Regulating for better care is a quarterly series of case studies looking at high quality care and improvements in health and social care following action by CQC. In this first edition we look at the improvements made by three ambulance trusts in the area of infection prevention and control.

**Ambulance trusts – making infection control a top priority**

Each and every person must be adequately protected against acquiring an infection wherever they receive care.

However, over recent years a number of cases of poor infection control by care providers have come to light – some with tragic consequences.

The Government has introduced a number of initiatives aimed at reducing rates of infection. In 2009 it established new regulations and guidance on infection prevention and control.

In April 2009, every NHS trust providing health care was registered with the Care Quality Commission (CQC), based on their compliance with this regulation, including ambulance trusts.

As part of our programme of assessing infection prevention and control, CQC has, for the first time, inspected every ambulance trust in England.

Of those 11 trusts, four didn’t comply with the government regulation and a further six had areas for improvement.

Read below what action we took to drive improvement and how three ambulance trusts have turned their performance around.

**Why we inspected ambulance trusts**

As part of our monitoring of how well trusts practice infection prevention and control we are making unannounced spot checks at over 200 NHS providers in 2009/10.

We chose to inspect all ambulance trusts as part of this process because, unlike hospital trusts, we have never before scrutinised their compliance with infection prevention and control in this way.

While attention on the risks of infection has focused on hospitals, it’s important to note that ambulance trusts also work in situations that are often difficult, pressured and requiring good infection prevention and control practices.

We wanted to better understand how well they were performing and the particular challenges they face.
Case study 1

Our first case study looks at the care provided by the team from Southend Ambulance Station, which is part of the East of England Ambulance Service NHS Trust.

Paramedic Ian Fazakerley explains how their CQC inspection has had a positive impact on their approach to infection control:

"I wasn't aware of the inspection programme before our Trust was inspected.

"When the results came out, we were made aware of them through various communications, including the staff newsletter Focus East, emails, bulletins, and verbal communication from senior managers. These communications helped me understand the results, and showed what work the Trust had to do to reach the standards and expectations expected from CQC.

"The inspection programme certainly did help any infection issues to be recognised. On a practical level, the introduction of clinical waste bins on stations and a greatly increased laundry was significant. Of course, it also added pressure on crews to keep the vehicles clean within a relatively short amount of time (such as between patients) and the consequent extra paperwork, such as forms. Having done the latest Post Qualification Update (PQU) training, I expect my training to be updated in due course.

"From a day-to-day perspective, our work has been impacted on in a largely positive way. Crews certainly are keeping a check on things, and understand the long term implications. In fact, there's a certain pride about cleanliness and infection control and we're quick to pick up on anything that needs to be addressed, such as the equipment and resource needed."
Of the 11 ambulance trusts in England, we found many of them were getting many things right (see figure 1). When we inspected these trusts we assessed 17 or more aspects of infection control and found they were fully meeting between 12 and 17. However, the inspections also revealed that all but one ambulance trust could strengthen its practices for infection control. Most significantly, we judged that four ambulance trusts were breaching the regulation.

Figure 1
Outcomes for all measures assessed nationally of ambulance trusts

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Recommendations</th>
<th>No concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.4%</td>
<td>20.3%</td>
<td>73.3%</td>
</tr>
</tbody>
</table>

Ambulance trusts were struggling in some particular areas, which spanned right through the organisational structure, from the board to the front line. The most common areas where trusts were not following all guidance were related to:

- Decontamination of instruments and equipment used for care.
- Board assurance that that policies and practices are being followed.
- Appropriate information, training and supervision for staff.
- Cleaning arrangements and having an environment for providing health care that is suitable, clean and well maintained.
- Hand-cleaning facilities.

Where trusts were meeting the regulation but not following all underpinning guidance fully, we made non-statutory recommendations. We have found this approach to be an effective way of working together with trusts to drive a higher quality of care. All six ambulance trusts provided us with the assurance we needed that they have acted on our recommendations when we followed up.

"Patients would tend to only comment if they saw a poorly kept vehicle, so there hasn't really been feedback about cleanliness as such; however, they certainly see a cleaner environment that is obviously safer for them.

"I feel better protected and better equipped, but the improvement and implementation programme will need to be stringent enough to ensure consistency and that all staff remain this way.

"The experience has shown infection control and prevention is important to us all, and that to help it remain high on our priority we need further checks and inspections to help ensure that we maintain standards."

Case study 1 (contd)
For the four trusts where we found a breach of the regulation, our decisions of whether or not to take enforcement action, and which enforcement action to take, were based broadly upon:

- The purpose of the guidance they were not meeting.
- Whether the ambulance trust was doing something different but equally effective.
- The extent of the risk to patients.
- Whether this was an ongoing issue.
- Our confidence in the trust's ability to act swiftly.

Where we made requirements, our expectations were stretching, yet achievable. We signposted to trusts what was needed to adequately protect people from infections and the timeframe we felt this could be done within.

We issued two warning notices after our initial inspections; those trusts took swift action and our assessors saw vast improvement when they followed up. For the other two trusts, we decided to make strict requirements but not to issue a warning notice. At one of those, we saw significant improvement on our follow up. However, at the other trust we did not see the necessary improvements in the required timeframe and escalated our enforcement action by issuing a warning notice. The trust has since actioned our requirements.

Case study 2

When North West Ambulance Service (NWAS) NHS Trust Medical Director, Kevin Mackway-Jones read their Trust’s health care associated infection (HCAI) inspection report, he knew they needed to make immediate improvements.

Here he explains how they turned around their infection control practices.

“We had begun to put measures in place before the CQC inspection to try to address issues [with infection prevention and control practices] and to start to make improvements.

“The inspection report made it clear to us that that process had to be implemented swiftly and that we needed to work closely as an organisation to ensure it was happening consistently across the Trust while making sure we continued to reach patients as quickly as possible.

“We sought to achieve improvements across the service immediately and instantly put a number of measures in place to ensure that our vehicles met the highest standards of cleanliness.

“This included additional investment into the deep cleaning of all Trust vehicles by mid September 2009; the replacement of all valve masks on all Trust vehicles and the replacement of medical response bags on all emergency vehicles. The Trust also undertook a thorough review of all decontamination procedures, training and learning materials for staff.”
Case study 2 (contd)

Andy Redgrave, a NWAS Paramedic Emergency Service Operational Manager in the Greater Manchester region, found the initial negative HCAI report had a positive affect in the long term:

“The whole process has taken hard work and commitment from all members of staff, but ensuring all of my team is effectively briefed and fully aware of what we need to achieve has helped us to rise to the challenge and implement change quickly and effectively.

“I believe it’s encouraged a sense of pride among staff in the vital work we all do and the service we represent – working for a busy, time-pressured ambulance service, it’s important for staff to have that focus.”

This is a view supported by Karen Minney, a member of the NWAS Planned Care frontline staff for Cheshire and Mersey:

“I was not aware that the CQC inspection was taking place before it actually happened, but I do believe that the processes which have been put in place as a result are having a good impact.

“The cleaning of the ambulance, ensuring all surfaces are thoroughly cleaned and checked after every patient journey and at the end of each shift, has become part of my daily practice.”

Finally, Kevin Mackway-Jones sums up the positive influence the inspection process has had on the Trust:

“The whole inspection process has taught us to refocus our priorities and look at how we work to manage and provide the best possible emergency and planned patient care.

“The process highlighted the fact that patient care has to be viewed holistically, not just at the point of patient contact, if it is to be delivered effectively and be of the best standard possible.

“The CQC warning has positively encouraged the Trust to evaluate all internal processes and standards that have the potential to impact on patient care, to ensure we can give quality assurance on all aspects – this goes much further than infection prevention and control.”
Improvements made by trusts

Trust leaders told us that once they were aware of problems, they were very eager to change. We followed up at all 10 trusts where we had made requirements and our assessors were satisfied with improvements made.

Some changes made by trusts were small, while others involved large scale changes, such as staff training. These ultimately have led to better results – most noticeably the improvement in the cleanliness of vehicles and stations (figure 2).

“On the second visit the Station Manager was still friendly and helpful but he was also keen to show us around. He was proud of his station and staff and the changes made, developing systems and processes to ensure that the positive changes are sustained.”
CQC lead assessor

Figure 2
Examples of improvements made at ambulance trusts
(in most cases, within about 1 month)

- Strengthening or introducing new audits, such as hand hygiene, vehicle and station cleanliness, intravenous line insertion and infection control practice
- New instructions for cleaning provided and displayed
- More frequent and/or more detailed reporting to the board
- Overhaul of supervision processes, including training of those providing supervision and new recording processes
- Senior management or executives visiting frontline staff for roadshows, briefings and supervision
- Large numbers of staff receiving update training on infection control
- Training of champions in infection control
- Clean vehicles and stations
- Single-use items being kept in their sterile packing until use, or risk assessments being conducted
- Better provision of hand gel
Case study 3

West Midland’s Ambulance Service NHS Trust Operations Manager, Tim Hughes explains how their HCAI inspection has helped to positively change the culture of infection control within their organisation.

“Our initial reaction was a little guarded as this was our first visit. However, we soon recognised that they (CQC’s HCAI inspection team) were there to assist us. We were open with them and showed them the areas they asked to see.

“At that stage we did not realise the positive impact they would have on the station and the service and on the second visit, we were actually pleased to show them the improvements that had been made since their last visit.

“Working from and managing what is the oldest ambulance station in Birmingham, you didn’t have to look very far to find an area that would benefit from a clean up and refurbishment. Having outsiders come in and looking at things from their perspective opened our eyes. The whole process has been beneficial not just to the patients we deal with, but in improving the conditions for our staff.

“The report that they [CQC] submitted supported a budget that had been set by the Trust for the infection prevention and control (IPC) project. In a matter of weeks we had the store rooms, where our consumables are kept, totally refitted with metal shelving and painted throughout. Work was also carried out in our sluice room which is now our cleaning and utility room.

“The trust drew up an action plan based on the CQC report. Initially, the Trust concentrated on smaller actions such as supporting the group station managers in encouraging the clinical staff under their direction. A priority list was then drawn up for longer term actions. It was important that staff experienced swift change in response to the CQC report.

“Any change can be a challenge to implement and changing the way staff work and getting people on board was the key. Spending time to explain the issues in IPC and making them aware of why changes were taking place was important to ensuring compliance with new procedures in IPC. We ensured staff had easy access to new equipment as well as placing notices and signs on the station explaining the new initiatives to staff.

“By talking to staff we have made them aware of why things have had to change and the positive aspects to be achieved as a result. We now have cleaner vehicles to work in, better equipment available to us to maintain that standard and personal issue alcohol hand rub for belt clips. Posters around the station remind staff and visitors of their responsibility in regards to HCAIs.

“Our culture is changing as crews are now taking ownership of the cleanliness of their vehicles and equipment. There is a positive structure now to maintain the standard we have managed to attain. There is still work to do but we are moving forward.”
Why enforcement action worked

In this group of inspections, we found that proportionate enforcement action delivered results. Especially where warning notices were issued, we saw swift and significant change. These sentiments are echoed throughout our wider inspection programme and registration of NHS trusts regarding the reduction of HCAIs.

Why do warning notices in particular prompt quick changes? Firstly, they highlight the seriousness of an issue and the urgency of changes required. Secondly, they draw the issue under public scrutiny. Thirdly, they warn that further enforcement action could follow if changes are not made – possibly in the form of fines, prosecution, or altered registration status.

“We have found that issuing requirements can generate enthusiasm for change. Some assessors saw a rekindling of people’s pride in their work on follow up visits, which was at the forefront of the positive changes they saw.

Our message for all providers of care is that maintaining infection prevention and control practices across an organisation takes hard work, constant vigilance and energy.”

Nigel Ellis, Head of National Inspection and Enforcement

Care Quality Commission – Regulating for better care

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