Executive Summary: Review of Training Requirements for Cleaning and Decontamination in the Healthcare Environment

April 2013
Executive Summary

Introduction

Cleaning and decontamination of healthcare environments has a hugely important role in ensuring that the risk to patients from healthcare associated infection (HAI) is prevented. The aim of this research was to clarify and review the training programmes, education provision, policy and procedures that exist for the staff whose role it is to clean and decontaminate the NHS healthcare environment in Scotland. A further consideration of the research was to identify the key learning needs of the domestic services workforce within NHSScotland.

Scope

The study involved a three stage research programme in which extensive secondary research was followed-up and supplemented by contributions from key experts from organisations including NHSScotland Health Boards and NHS Special Health Boards. A total of 20 expert stakeholders took part in in-depth telephone interviews with a Pye Tait researcher.

Focus groups were held in four NHSScotland Boards: Dumfries and Galloway; Ayrshire and Arran; Fife; and, Greater Glasgow and Clyde. At each location two separate focus groups were conducted for Domestic Assistants, and NHS staff from other multiple disciplines which impact upon and/or connect with the roles and responsibilities of domestic service staff and their professional training.

Along with secondary data, the learning mechanisms used to deliver training programmes, education provision, and information around policy and procedures for domestic services staff were also reviewed. Gaps in provision of training and information for Domestic Assistants and Supervisors and Managers were identified as well as factors affecting the recruitment and retention of domestic services staff.

Conclusions

There is variation in the way that training for cleaning and decontamination is approached across NHSScotland’s Health Board, in terms of delivery methods, regularity and in some cases content.

The research has identified a number of practices that work well and that promote the effective prevention of HAI. The impact and importance, to HAI prevention, of a number of underpinning factors and overarching issues affecting training delivery including learning styles; delivery methods; training “culture”; nature of the job roles in question – and interactions between them; and availability of resources came across very strongly in the research.
Although flexibility and freedom to vary practice according to local need is a necessary requirement, this can lead to perceptions of inconsistency, as well as gaps in knowledge and competence which may impact on the prevention of HAI. The research has found a number of instances where lessons can be learned and good practices that could be emulated by different NHS Health Boards.

**Recommendations**

- Education resources should be developed in HAI prevention and control that address needs and learning style of the domestic service workforce.
- Educational resources should, where possible, support preferred learning styles and delivery methods within the domestic services workforce.
- The development of educational solutions should support the buddy system ensuring “buddies” are confident and effective in their role and that learning opportunities are maximised. Domestic Service Managers should make greater use of the buddy system to achieve training goals and to encourage and facilitate staff progression.
- Experienced staff should be encouraged to put themselves forward to become “buddies” as a progression pathway.
- The buddy system should provide new employees with an informal support and social network and offer a starting point to address general queries. In turn, the system should give the buddy an opportunity to develop their skills in communication and to share the benefits of their experience.
- Ensure regular refresher training and guidance provision for dealing with violence and aggression as this would address the apparent “ad hoc” nature at present.
- Ensure the provision of regular refresher training on day-to-day, core technical skills that will support the reduction of HAI.
- Investigate further the possibility of accrediting the Workbook to introduce greater consistency and recognition of skills attainment (particularly in view of the lack of demand for other forms of accredited training).
- Review Supervisor training to introduce a more structured, consistent programme, or minimum requirements, covering for example: administration, staff management, and IT.
- Introduce basic IT training for all Domestic Assistants to widen access to other sorts of training, and to enable access to staff resources, such as intranet facilities.
- Ensure that induction training includes an introduction to a variety of situations and difficult circumstances, such as dealing with death and coming into contact with those who have been recently bereaved.
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