitoring staff worked together at home to view programme and complete workbooks.”

“As I became more familiar with the content of the DVD I omitted the first section which covered SICPs as it is repeated and more information given, later on. This cut out on approximately half an hour per session. I think it’s vital that breaks are planned in advance and that candidates know when to expect them otherwise it can be a long, arduous learning encounter.”

“Some did and some didn’t. We have identified that further training is required for some staff in order to assist them to complete the workbook. The workbook is still ongoing and it is discussed at every staff meeting and will be for the future.”
Question 10

(a) Services were asked how staff had completed the workbook – in hard copy or PDF.

Six of the seven services said their staff had completed the workbook in hard copy. Only one, a care home with nursing provision, completed it in PDF.

(b) Services were also asked to explain why they decided to do it this way and whether it was successful.

Four services said they had completed the workbook in hard copy because this enabled them to work through it at a group teaching session. It was noted that this allowed staff to learn from each other and offer morale support.

Two services reported that not all staff had access to a computer, which meant hard copy was the only option.

One care at home service asked staff for their views, while another residential care home service said the hard copy option suited their staff group best.

The care home with nursing provision that completed the workbook in PDF did this as it was “easier to get numbers of staff together.”

Comments included:

“We had a meeting and brought our workbooks together sharing the experience and learning from each other.”

“It was decided to undertake the course in groups to support the skill mix of staff and offer morale support. A number of staff are not familiar with computers therefore hard copy was deemed to be more suitable. Staff enjoyed completing the workbooks rather than accessing a computer.”

“This was successful with hard copy approach. Not all staff had access to a computer and the workbook was “worked through” during the teaching sessions.”

Question 11: Services were asked to identify who had signed off the learning outcomes and whether this person had already undertaken the programme.

Learning outcomes were signed off by management in all services. In addition, one care home with nursing provision allowed a Night Sister and Cleanliness Champion to sign off outcomes. A supervisor in another residential care home signed off outcomes in addition to the service manager.

Five of the seven services had their learning outcomes signed off by someone who had already undertaken the programme. Two services did not - a care home with nursing provision and one with residential provision.

The manager of one of these five services reported initially that she considered that learning outcomes would not require to be signed off by someone who had undertaken Preventing Infection in Care. However on completion of the programme the manager’s opinion had changed and she did not believe that individuals who had not completed the course should sign off outcomes.
Question 12: Services were asked whether they had faced any barriers to implementing the programme. They were also asked to identify what these barriers were and how they were overcome.

Two care homes – one residential and one with nursing provision – said they had faced barriers.

The residential care home noted issues around staff absence over the festive period. They suggested that opportunities for training had to be taken when they became available.

The care home with nursing provision found the programme “very cumbersome to use”, highlighting the need to have equipment such as DVD players, projectors and TVs. They also noted that there are “plenty of similar materials already on the market.”

Two other services also commented on issues rather than barriers.

- One care home with nursing provision noted the need for awareness of what is happening with staff training, with the opportunity to offer alternatives if training method is not working.
- One care at home service noted the importance of ensuring that staff are able to attend training due to sickness, leave or service needs.

Comments included:

“No barriers but an awareness of what was happening if staff were having difficulties in training."

“Staff absence was very high over the Christmas period and January. Opportunities were taken on a spur of the moment at some points due to planned training being cancelled.”
Question 13: Services were asked whether, based on their experiences, they would implement the training programme differently in future.

Three services said they would implement the training programme differently - a care home with nursing provision and two residential care homes.

The other four services would not implement differently in future.

One residential care home that planned to implement differently noted staff feedback on the benefit of group sessions. They also noted that more time to complete the workbook had been suggested by staff.

The other residential care home service said they continually acted on feedback from staff and would make “minor adjustments”.

Comments included:

“I have made minor adjustments as I have received feedback from the 7 or 8 groups that I have facilitated training for. We reflect on the practice in our homes as we cover the 10 SICP’s which helps to reinforce learning.”

“Yes only if we decide to use it.”

Question 14: Services were asked what advice they would give to other services to help them implement the education programme.

Responses are outlined below:

“To be warned that it is very cumbersome and awkward to use.”

“Do as part of induction; Do the entire programme; Shadowing and supervision with new workers (team leader).”

“Some staff are good at grasping new training and some can have problems and may take a little longer. Hard copy workbooks worked well within this Care Home allowing staff not to feel rushed and pressurised within a time limit. Everyone has their own way of storing and processing information. Time should not be limited so as to ensure that the content is remembered and not forgotten.”
“Undertake as a group session to allow freedom of thoughts and ideas.”

“Although the implementation is not completed, we are on target for all staff through by January 31 2012, with supervision and practice monitoring February 2012.”

“This training can be delivered in many different ways with staff working in classroom environment whilst off duty, small working groups on duty and home learning, however it would be too much for staff to combine this with the other mandatory training within the workplace.”

“Clearing the training calendar and focusing on infection prevention will help the implementation process.”

“We plan to use the same implementation methodology for implementation for the Falls Prevention Toolkit.”

“For sustainability of good practice, it’s important to consider ensuring that knowledge is being undertaken in practice and this is what we have practice monitoring planned with our IC Champion. One to one working with the IC Champion working alongside staff on shifts to observe practice and “see knowledge is there”. We have already allocated the Champion supernummary hours to do this.”

“It is an awful amount of work for one person to take responsibility for and would benefit from having 3-4 people prepared to take responsibility for delivery.”

“Buy clip boards to lean on. It’s not ideal to have large groups sat at tables with only one TV.”

“Don’t assume that your staff are literate and plan for those that you know will struggle.”

“Take time for those members of staff for whom English isn’t their first language. Some of my staff struggled.”

“Be prepared to commit to four hours of training per group and catch as many candidates as possible. Once everyone has completed, run a session per month.”
“Audit the learning to assess the quality of what has been taught and its application to practice.”

“It’s a really dry subject so introduce some humour as frequently as possible but keep it relevant.”

“Ensure that you have identified a good mixture of staff who will assist you to carry out this training, don’t leave it up to management/seniors as I found that by asking individual staff to assist you with the training will encourage them to be confident within themselves and it is also good development for staff. Learn from the experiences of others and be prepared to listen to all staff from care staff to domestics.”

“Be prepared to be flexible and work within the needs of the staff group and what is going in within the unit at that time, don’t expect to have the workbook completed after one training session, you need to be prepared to go at the pace of those who may struggle with the workbooks.”

“Be prepared to be flexible in how the training is carried out - group sessions may not work for all staff.”

“Identify barriers immediately and the training will be successful. A good plan will result in good training if you are prepared to review it regularly and change if necessary.”
Services were asked whether they had any further comments to make and five of the seven chose to do so. These comments were broadly positive about the educational resource.

Responses are outlined below:

“I felt this training DVD and workbook was excellent. It was easy to understand and certainly made us all think about our practice.”

“The training resource was easy to follow for all grades of staff and their feedback has been positive throughout the implementation. Practice monitoring and supervision will enhance the training and support staff through any practices they need to change.”

“We had full support … to do this and following discussion with the Scottish Director, Preventing Infection in Care was added to … [our provider’s] intranet … [Our provider] is awaiting the results of the early implementer programme before implementing across Scottish Care Homes. However, the Home Manager has been asked to assist another home with implementation in the meantime.”

“The narrator gets quicker and quicker during the last four SICPs and all groups commented that [they] felt it was difficult to keep up with what he was saying so they found it difficult to complete the work books.”

“Staff really enjoyed the level and structure of content.”

“The staff have enjoyed the work book and it was good to be involved in this group at an early stage. In the last few years we have had a few bouts of D&V within the home and during this training we were able to identify ways in which we handled this and what we could have done better.”
Section 4 Recommendations

The following recommendations are based on the responses received from the services involved in the early implementer programme.

Planning for implementation

Services found that when planning implementation the following key areas were important to consider.

- Alignment of Preventing Infection in Care with the service’s existing education and training strategy (for example, will the induction part of Preventing Infection in Care be included within the service’s existing induction programme?).
- Identification of which staff within the service could act as trainers for Preventing Infection in Care (for example, dedicated trainers, managers, Infection Prevention Champions).
- Review of available training facilities in the service to establish where Preventing Infection in Care could be undertaken (for example, training room; quiet room).
- Assessment of what technical equipment will be required by the service for Preventing Infection in Care (for example, DVD players; TVs).
- Identification of how staff will be prioritised for training in Preventing Infection in Care (for example, review of training records; new staff).
- Planning realistic timescales for implementation (for example, taking account of service needs, staff availability, differing staff learning styles and time required to complete Preventing Infection in Care).
- Assessment of how staff progress and uptake of training in Preventing Infection in Care will be monitored.

Implementation models

- Services found that of all the implementation models available, the preferred and most practical options were:
  - small group training sessions with trainers
  - classroom style with trainers
  - individuals working on their own. Services found that staff interaction worked well in small group sessions when staff had varying degrees of experience (for example, staff with more experience could share their knowledge).
- The implementation models chosen were based on the training facilities available in each of the services, the size of the service and numbers of staff, the timescales allocated for training and each service’s knowledge of learning styles of staff.
- All services used in-house trainers. These trainers included managers, supervisors, dedicated internal trainers and infection control champions.
**Staff prioritisation**

- Services agreed that knowledge in infection prevention and control is important for everyone and that Preventing Infection in Care should be undertaken by all staff and not only those providing direct care.
- Prioritisation should commence with those who would be training staff and those who would be signing off learning outcomes in the staff workbooks.
- Staff training records or online training matrices should be reviewed to assess those with the least training in infection prevention and control and also new staff.

**Completion of programme**

- Services completed Preventing Infection in Care in its entirety, both induction and the main educational programme. They found that both the induction and main programmes were of benefit, however those that ran both the induction and main programmes together as one complete programme for staff found duplication with regards to standard infection prevention precautions.

The induction programme is intended for new staff as part of their overall induction programme, however the services involved in the early implementer programme were asked to pilot both the induction and the main programme.

**Workbook completion**

- The preferred option for workbook completion was in hard copy rather than in PDF. This was for practical reasons due to lack of access to computers for staff and unfamiliarity with use of IT. However services found that staff benefited from peer support and learning together through use of hard copy in group training sessions.
- When planning timescales for workbook completion as part of the overall training in Preventing Infection in Care, it is important to recognise that workbook completion may take longer for some staff than others and to take account of this in training timescales and resources.

**Signing off learning outcomes**

- Services identified that managers should sign off learning outcomes in the workbook. Other staff identified included supervisors, a night duty sister and infection prevention champions. All services considered it important that those signing off outcomes should have undertaken Preventing Infection in Care.

**Barriers**

- The main barrier highlighted was in relation to planning training during the festive period when there could be increased service needs due to ill health over the winter months and also due to staff leave and holidays. This resulted in planned training being cancelled for one service.
Advice to other services

Implementation of knowledge into practice

• Although not specifically asked in the evaluation questionnaire, services identified how they would assess the use of knowledge gained following training into day to day practice. Methodologies suggested included the use of:
  – team leaders shadowing staff to assess their practice
  – planned themed audit focusing on infection prevention and control
  – practice monitoring by an Infection Prevention Champion working with individual carers on a one to one basis over a period of several months.

Timescales for implementation

• Services identified that in their experience different learning styles of staff and time taken to complete the workbooks should be considered when planning timescales for implementation. Some staff required longer than planned to complete workbooks and required more supervision than originally thought.

Implementation methods

• Services found that focusing on Preventing Infection in Care was beneficial, rather than attempting to undertake other mandatory training at the same time.
• Services also identified that the implementation methods used for Preventing Infection in Care could be used for other training programmes (for example, the Falls Prevention Toolkit).
Appendix 1: Telephone interview questions

1. Do you have an overall education and training strategy for your care home that includes infection prevention and control?
   - How is it delivered? Face to face, induction, update?
   - How long does it take?
   - What does it include?
   - Who delivers this education?
   - Which staff groups receive this training? If not all, then why?
   - How frequently do your staff receive education in IPC?
   - Are annual updates given?
   - Is IPC education delivered as part of induction training and if so, what format does this take?
     If no, why don’t you?
   - Have any of your staff undertaken the Cleanliness Champions Programme?

2. Do you have a designated person responsible for facilitating education and training in your care home?

3. Do you have a training room and training facilities for your staff?

4. How will you prioritise and assess the order in which your staff are to receive Preventing Infection in Care?

5. Do you have systems in place to monitor the uptake of IPC education by your staff?

6. Do you perceive that there could be any barriers to providing Preventing Infection in Care for your staff?
Appendix 2: Evaluation questionnaire

Evaluation of early implementer programme
Details

Service name: 

Evaluation completed by (include job title): 

Date: 

Pre-implementation

During October 2011 telephone interviews were conducted. We asked you a number of questions about your current training strategy, facilities and provision and used this information to suggest possible implementation models for your service. We would like to know how useful these questions would be to other services when they are considering how to implement the education programme.

1. Please tell us whether the following questions were useful to you for implementation planning:

   • Do you have an overall education and training strategy for your care home that includes infection prevention and control?
     
     Yes No

     Why do you think this question was useful?

   • Do you have a designated person/designated people responsible for facilitating education and training in your care home?
     
     Yes No

     Why do you think this question was useful?
• Do you have a training room and training facilities for your staff?

Yes ☐ No ☐

Why do you think this question was useful?

• How will you prioritise and assess the order in which your staff receive Preventing Infection in Care?

Yes ☐ No ☐

Why do you think this question was useful?

• Do you have a system in place to monitor the uptake of IPC education by your staff?

Yes ☐ No ☐

Why do you think this question was useful?

• Do you perceive that there could be any barriers to providing Preventing Infection in Care for your staff?

Yes ☐ No ☐

Why do you think this question was useful?
1. **What else should services consider prior to implementation?** Please outline below.

2. **Which model of implementation did you **plan to use**?** Please tick all that apply.

   - classroom style with trainer/s
   - individuals working on their own
   - small group settings with trainers
   - provided by external training provider
   - workbooks completed in hard copy
   - workbooks completed by online PDF
   - learning outcomes signed off by:
     - managers
     - supervisors
     - team leaders
     - external training provider
     - other
   - use of in-house ‘champions’ to train others

3. **Did you plan to implement:**

   - induction resource **only**
   - main resource **only**
   - both induction and main resource

4. **What were the timescales for your planned implementation?** How did you decide on these?
Post-implementation

Implementation model

5. Which model of implementation did you use? Please tick all that apply.

- classroom style with trainer/s
- individuals working on their own
- small group settings with trainers
- provided by external training provider
- workbooks completed in hard copy
- workbooks completed by online PDF
- learning outcomes signed off by:
  - managers
  - supervisors
  - team leaders
  - external training provider
  - other
- use of in-house ‘champions’ to train others

6. If this was different to what you had planned to use, why was this?

Prioritisation of staff

7. We would like to know how you decided on which staff members would undertake the programme and whether this method was successful. Questions to consider in your answer include:

- How did you prioritise which staff undertook the programme?
- Did this work well?
- Would you alter your prioritisation method for future implementation?
- What, if anything would you do differently?
- Would you have preferred all staff to have undertaken the programme at the same time?
Programme completion

In this section we would like to hear more about how you completed the programme in practice, any difficulties you faced and how you overcame any problems.

1.  (a) Did staff complete the entire programme?

   Yes ☐    No ☐

(b) If not, why was this?
2. (a) How did staff complete the workbook?

   Hard copy  [ ]   PDF  [ ]

   (b) Why did you decide to do it this way? How successful was this?

3. (a) Who signed off the learning outcomes?

   [ ]

   (b) Had this person already undertaken the programme?

      Yes  [ ]   No  [ ]

4. (a) Did you face any barriers to implementing the programme?

      Yes  [ ]   No  [ ]

   (b) What were these barriers and how did you overcome them?

   [ ]
Future implementation of training programme

1. Based on your experiences, will you implement the training programme differently in future?

Yes ☐ No ☐

What will you do differently?

2. What advice would you give to other services to help them implement the education programme?
3. Do you have any other comments?

Thank you for volunteering to be part of the early implementer programme and for taking the time to complete this evaluation questionnaire.

If you would prefer to return your response by post, please send to:

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MHA Auchlochan

We would also like to thank Scottish Care for help in identifying the early implementer sites.
We have offices across Scotland. To find your nearest office, visit our website or call our Care Inspectorate enquiries line.

Website: www.careinspectorate.com
Email: enquiries@careinspectorate.com
Care Inspectorate Enquiries: 0845 600 9527

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