

Implementation of the FSA Listeriosis Guidance: Chapter 6: Perceptions of the Guidance

This chapter details perceptions of the FSA guidance on 'Reducing the Risk of Vulnerable Groups Contracting Listeriosis' among HSC (non-NHS Trust) settings. It reports the perceptions of those aware of the guidance, who were able to give an informed view. Participants were asked about the effectiveness of the guidance, which parts are most useful, and how the guidance could be improved.

Perceived effectiveness

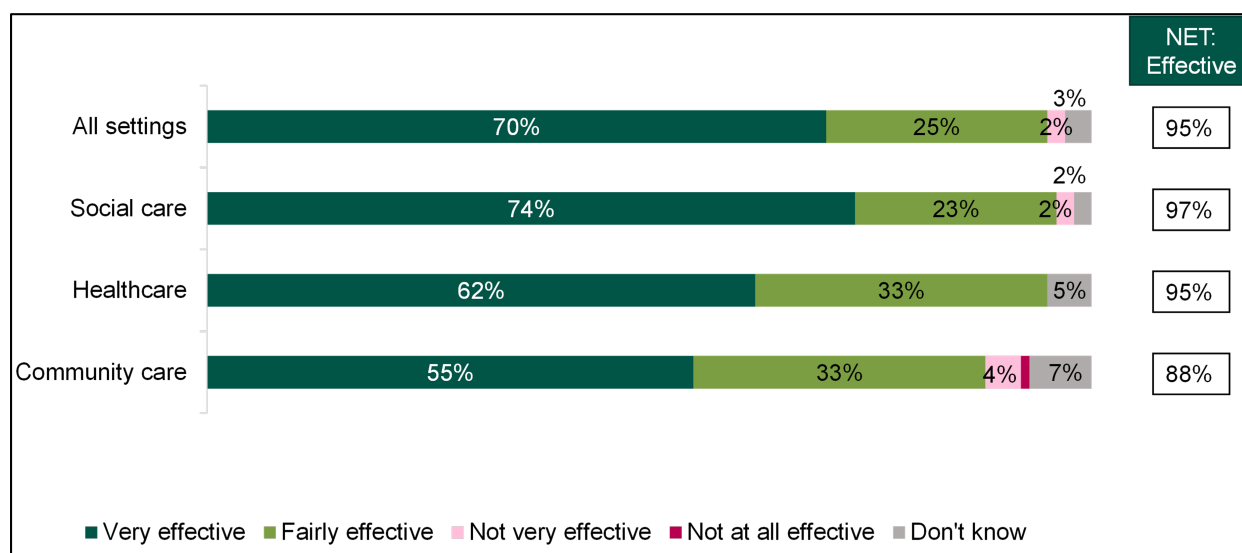
95% of all health and social care settings aware of the guidance felt the FSA guidance was effective in reducing the risk of vulnerable groups contracting listeriosis. 70% reported that it was very effective. Only 3% of settings perceived the guidance to be ineffective, with the remaining 3% unsure.

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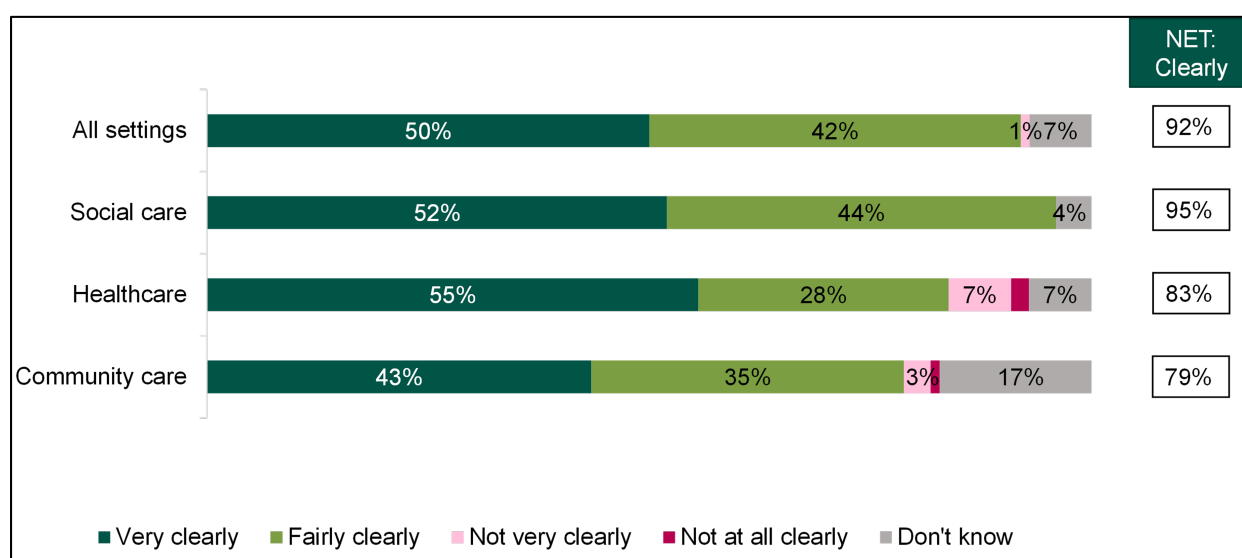
Figure 6.1: Effectiveness of the guidance in reducing the risk of vulnerable groups contracting Listeriosis



Perceived clarity

92% of settings aware of the guidance felt that the guidance clearly distinguished between legal requirements and good practice. Only 1% reported that the distinction was not very or not at all clear.

Figure 6.2: How clearly the guidance distinguishes between legal requirements and good practice



Social care settings were significantly more likely (95%) than community care (79%) and healthcare settings (83%) to say that the guidance clearly distinguished between legal requirements and good practice. Correspondingly, social care settings were less likely to report that the guidance did not distinguish clearly. (Less than 1% of social care settings said that the guidance was not very or not at all clear, compared to 4% of community care and 9% of healthcare settings.)

Settings with a PA relationship were more likely to report that the guidance clearly distinguished between legal requirements and good practice (99% vs. 91% that do not have this relationship).

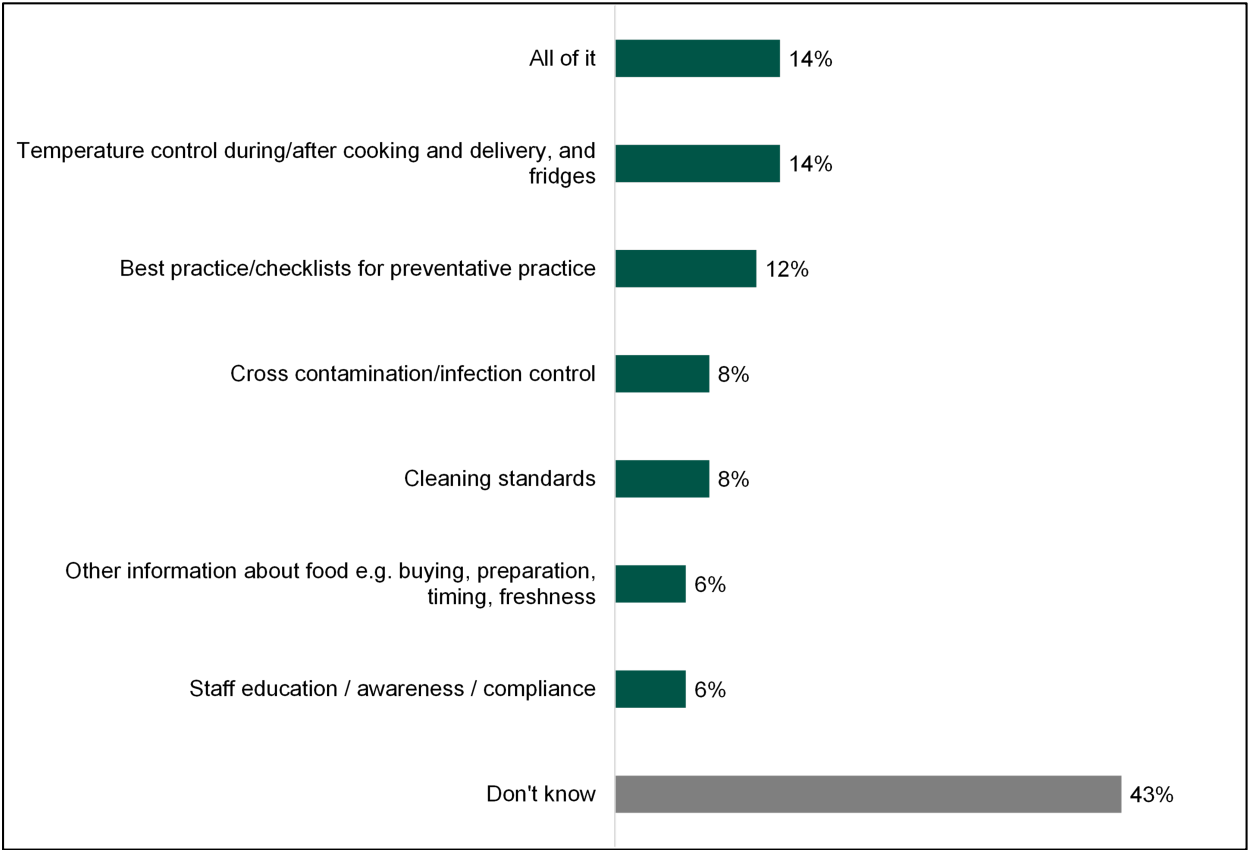
Most useful parts of the guidance

The parts of the guidance mentioned as being most useful in reducing the risk of listeriosis included temperature control and fridges (cited by 14% of all settings aware of the guidance), checklists for preventative practice (12%), information on cross-contamination / infection control (8%), and content on cleaning standards (8%). Four percent also commented on the clear, concise, and beneficial nature of the material.

"The good practice part stands out as it provides examples of the food pathways and defines vulnerable groups. Initially I wasn't sure that our service users were vulnerable." - **Day Centre**

"The fact that Listeria isn't always easily detectable is a point worth raising and is worth bearing in mind." - **Private hospital**

Figure 6.3: Parts of the guidance found most useful in reducing the risk of listeriosis



How the guidance can be improved

As shown in Figure 6.4, while most settings were unsure what could improve the guidance (53%) or felt that no improvements were necessary (16%), others would appreciate the guidance being easier to read (11%), updated more often (5%), or being made more accessible (4%).

"An "easy read version" that's more accessible." - **Residential care home**

"An easy read leaflet, but also for that leaflet to be available in different languages as English is not everyone's first language..." - **Hospice**

"Presenting it in an "Easy Read" format, minimising jargon, using pictures." - **Private hospital**

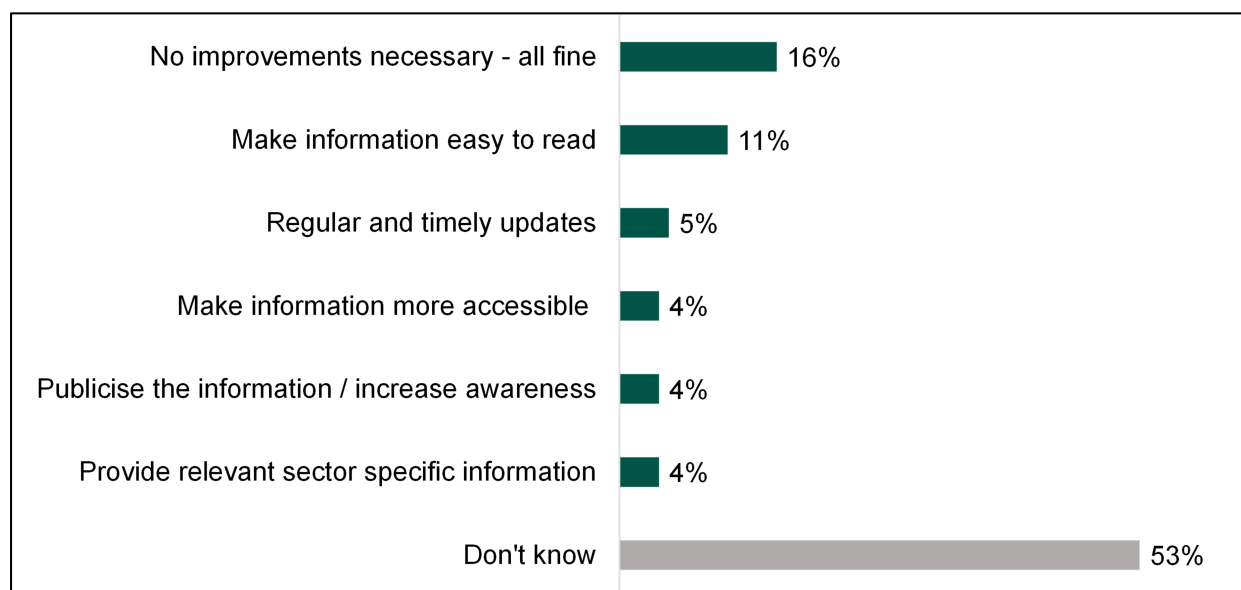
Beyond improving the text itself, there was also some calls for publicising the information or raising awareness (by 4%) or other actions, such as providing more support or training or compliance testing (4%).

“Make it more well known, I don’t even know much about it, increase public awareness” -

Residential care home

"More regular inspection... and regular training" - **Nursing home**

Figure 6.4: How all settings think the guidance can be improved



Healthcare settings were significantly more likely (12%) than social care settings (3%) to report that the information should be more accessible. Healthcare settings were also more likely to feel that the guidance could be improved by ensuring appropriate coverage of important aspects, e.g., disease control (10%), compared to all settings (2%).

Settings without a PA relationship were more likely to say that they wanted the information to be easy to read than those with a PA relationship (13% vs. 3%). Those with a PA relationship were more likely to feel that no improvements were necessary (28% vs. 14% of those without a PA relationship).

Local authority and primary authority (PA) relationships in England and Wales

Health and social care settings within England and Wales were asked whether their site was registered as a food business operator with a local authority and/or if the business had a PA relationship.

Fifty percent of settings in England and Wales reported they were only registered with their local authority.

Whilst 18% reported they were registered with their local authority and had a PA relationship, 13% reported that they did not know. However, 20% of settings reported that they were not registered at all with their local authority.

The 20% of health and social care settings who reported not being registered with a local authority were compared with the Food Hygiene Rating Scheme (FHRS) listings to ensure the reliability of this unexpected finding. However, the results of this investigation were inconclusive.

This concludes the report findings conducted by IFF Research on health and social care settings, other than NHS Trusts. The next chapter goes onto discuss the findings of the

online survey of NHS Trusts carried out by the FSA.