

Implementation of the FSA Listeriosis Guidance: Chapter 3: Awareness and usage of the guidance

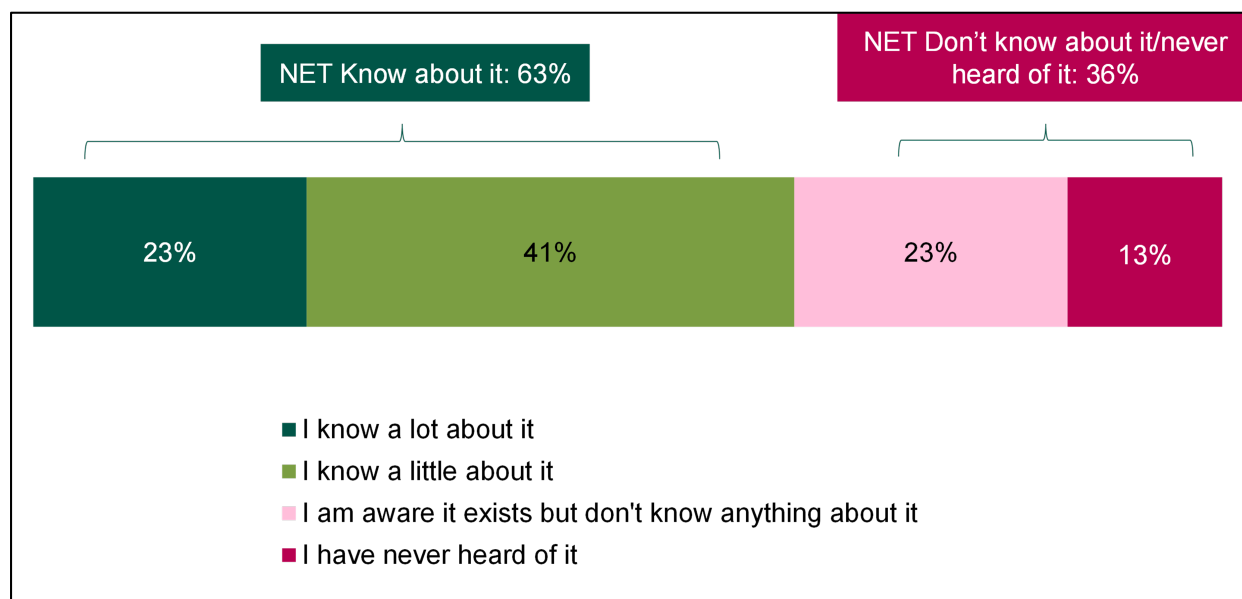
This chapter covers knowledge of the FSA guidance on [‘Reducing the Risk of Vulnerable Groups Contracting Listeriosis’](#) and training on controlling the risk of listeriosis.

Only HSC (non-NHS Trust) settings’ responses are reported in this chapter. NHS Trust findings are reported in chapter 7.

Knowledge of the FSA guidance on listeriosis

Most settings - 63% - had some knowledge of the guidance. This includes 23% who knew a lot about the guidance and 41% who knew a little about it. However, 36% did not know anything about the guidance including 13% who had never heard of the guidance.

Figure 3.1 Knowledge of the FSA guidance on listeriosis



Reported knowledge was higher among some groups than others. By staff type, catering managers were the most likely to know about the guidance (79% knew a lot or a little vs. 63% overall). Administrative staff, e.g., admin or office managers, were the least likely to know about it, with 27% reporting never having heard of the guidance, compared to 13% overall.

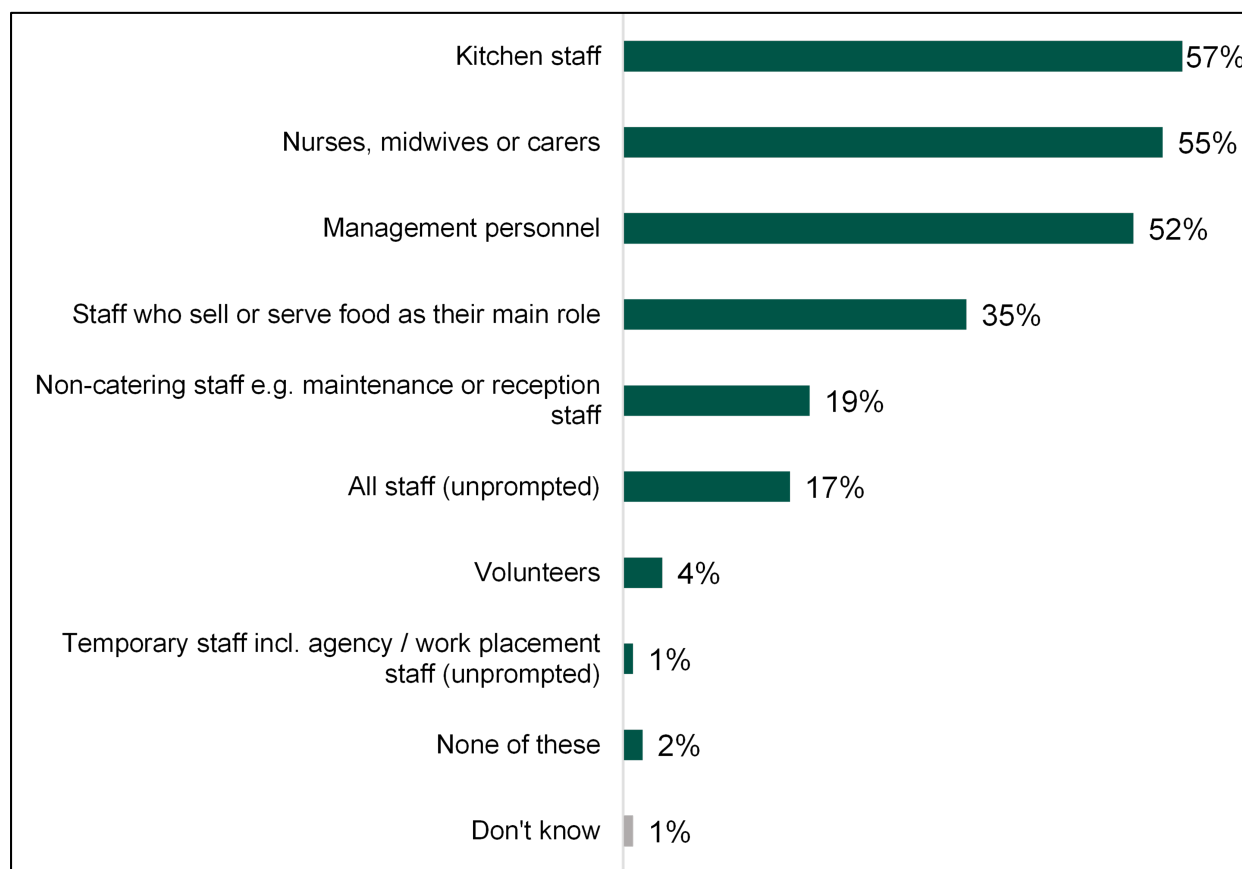
Healthcare settings were more likely than average to know a lot about the FSA guidance on listeriosis (35% vs. 23% of all settings).

Settings that had a primary authority (PA) relationship with a local authority were also more likely to know a lot about the guidance (32% vs. 21% who do not have a PA relationship). They were also less likely to have never heard of the guidance (3% vs. 15% of those who do not have a PA relationship).

Training provided

All settings were asked who received training on how to control the risk of *L. monocytogenes*. As seen in Figure 3.2, most train kitchen staff (57%), nurses, midwives or carers (55%) and management personnel (52%). It should be noted that not all HSC settings have kitchen staff. Fewer train staff who sell or serve food as their main role (35%). Less than a fifth (19%) of non-catering staff such as maintenance or reception staff were trained. Around one in six (17%) said they trained all their staff on how to control the risk of *L. monocytogenes*.

Figure 3.2 Training provided on controlling the risk of listeriosis



As shown in Figure 3.3, healthcare settings were more likely to report training several types of staff in controlling the risk of listeriosis:

- For kitchen staff, 89% of healthcare settings said their kitchen staff received training vs. 65% of social care and 23% of community care settings
- For staff who sell or serve food as their main role, 51% vs. 38% social care and 24% community care
- For volunteers, 23% vs. 3% social care and 5% community care.

Social care settings were the most likely to say that 'all staff' on their site received training, compared to other settings (19% vs. 5% in healthcare and 10% in community care). With this taken into account, there are a few differences between the three settings in terms of which staff they train.

Community care settings were least likely to train kitchen staff (23% vs. 65% in social care and 89% in healthcare). The same is true of staff who sell or serve food as their main role (24% vs. 38% and 51% respectively). This is likely to reflect the nature of the work in these settings.

Community care settings are less likely to employ staff in these roles. Community care staff are more likely to prepare food they have purchased from a supermarket in clients' homes than staff in other settings.

Within social care settings, nursing homes were less likely to train their management staff compared to residential care homes and day centres (31% vs. 50% and 52% respectively). Very few day centres trained non-catering staff (3%), significantly lower than in nursing homes (22%) and residential care homes (18%).

Settings that had a PA relationship with a local authority were more likely to train their kitchen staff than those without such a relationship (68% vs. 54%).

Figure 3.3 Training provided on controlling the risk of listeriosis by setting type

