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| **Managers Checklist for Adult Social Care** |
| **Service/ Name of Setting:** |  | **Date of Assessment:** |  |
| **Name of Assessor:** |  | **Designation:** |  |

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| **Topic:** | **Yes** | **No** | **Action Required/Comments:** | **Date Action Completed:** |
|  | *Does the care home have a**designated person responsible**leading on IPC?* |  |  |  |  |
| *Does the IPC lead role include:**audit monitoring, feedback to**individuals on IPC practices**and promoting IPC?* |  |  |  |  |
| *Are regular team meetings held?* |  |  |  |  |
| *Are IPC topics/issues discussed**at regular team meetings?* |  |  |  |  |
| *Have all staff received, or have**IPC induction training booked?* |  |  |  |  |
| *Are all staff compliant with IPC**mandatory training?* |  |  |  |  |
| *Does IPC training meet mandatory**requirements for those providing**care activities i.e. at least every 3**years?* |  |  |  |  |
| *Is there evidence that**environmental audits have**been undertaken and practice**changed to improve IPC?* |  |  |  |  |
| *Are relevant audits of staff**practice carried out?* |  |  |  |  |
| *Are steps taken to improve if**areas of non-compliance are**observed?* |  |  |  |  |
| *Are spot checks carried out by**leaders within the home to ensure**compliance with IPC standards?* |  |  |  |  |
| *Are IPC policies and**procedures available and**within the review date?* |  |  |  |  |
| *Do all staff know how to access**IPC policies and procedures?* |  |  |  |  |
| *Is there an environmental**cleaning schedule which**includes: All areas of the**environment, responsibilities**for cleaning, methods for**cleaning, the frequency of**cleaning, soft**furnishings/curtains?* |  |  |  |  |
| *Are all staff aware of the cleaning**schedule and where it is kept?* |  |  |  |  |
| *Is cleaning equipment**available in the care home**which includes carpet cleaning**equipment?* |  |  |  |  |
| *Following discharge from the**home, is there an itemised**procedure followed to ensure the**safe cleaning of rooms between**resident use?* |  |  |  |  |
| *Are appropriate disinfectants**(available from a COSHH**approved i.e. locked cupboard)**for cleaning blood and body**fluid spills and in the event of**an outbreak?* |  |  |  |  |
| *Does the establishment have a**colour coded system for cleaning**equipment in line with national**guidance?* |  |  |  |  |
| *Is there a process for carpet**cleaning?* |  |  |  |  |
| *Is a mattress integrity audit**completed regularly i.e. monthly**and documented?* |  |  |  |  |
| *Is there clear information**about how to access advice**about IPC - including out of**hours?* |  |  |  |  |
| *Does staff within the home know**how they would manage an**outbreak of infection?* |  |  |  |  |
| *Are alcohol based hand rub**containers available at the**point of care, containing at**least 60% alcohol based hand**rub and clean?* |  |  |  |  |
| *Are all staff who provide care**adhering to Bare Below the Elbow?* |  |  |  |  |
| *Have staff been offered**immunisation as per current**national guidance i.e. Hepatitis**B, Flu, MMR, tetanus etc.?* |  |  |  |  |
| *Are residents admitted to this care**home assessed for infection risks**(to themselves and from**themselves) and placed**appropriately to reduce risk of**spreading infection?* |  |  |  |  |
| *Do residents with alert**organisms i.e. MRSA, C diff,**CPE, VRE etc. have up to date**care pathways/care plans?* |  |  |  |  |
| *Does the home have a suitable**area for drug trolley/ medication**storage, i.e. away from heat,**moisture, direct sunlight, and**secure?* |  |  |  |  |
|  |  |  | **Compliance (All criteria met in full?)** |

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| **Assessor signature:** |  | **Date:** |  |