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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:** |  |