Introduction
The Infection Prevention and Control (IPC) stabilisation agenda across the Western Cheshire health economy requested that the Cheshire & Wirral Partnership NHS Foundation Trust, Infection Prevention and Control (CWP IPC) integrated service offer a supportive stabilisation visit to all care homes and hospices across Western Cheshire Clinical Commissioning Group (WC CCG), totalling 67 care providers. This innovative and proactive approach aimed to incorporate the following key NHS drivers:
• The five year forward view (NHS England, 2014).
• The UK five year antimicrobial resistance strategy 2013 to 2018 (Department of Health, 2013).
• Reduce avoidable admissions to secondary care.
• Improve working partnerships between CCG, local authority, NHS and other healthcare provider services.

Methods
To promote this innovative and proactive approach, all care homes in Vale Royal (VR) and WC CCG were contacted to offer a stabilisation visit across the local authority footprint. In August 2014 and CWP IPC integrated service emailed all care providers promoting the visits, highlighting the focus of the visit (detailed in the diagram below) and encouraging them to contact the team to schedule a date convenient for the care provider for the visit to take place. The stabilisation visits were also promoted via the IPC newsletter and IPC link meetings.

Evidence
A total of 35 care providers responded to the offer of a visit which equates to a response rate of 52%.

Seasonal Influenza Vaccine
All residents in care homes were offered the vaccine via either their General Practitioner (GP) or District Nurse (DN). Informed decision making was promoted via information leaflets. 7 out of the 35 homes offer the vaccine to staff. Those providers who do not offer the vaccine to staff were encouraged to do so and the IPC Integrated Service promoted the local authority voucher scheme.

Hand Hygiene
Availability of hand hygiene products at point of care remains a challenge with some care providers, with financial implications and desire to maintain/promote a homely feel noted as the main barriers to implementation. Care providers were provided with guidance and an evidence base to support implementation of best practice.

Invasive Devices
The invasive devices encountered included urinary catheters and enteral feeding. We examined care plans for these devices and fed back at the time of the visit and in the visit summary report areas of good practice identified in addition to those requiring development.

Antimicrobial Stewardship
All medication charts of those residents on antimicrobials at the time of the visit were reviewed to confirm the following:
• Appropriate Microbiological sampling
• Appropriateness of prescription i.e. in accordance with formulary and symptoms
• That the prescription had a start and finish date
• That allergies were noted

Staff Training
A total of 193 staff trained during these visits (staff attending training within previous 12 months has resulted in fewer numbers). Improved training package to include sepsis, antimicrobial resistance and aseptic non-touch technique (ANTT)

IPC Audit
All audit actions plans were reviewed with outstanding areas of concern fed back in the summary visit report.

Looking Forward
• Increased health economy awareness of the importance of good IPC practice.
• 2016/2017 work plan formulated to include stabilisation visits for all residential care providers totalling 83 care homes to further promote the stabilisation agenda across the health economy.
• Stabilisation visit re-named ‘support visit’ as ‘stabilisation’ may suggest instability.
• Inclusion of a whole day study event to include and promote awareness of sepsis and antimicrobial resistance.

References

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