



Best practice :

Maintaining

Healthy Care Environments

EXECUTIVE SUMMARY

Cleanliness is a fundamental part of caring. It is key to confidence in the relationship between carer and the recipient of care. Understanding the management of risk to all parties is essential to any care team.

Current levels of media coverage regarding the alleged prevalence of super bugs in the UK's hospitals and care environments have created a focus on cleanliness and hygiene.

This paper reviews the history of infection control and how the current situation has come about; in addition perceptions are explained and the most appropriate means of addressing the ensuing issues are explored.

Primarily, with common sense prevailing, the education, training, planning and execution of appropriate cleaning and hygiene programmes could go a long way towards controlling and significantly reducing the present levels of infections. Some key questions are explored including why it is that staff working in healthcare and residential care environments are not subject to testing. Why, for example, is staff allowed to wear uniforms off the care premises. Indeed, why it is that uniforms are not washed on the care premises?

Matrix Cleaning Solutions would contend that, with an informed approach and common sense, any environment can be maintained in such a way that exposure to contamination and infection can be reduced or, indeed, eradicated. Planning, monitoring and education are key to achieving a significant sea change in the approach to cleaning and hygiene.



The focus of all those responsible for all care facilities, whether they be day centres or residential homes, need to take responsibility for ensuring the very basic regimes and procedures are in place. That the appropriate cleaning and hygiene products are available at all times. In addition that they understand what the compliance requirements are and that all staff at all levels understand their roles in the cleaning programmes.

Washing hands is only the beginning; it is adopting a holistic approach with a heightened awareness and a social conscience that is truly going to make a difference. It is not acceptable for people to be in fear of entering any care facility in case they are infected with any contagious bug. Education is key for clients, carers and managers alike. No one element is going to be the panacea in isolation - it is a complete, on going, accountable programme of cleaning and hygiene practices that will transform the current situation.

A HISTORICAL REMINDER :

After the end of World War II and with the emergence of the National Health Service as part of the new Welfare State, the UK started to build more and much larger health facilities. These facilities ranged from all manner of hospitals to residential care facilities for all those requiring round-the-clock care.

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The population was growing following the war and was being offered much improved, free-at-the-point-of-delivery, healthcare. At the same time numerous other advances in housing and schooling were taking place: central heating was becoming a feature of new build homes and schools were getting much bigger as a result of an improving public transport network. That is not to mention the exponential increases in cars with all the emissions related health issues - diesel allergies, respiratory issues etc.

In addition, concurrent with all this rapid change and advancements, we all had increasing access to hot water for bathing and personal hygiene as well as clothes washing. We also started commuting in crowded trains and buses.

Other key developments in the 1950s that have contributed to the recent, apparent increase in human infections include the increased use of prescription antibiotics and the emergence of 'fast food', the increased accessibility of alcoholic drinks, the ability to travel more widely in the world. All this, as well as the use of more and more chemicals for the, near-total, elimination of 'bugs and nasties', in our homes.

The main point here, is that there are numerous, quantifiable factors that have altered the human condition and environments, particularly in the western world. Ultimately all these factors have led to significantly reduced immunity and the creation of environments that encourage the spread of infections.

What is not presented in the media today is the context in which the new, so-called super bugs have come about and are supposedly thriving. What is also not presented is comparative statistics - yes there are fewer cases of TB in the UK, however it is creeping back; yes, there is less dysentery but there is more asthma being diagnosed.

Are We Safe?

The UK media would have us believe that there is a prevalence of health issues associated with going to hospital or even being a long-term user of residential care facilities.

The fact is that we are all living longer. The fact is that we will invariably, at some time in our lives, have taken antibiotics and that is affecting our own levels of immunity. And we want to feel safe when we are in need of health care or other caring services in any community.

In fact, we are so clean now that even resistance to the common cold is being lessened. These reductions in our abilities to resist combined with the environments in which we live and how they are managed for health and safety are all contributing factors to the prevailing issues in infection control that can be substantiated.

What is so much harder to evaluate is whether there are truly more cases of cross-infection in hospitals and all types of residential care environments.

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ARE WE SAFE?...continued

Recently the BBC broadcast (Radio 4 Case Notes - February 5, 2008) a very telling insight into the state of infection control in one hospital in Leicestershire. The hospital is undergoing a programme of 'deep-cleaning'. This includes closing whole wards and repainting them with antibiotic paint.

It is this author's contention that that is all very laudable, very expensive and its efficacy is very questionable. Why? Because it is the people entering the ward that will bring the germs and bugs with them and no matter what the walls are painted with it is how the ward is cleaned after anybody has come in to the space that are of critical importance.

HOW CAN THINGS CHANGE?

With the media and, to some degree, the Government itself, creating hugely emotive commentaries and proffering dramatic solutions - it seems appropriate to recommend a more moderate, considered and rational approach. It is a fact that the bugs enter our institutions and, indeed, our homes, on us. They are on our skin, in our nasal passages, on our clothes, on our hands and in our mouths.

Understanding and carrying out rudimentary, fundamental cleanliness and hygiene procedures is going to make a dramatic difference. Also, understanding that alcohol gel is not the answer to all the bugs we are now finding in our hospitals and care environments. Soap and water is the answer, in most instances. It cannot just be having clean hands alone. It is essential that the appropriate cleaning methods be deployed as part of a constant programme of cleaning.

The UK Government has recently announced new initiatives:

- ▶ Screening in-coming patients for MRSA and C. Difficile with nose swabs and treating them with antibiotics if they are infected.
- ▶ Deep-cleaning hospitals with steam and hydrogen peroxide, at a cost of £50 million.
- ▶ Creating more isolation rooms and nurses for patients infected with super-bugs.

Reference:

www.gnn.gov.uk/environment/fullDetail.asp?ReleaseID=314953&NewsAreaID=2&NavigatedFromDepartment=True

Such programmes would be based on accepted best practice as laid out in the current NHS Infection Control guidelines. These are also reiterated in the Department of Health Infection Control Guidance for Care Homes.

Both these documents focus, in the first instance, on the source or 'reservoirs' of micro organisms and address the prevention and control of infection through the need for hand washing and the need for access to hot and cold running water, soap, alcohol gel and paper towels. This also requires the inspection and hygiene standards of washing environments and the appropriate disposal of the towels.

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UNDERSTANDING AND EXECUTING THE BASICS

It may be considered old fashioned, however exercising common sense and having respect for and being conscious of one's impact in any given situation or environment would make such a difference. Instead of seeing aspects of one's own well-being as the responsibility of others or whole organisations, it is essential that individuals take responsibility for themselves.

Everyone is entitled to find all care environments maintain the highest possible standards of cleanliness. The challenge is doing this with a constant flow of people from different external environments coming and going, as well as the differing styles and ages of buildings used. Planning is the cornerstone of keeping all environments safe and clean and the plan should be at the heart of routines for all cleaning and care staff. The plan should, of course, provide for specialist requirements that would be sourced externally.

The plan should also provide for training of all staff and especially new team members as part of the induction process and also ensure:

- ▶ Understanding the difference between Cleaning, Disinfection and Sterilization procedures and how and when they should be used in the low, intermediate and high risk situations.
- ▶ Understanding how to choose which equipment to use - re-usable or disposable - how to care for it, how to dispose of it.
- ▶ Understanding the need for compliance and consistency of approach in order to make it second nature.

SOME THIRD PARTY COMMENTS

Tony Field, Chairman of MRSA Support, condemned the measures [UK Government proposals for deep cleaning of facilities in the NHS] as a waste of money.

"Screening patients alone will not solve the problem. Research carried out by screening 1,400 patients in Sheffield and Leeds hospitals found that only 12 patients - that is 0.0125 per cent - actually had MRSA before coming into hospital. Even when patients are clear of MRSA on admission, research shows they've been infected within 48 hours. Until they start screening hospital staff too, things won't change."

<http://www.mrsasupport.co.uk/>

Andrew Large, Cleaning and Support Services Association Director, said:

"There's more money going into hospital cleaning but most of this has been eaten up by wage increases and is not being spent on extra cleaners."

www.cssa.org.uk

"...effects [from hospital acquired infection] vary from discomfort for the patient to prolonged or permanent disability and a small proportion patient deaths each year are primarily attributable to hospital acquired infections."

National Audit Office, 2000

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ABOUT MATRIX CLEANING SOLUTIONS

Chris Stone is the Founder and Managing Director of Matrix Cleaning Solutions. Chris is a qualified Nurse and has extensive experience of working in the residential care sector for people with learning disabilities.

Matrix Cleaning Solutions was established in 2003 and has grown significantly since then. It has an ethos based in common sense hygiene and cleaning practices for caring environments, commercial premises and new and refurbishment building cleans. The company operates from a base in Poole, Dorset and has a substantial reputation for the quality of its staff and the planning and execution of the cleaning regimes in a range of environments. Because of the significantly heightened awareness for the need to comply in all public and care environments, Matrix Cleaning Solutions has recently launched a consultancy service [www.matrixcleaningsolutions.co.uk/services/commercial_hygiene_consultancy] for clients seeking to ensure that they are compliant with all regulations and that the cleaning routines deployed are compliant with all current guidelines and regulations.

www.matrixcleaningsolutions.co.uk

REFERENCES AND RESOURCES

- UK Government: Department of Health
<http://www.dh.gov.uk/en/Home>
- NHS Core Learning Unit
<http://www.infectioncontrol.nhs.uk/>
- NHS - National Health Service
<http://www.nhs.uk/Pages/homepage.aspx>
- Asset Skills (Sector Skills Council for Cleaning and Facilities Management Industries)
<http://www.assetskills.org>
- Cleaning and Support Services Association
http://www.cleaningindustry.org/cssa_home.asp
- British Cleaning Council
<http://www.britishcleaningcouncil.org>
- Association of Building Cleaning Direct Suppliers Organisation
<http://www.abcdsp.org.uk>
- British Institute of Cleaning Science
<http://www.bics.org.uk>
- The UK Cleaning Products Industry Association
<http://www.ukcpi.org>
- Cleaning & Hygiene Suppliers' Association
<http://www.chsa.co.uk>
- ABCD - Association for Local Authority Cleaning Manager
<http://www.abcdsp.org.uk>
- National Electronic Library of Infection
<http://www.neli.org.uk>
- Healthcare Commission
<http://2007ratings.healthcarecommission.org.uk/homepage.cfm>
- Scottish Commission for the Regulation of Care
<http://www.carecommission.com/>
- English Community Care Association
<http://www.ecca.org.uk/>
- Registered Nursing Home Association
<http://www.rnha.co.uk/>
- Association for Real Change - for providers of care to people with learning disabilities
<http://www.arcuk.org.uk>
- United Kingdom Homecare Association
<http://www.ukhca.co.uk/>

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FURTHER READING

Hospital-acquired Infection - Principles and Prevention 3rd Edition - GAJ Ayliffe, JR Babb, Lynda J Taylor

Infection Control in Clinical Practice 2nd Edition - Jennie Wilson

Department of Health - Infection Control Guidance for Care Homes - June 2006

Department of Health - Infection Control Guidance for Residential and Nursing Homes - 2005 (with respect to Influenza)

NHS Scotland - Infection Control Standards for Adult Care Homes: A Consultation - 2002

Good practice in infection prevention and control - Guidance for nursing staff - Royal College of Nurses - 2005

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APPENDIX 1

British Cleaning Council

Last Updated : 20 January 2008 -

www.britishcleaningcouncil.org/news

2008 - TIME FOR HOSPITAL CLEAN-UP?

Two mothers have recently died from an infection acquired at a Winchester hospital, within 72 hours of each other.

Both women, Amy Kimmance and Jasmine Pickett, died from complications linked to Streptococcus A, normally relating to sore throats. The infection has been linked to a breakdown in infection control, something denied by the Royal Hampshire Hospital which had missed its target for reducing MRSA last year and had 191 reported cases of clostridium difficile.

This is the second time that this hospital has attracted negative publicity having recently featured in the Meanest Hospital Award for food hygiene standards.

As the Voice of the Cleaning Industry, the BCC has spoken out about this ongoing problem in many UK hospitals and the gravity of not getting the cleaning mix right. The root cause comes from a lack of appropriate funding for cleaning staff, inadequate training of those staff, poor provision of cleansing equipment and lack of uniformity of successful cleaning procedures from one establishment to the next.

Unnecessary flack is often taken by cleaners who are often overlooked, undervalued and underpaid. The BCC has welcomed the Government`s proposals for deep cleaning of all hospitals but more clarity is needed on what exactly

APPENDIX 1 - continued

is involved. Importantly, budgets need to be overhauled and increased permanently to support the demands of good hospital cleaning provision.

The deep clean move has come under fire by the Conservative Party as the Government plans to monitor developments on a local level. There is current confusion over numbers of hospitals to have carried out the deep clean as the Health Secretary Alan Johnson claims that 50 of these have happened so far, the DoH now claims that this is 50 NHS trusts and not hospitals.

While a one-off deep clean is a step in the right direction, it is not going to fix the problem of Healthcare Associated Infections so a longer term solution, a blueprint on hospital cleaning needs to come into play.

There is one certainty in this complex scenario, many hospitals are crying out for radicalisation of cleaning and hygiene standards. Success needs to be replicated from the hospitals that manage to keep high risk of infection at bay through spotless wards. The BCC is happy to work closely in an advisory capacity with the Department of Health to help them eradicate this problem once and for all.

In the past BCC has called for new ways of looking at and dealing with the problem, including most recently a call on hospital managers to seek the advice and support of the cleaning industry to turn the problem around. A back to basics approach may be the only way to get all hospitals back restored to their former matron run glory and redeem the reputation of hospital cleanliness.



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APPENDIX 1 - continued

www.bbc.co.uk/news
Sunday, 27 January 2008,

NURSES GET INFECTION CONTROL KITS

Community nurses are being given special kits to help prevent infections being spread to patients.

Wash bags have been given to 470 district nurses who work for the Northamptonshire Teaching PCT, to take with them on their rounds.

The kits, which contain soap, alcohol gel and hand cream and cost £6.78 each, have been given to carers, children's nurses and therapists.

The health trust said all its community hospitals are undergoing a deep clean.

Louise Proctor, the managing director of provider services, who is in overall charge of the district nurses, said the measures should cut infection rates.

She added:

"The PCT takes infection control very seriously and we are very pleased to be able to distribute these kits to all of our district nurses."

"This will ensure they have the equipment they need to keep clean and also provides reassurance to the public that we are taking this seriously."

"Often people see infections such as MRSA and C-Difficile as only being acquired in hospitals, but it is important that people are aware these infections can also occur in the community."