



GOOD PERSONAL HYGIENE

A basic human need, fundamental to health and well-being and essential to reduce the risk of hospital acquired infections

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Background

In December 2008 the Daily Mail published an article by one of A Dignified Revolution's (ADR) Founder Members. It was about the experiences of an elderly relative's hospital care.

The article struck a chord with many readers who had seen and experienced similar examples of negligent, unprofessional and uncaring practice. 94 people wrote to A Dignified Revolution with their own examples of either being a patient in hospital or witnessing their loved one's distress.

It was heartening that almost half of respondents were nurses (43 out of a total of 94), some retired but many still in employment. All of these individuals agreed with the sentiments expressed in the Daily Mail article with many of them offering support along with their own opinions of what they perceived to be contributory factors to the provision of poor care.

The email correspondence received was collated and analysed and has been used to write a series of articles. The first article, published in May 2009, focused on food and drink. This article covers personal hygiene and hospital acquired infections. The third in the series will focus upon nursing.

The Voice of the Public

We live in an ageist society and we grow up surrounded by attitudes where youth and accompanying health is perceived to be good and old age, particularly if accompanied by illness and disability, is bad. Ageist attitudes are everywhere, and they teach us that to grow old is to grow irrelevant. Age discrimination abounds and not least within the NHS itself. Even so, the general public still expects that the NHS, especially nurses who have always been seen in this caring role, will care for them.

Caring for those, who through illness, age or disability cannot help themselves with fundamental care needs, is at the heart of nursing. Fundamental care delivered with competence and compassion, which includes the need to be washed, or helped to wash; to have one's teeth cleaned, to have your spectacles wiped, to be

helped to go to the toilet, to be moved if you cannot do it for yourself so that pressure sores do not develop, to be helped to eat and drink are what nurses are employed to do, and to do this with a kind word and a gentle touch showing genuine compassion and empathy.

Registered nurses are bound by a code of professional conduct (NMC, 2008) to treat every person in their care as a worthy member of society with significance, compassion and respect, irrespective of age. Sadly, the vast majority of the criticisms in the email correspondence that was received by ADR were directed towards severe deficits in nursing practice. The experiences that were shared demonstrated not only a contravention of the nurse's code of practice (NMC, 2008) but also an abuse of older people's human rights (see the appendix). They also demonstrated the severe harm that could be caused to vulnerable older people and the trauma caused to relatives and carers.

Numerous examples were given of the consequences of poor skin care and being left to sit in urine and faeces, which resulted in painful pressure sores and increased risk of infection. The lack of oral care causing thrush infection, which is not only extremely painful but also makes it very difficult for an individual to eat and drink – a vital requirement to help reduce the risk of infection, was also frequently mentioned.

One of the factors that correspondents commented on, that contributed significantly to poor hygiene and the risk of infection, was the length of time it took for staff to answer older people's calls for assistance. Call bells, if they had been made available (they were often left out of reach) were frequently ignored.

“He was taken to the loo and forgotten about while the nurses changed shift – he was left there for about two hours – he fell as he tried to get help. In the rehabilitation unit his bell was frequently placed out of his reach and as he was blind he had no hope of getting anyone's attention. We found him lying on the floor having soiled himself, because his bell was out of reach and he was trying to get help”

Another relative's experience was similar:

“... finding her crying on the commode after being left for such a long time, without a call bell to hand, other patients left crying because of the time taken to get them to the toilet”

Another relative who found her mother without call facilities wrote:

“My mother was often lying or sitting in her own urine for periods of over four hours”

This comment was made by a patient's visitor:

"I called nurses three times for a lady who needed a commode, they just said they would do it next and walked off, after about an hour of increasing anxiety and pain the lady soiled herself and suffered total embarrassment and shame, and apologised to the nurses for having made a mess!"

Another example, provided by a relative, where the criticism concerned a lack of fundamental care in relation to the development of pressure sores:

"It was at this time we photographed the pressure sore that had developed on mum's heel. We were disgusted because if basic nursing procedures were followed no-one would develop pressure sores"

Another distressed relative spoke about:

"I found my mother with a large soaking puddle of soup left from her 12 noon lunch, her dentures never cleaned except by me, ...the only mantra I heard repeated was "We can't lift you, you must pull yourself up"

And an ex-nurse said:

"I never saw them sit anyone up or change their position – when I think how we used to help them to change position, move limbs so joints didn't stiffen, check pressure areas - now staff appear to rely on the air mattresses"

Staff also shared their experiences of poor care, the detrimental impact it had on patients and the distress it caused them in relation to the responses that they received from their colleagues. A nursing auxiliary wrote:

"I had a lovely patient who was in the last stages of life, and when I took off his TEDS [support stockings], judging by the snow flakes of skin had not been removed for a week at least (not recorded in the care plan), found a pressure sore on his heel an inch deep, and two gangrenous toes. When I brought this to the attention of the trained nurse, what was her reply? Well, he's dying isn't he?"

The above issues are an affront to a person's dignity and self respect. They also demonstrate significant breaches of the fundamentals of care. Being left for hours sitting on a toilet and not providing assistance to wash following the use of the toilet not only exposes a person to bacteria but also the risk of developing pressure sores. Being left with wet food all over them is undignified and the lack of support to move or to sit up exposes individuals to the risk of developing chest infections and pressure sores, which are all detrimental to an individual's health and well-being.

Lack of attention to maintaining personal hygiene with grave neglect, including pressure sores, breaches Article 3 of the Human Rights Act (inhuman and degrading treatment).

Infection Control

In 2007, the Patients Association undertook a survey of over 500 hospital staff who were involved in infection control on a daily basis, and despite the Hygiene Code (2006) which is a legal requirement it found that:

“There remains an environment where staff are either ignorant of the guidance or simply ignore it, along with managers who turn a blind eye; and an environment where the demand for beds is so great that beds are not allowed to get cold between patients, let alone cleaned”

This example demonstrates a clear breach of hygiene standards and the risk of exposure to, and spread of infection:

“On the occasions I’ve pestered the nursing staff to change my “wet” mother I’ve noticed that they clean her up with their plastic gloves. Great idea, stop infection spreading, but you have to train them to take off their soiled gloves before they start moving cups, drinks or fruit on the bedside tables”

Another example of this indifference to the risks posed by cross infection was given by another relative who is also a nurse:

“When I found that her catheter had become detached and she was sitting with her feet in a puddle of offensive and obviously infected urine around her chair, I reported this to a Staff Nurse. She appeared with a mop and a bucket of water, dipped the mop in the water and then sloshed this diluted urine around a few more times. In my training, we removed any spillage with paper towels and then cleaned the floor”

Another example, again given by a nurse, was regarding the lack of information given to relatives:

“My mother had severe diarrhoea, on one occasion – her nightgown had been placed un-sluiced and heavily contaminated into a plastic bag for me to take home. We would never have done that to a relative, it would have been rinsed and ready to go into a washing machine. No wonder hospital infections contaminate the outside community”

Another example of the risks associated with cross infection was given. This time it was related to “oral care”:

“I asked for a mouth tray to clean his mouth which was encrusted with blood, to be greeted with blank stares; the ward sister put up a tray for me on my insistence. I eventually left overnight and in the morning found he had blood stained hands, mouth, cot rails, sheets etc. I cleaned him up”

Another relative commented:

“I had to ask the nurse for a bowl of water to wash her as she smelt so bad and she had faeces under her finger nails”

... and from a registered nurse whose mother was a patient:

“Mum had not had a proper bath or shower for nearly 16 weeks, by this time I asked that as mum was in a room on her own (due to Clostridium Difficile) could she have a shower. I was informed that they didn’t have time”

Many comments focused upon the state of the physical environment, as well as non-compliance with infection control procedures:

“Last year when both my parents were in hospital, I witnessed flaking paint on the walls, broken and cracked flooring, bed castor marks and dust around the castors that showed the beds had not been moved for some time. Toilets that were worse than some public toilets in parks, nurses and doctors not washing their hands between patients”

The following statement was from someone who had been a patient:

“Once I came around from the operation I was surrounded by barely controlled chaos as the staff struggled to find beds. Quickly moved to another ward, I spent 6 days in filthy conditions. The toilet was not cleaned until the sixth day”

Acknowledgement But No Action?

One would like to think that the above issues that have been shared with ADR are isolated incidences, but unfortunately this is not the case.

In 2007 the Healthcare Commission reported the failings of Maidstone and Tunbridge Wells NHS Trust which cost the lives of probably 90 patients through a healthcare associated infection, Clostridium Difficile and where numerous others suffered. The following quote has been taken from that report:

“A particularly distressing practice reported to us was of nurses telling patients on some occasions to “go in the bed,” presumably because this was less time-consuming than helping a patient to the bathroom. “ Some patients were left, sometimes for hours, in wet or soiled sheets, putting them at increased risk of pressure sores. Families claimed that tablets or nutritional supplements were not given on time, if at all, or doses of medication were missed. Wards, bathrooms and commodes were not clean and patients had to share equipment such as Zimmer frames which were not cleaned between use”

Worryingly, from the correspondence that ADR receives and the conversations in which members get involved, the practice of telling patients to use the bed rather than being taken to the toilet appears to be common practice.

This year (2009) the Healthcare Commission published another report that provided an account of the shocking standards of care provided by Mid-Staffordshire NHS Foundation Trust. Once again, it reflects many of the issues highlighted by people contacting ADR:

“Most, but not all of the concerns related to older patients and to nursing care, including allegations that staff failed to respond promptly to call bells, to assist patients to go to the toilet or use a commode, or to help with personal hygiene. Nurses’ failed to respect the dignity of patients and treat them with compassion, failed to give medication promptly and appropriately, and ensure it was taken. Failed to complete charts accurately, failed to pay attention to skin care leading to bed sores. They described instances of nurses shouting at patients or leaving them unattended for hours”

Sadly, these cases are not “isolated incidents” as the Governments across the UK would have us believe. Neither, is it a new phenomenon (BBC, 2005). Such failings in care occur every day, right across the UK.

We (ADR) make this statement not just in response to the information that the public has shared with us, but sadly from our own exposure to the care given to our loved ones. These appalling breaches in care and disrespect for the dignity of others are violations of the Human Rights Act. Therefore, when NHS hospitals fail in their duty to protect the dignity of an older person in their care they are actually in breach of the Human Rights Act. (Age Concern, 2008) And yet, even in the light of hugely publicised reports, policy documents and the legal requirements imposed by the Human Rights Act, the stories of poor care continue.

Older people continue to be told to wait, or left to sit in their own urine and faeces for hours on end, and not surprisingly numerous older people are still contracting, suffering and dying from Clostridium Difficile.

As we have demonstrated in our previous article ‘Food and Drink – The Basic Requirements of Life’ (May 2009) older people are still being deprived of life giving food and drink even in the light of the “ground breaking” government plans to reduce malnutrition among NHS patients (Health Service Journal 2009). Yet, when people become malnourished and dehydrated, their bodies lack the resources to fight infection. Water is vital to life. Without adequate means of fighting infection the superbugs thrive.

Vulnerable distressed people are still being left without a means of attracting attention because their buzzer is out of reach, or worse still buzzers and lights are either ignored or turned off at the nurse’s stations. The human costs associated

with “infection” are immeasurable and yet in 2007 the Healthcare Commission reported that nine in ten NHS hospital trusts in England were failing to meet basic hygiene standards. 46 of the 51 hospitals spot checked did not meet the government’s hygiene code.

Why is it so difficult to afford others the same respect that we afford ourselves? The majority of us comply with the rules which govern civilised behaviour, for example washing our hands after going to the toilet. This is basic hygiene and yet as described earlier older people are left with faeces under their finger nails. It seems to be a rarity for people to be offered hand washing facilities after using bedpans or commodes, and this seems to have become the norm. We are told that nurses do not have the time to wash their hands in between patients!! So how will more policy documents (WHO clean your hands 2009) make a difference if legislation fails to have an impact upon the complacency, the indifference and the suffering?

Arguments abound as to the reason for this abuse of care including why many registered nurses feel unable to provide fundamental care, because they do not have the time (RCN, 2008) but perhaps saddest of all is the acceptance by many that it is permissible to treat certain people in this way. This comment was made by an ex nursing assistant, who speaks on behalf of many:

“I think what disappoints me most is the acceptance by doctors and nurses of low standards they claim are “forced on them” by the managers. Surely a senior consultant together with the nurses on a ward can say it is a health hazard to put beds so close together when elderly patients are suffering from C-Diff and MRSA? But no –they seem to acquiesce and follow the management directives even if their patients die”

Sir Ian Kennedy, the chair of the Healthcare Commission writing in response to the Commissions report in Mid-Staffordshire echoes the above correspondent’s sentiments:

“This is a story of appalling standards of care and chaotic systems for looking after patients”..... “What has shocked and disappointed me is that no NHS organisations, staff or representatives of the public reported any serious concerns about services. Yet patient complaints and patient surveys all pointed to poor care”

It seems that, regardless of the number of guidelines, protocols and policy documents, there remains an enormous gap between the rhetoric and the reality of frontline practice. In January this year Gordon Brown signed the new NHS Constitution (2009) which states that:

“It (the NHS) has a duty to each and every individual that it serves and must respect their human rights”

So will this latest piece of legislation make the difference? We (ADR) believe that the fundamental question which needs to be asked is

“When will those who are responsible for failings in care be brought to account, and why are there no penalties for breaking the law?”

Undoubtedly, there are instances where a proportion of pressure sores are unavoidable and no doubt the same could be said of healthcare associated infections, but the reality is that health care workers are responsible and accountable for the care that they give to others. It is within their power to ensure that the hospital and its employees do no harm.

Tessa Harding (Help the Aged) made the following powerful statement in 2005:

“When there is a failure to respect older people’s dignity and humanity, we need to be saying not just that “this is another case of poor standards” but instead that “this is a fundamental breach of human rights and it is wholly unacceptable”. She went on to say “However, it only takes one good court case for people to sit up and take notice”

Conclusion

Negligent care in relation to hygiene needs is not only a major risk factor in the spread of infection, but is in many instances an abuse of human rights.

People admitted to hospital should not suffer through neglect and incompetence but they do. And it is not just those who have grown old and sick and then find themselves in these situations who suffer, it is also those who are witness to it, their loved ones and also the many employees of the NHS including those nurses who do care but feel powerless within a culture which puts targets before people and where no one is to blame and no-one is accountable.

A Dignified Revolution reinforces Tessa Harding’s message and makes this statement:

“The day that organisations and individuals are brought to account under the law for these gross abuses of human rights, will be the day that change will come”

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Appendix

What Constitutes an Abuse of Human Rights?

Articles from the Human Rights Convention	Examples of malpractice or abuse of this right
Article 2 The right to life	Abuse of anti-psychotic drugs Malnutrition in hospitals and care homes Unsafe hospital discharge
Article 3 Freedom from inhumane and degrading treatment	Use of toilet in hospital Abuse and neglect
Article 8 Right respect for private and family life, one's home and correspondence	Older couple being separated in different care homes Care home evictions Mixed sex accommodation

The following examples of abuse, and the relevant Articles, have been taken from the Joint Committee on Human Rights: Eighteenth Report of Session 2006-07 The Human Rights of Older People in Healthcare

- Malnutrition and dehydration (Articles 2, 3 and 8 ECHR)
- Abuse and rough treatment (Articles 3 and 8)
- Lack of privacy in mixed sex wards (Article 8)
- Lack of dignity especially or personal care needs (Article 8)
- Insufficient attention paid to confidentiality (Article 8)
- Neglect, carelessness and poor hygiene (Article 3 and 8)
- Inappropriate medication and use of physical restraint (Article 8)
- Inadequate assessment of a person's needs (Articles 2,3 and 8)
- Too hasty discharge from hospital (Article 8)
- Bullying, patronizing, and infantilizing attitudes towards older people (Article 3 and 8)

- Discriminatory treatment of patients and care home residents on grounds of age, disability and race (Article 14)
- Communication difficulties, particularly for people with dementia or people who cannot speak English (Articles 8 and 14)
- Fear among older people of making complaints (Article 8)
- Eviction from care homes (Article 8)

Acknowledgements

We would like to thank Charis Bailey for collating the data which has enabled us to write this article. We are grateful to Founder Member, Lorraine Morgan, for submitting her case to the Daily Mail and to all the people who took the time to contact *A Dignified Revolution* to share their experiences and views as a result of its publication.

May 2009

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