**Infection Prevention & Control Quality and Safety Care Home Self Audit Tool 2024 (Version 1 Oct 2024)  
(Adapted from Infection Prevention Society Care Home Quality Improvement Tool 2016 version 2)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Name of Home:** |  |  | **Standards Audited:** | **Current  % score** |
| **Address:** |  |  | **IPC Safety** |  |
| **Postcode:** |  |  | **Staff Knowledge** |  |
| **Tel No:** |  |  | **Personal Protective Equipment (PPE)** |  |
| **Email:** |  |  | **Bedrooms** |  |
| **Name of Manager:** |  |  | **General – Lounge/Dining Room** |  |
| **Name of Owner:** |  |  | **Bathrooms/Showers/Toilets** |  |
| **Date of Audit:** |  |  | **Clean Utility/Drug Room** |  |
| **Audit Undertaken By:** |  |  | **Dirty Utility/Sluice Area** |  |
|  |  |  | **Domestic Rooms** |  |
|  |  |  | **Equipment** |  |
|  |  |  | **Waste and Sharps Disposal** |  |
|  |  |  | **Laundry and Linen Management** |  |
|  |  |  | **Quality Assurance** |  |
|  |  |  |  |  |
| **Audit Scoring Key:** | |  |  |  |
| **Good Compliance** | **95 - 100%** |  |  |  |
| **Action Required** | **80 - 94%** |  |  |  |
| **Urgent Action/ Improvement Required** | **79% and below** |  | **Overall Score** |  |

**How to use the self-audit tool – please read prior to completing.**

Self-assess against each of the audit standards placing a tick in the **Yes, No** or **NA** box. An easy-to-use scoring system allows you to highlight the percentage for each standard. The end columns are for you to record what action was taken and the date it was completed/anticipated completed. N.B. For questions answered “**NO**” you **must** complete the boxes named **Actions Taken** and **Date Action Completed.** Examples of this could be:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Question** | **Yes** | **No** | **N/A** | **Action Taken** | **Date action completed** |
| **1** | Are high and low surfaces free from dust and cobwebs etc.? |  | ✓ |  | Issue addressed with cleaner, added to cleaning schedule | 01/01/22 |
| **2** | Is there a designated hand wash basin? | ✓ |  |  |  |  |
| **3** | Do staff know what to do if they or a colleague sustains an inoculation injury? |  | ✓ |  | Education has been provided to staff | 01/01/22 |

If the answer to any question is no, the **action you have taken to rectify this must be documented in the Action Taken column.**

|  |  |
| --- | --- |
| **How to work out the percentage score for each standard** | **How to work out the percentage overall score** |
|  | 1. Add together % score for each standard 2. Divide by number of standards completed (**do not include standards that were not audited**)   **Example:**  92+80+79 = 251  251/3 = 84% overall score     |  |  |  | | --- | --- | --- | | Standard 1 | IPC Safety | 92% | | Standard 2 | Staff Knowledge | 80% | | Standard 3 | Personal Protective Equipment | 79% | | **Overall Score** | | **84%** | |
| 1. Add the total number of **Yes** answers 2. Divide by the total number of **Yes and No** answers,  (**do not include the N/A answers)** 3. Multiply by 100 to get the percentage.   **Formula:**   |  |  |  |  | | --- | --- | --- | --- | | Total number of Yes answers | X 100 = |  | % | | Total number of Yes and No answers | |

**1. IPC Safety**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions** |
| **1** | Does your care home have a designated person responsible for leading on IPC? |  |  |  |
| **2** | Are IPC topics discussed at regular team meetings? |  |  |  |
| **3** | Is there clear information about when and how to obtain advice about infection prevention and control - including out of hours? |  | Ensure all IPC phone numbers are available and displayed: IPC team 9-5pm 604 7750, UKHSA (out of hours) 0344 225 0562 |  |
| **4** | Is there evidence of a process for reporting untoward infection related incidents e.g. outbreaks? |  |  |  |
| **5** | Is there evidence that audits have been undertaken and practice changed to improve IPC? |  | Audits to include, hand hygiene audits, PPE and environmental audits, mattress audits. N.B. environmental self-audits are available on IPC digital hub. |  |
| **6** | Is there a suitable process for carpet/upholstery cleaning? |  | A regular programme for carpet cleaning is recommended. |  |
| **7** | Is a mattress integrity audit completed regularly i.e. monthly? |  |  |  |
| **8** | Is evidence available to show monthly mattress integrity audit? |  | Review evidence. |  |
| **9** | Are staff offered immunisation as per current national guidance i.e. Hepatitis B, Flu, MMR, tetanus etc.? |  | Maintain a record of staff vaccinations |  |
| **10** | Does the home have an exclusion from work policy for staff? |  |  |  |
| **11** | Is the policy / poster for management of an inoculation injury easily accessible? |  | Poster available on IPC digital hub. Care home need to have own policy. |  |
| **12** | Have all staff in this care home received, or have planned (booked), IPC induction training? |  |  |  |
| **13** | Does IPC training meet mandatory requirements for those providing care activities i.e. minimum of every 3 years? |  |  |  |
| **14** | Are up to date infection prevention and control policies and procedures available to staff, and accessible to staff 24 hours per day? |  |  |  |
| **15** | Are residents admitted to this care home assessed for infection risks and placed appropriately to negate cross-transmission risks? |  | Review process in care home. |  |
| **16** | Do residents with alert organisms have up to date care pathways / care plans? |  | Pathways to be available/or in place for management of alert organisms i.e.: C.diff, MRSA. |  |
| **17** | Are there comprehensive written environmental cleaning standards and procedures which includes: All areas of the environment, responsibilities for cleaning, methods for cleaning, the frequency of cleaning, soft furnishings/curtains? |  | To include where cleaning takes place/cleaning schedules - what days/which rooms on which days/frequency. Equipment cleaning schedules, responsible person methods of cleaning. |  |
| **18** | Is the environmental cleaning schedule up to date? |  |  |  |
| **19** | Is there an equipment decontamination schedule? |  |  |  |
| **20** | Is the equipment decontamination schedule up to date? |  |  |  |
| **21** | Are the cleaning materials required to undertake the cleaning available in the care home which includes carpet cleaning equipment? |  | Cleaning equipment – mops, detergent & disinfectant, or a combined solution. Ideally spill packs to be available (bodily fluids spillages etc blood, vomit). |  |
| **22** | Following discharge is there an itemised procedure followed to ensure the safe decontamination of rooms between patient use? |  | Deep clean schedule to be available. |  |
| **23** | Is a suitable general purpose detergent available? |  |  |  |
| **24** | Is a suitable disinfectant available for use in the event of outbreaks, infection and when cleaning equipment in contact with bodily fluids? (Chlorine should be diluted to 1000ppm) |  |  |  |
| **25** | Are disinfectants (including spill kits, liquids, tablets, wipes) available from a locked cupboard for the decontamination of blood and body spills? (Chlorine should be diluted to 10,000ppm) |  |  |  |
| **26** | Is there a poster detailing how to decontaminate blood or body fluid spills, discard materials and use personal protective equipment? |  | [NHS England » National infection prevention and control](https://www.england.nhs.uk/publication/national-infection-prevention-and-control/) |  |
| **27** | Are staff adhering to Bare Below the Elbow? |  |  |  |
| **28** | Is alcohol gel available within the home, and at a minimum of 60% alcohol? |  |  |  |
| **29** | There are no nail brushes or bars of soap in use (exclude those for individual resident use)? |  |  |  |
| **30** | Is the drug fridge clean, within specified temperature range and containing only drugs? |  | Temperature range checklist to be completed daily & should have a cleaning schedule (Temp: 2-8 degrees). |  |
| **31** | If this home does not require a clean utility room, is there a suitable area for drug trolley medication? |  |  |  |
| **32** | Are hand hygiene products available at the point of care? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **% Audit Score IPC Safety** |  |  |  |

**2. Staff Knowledge**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions** |
| **1** | Can the person in charge today state how they would manage an outbreak? |  | Ask staff to explain the definition of an outbreak & what the process is: contact IPC/isolate/cleaning etc/out of hours - UKHSA. |  |
| **2** | Can staff describe which products should be used for routine cleaning? |  | Ask staff to explain the process.  Staff to be know how to clean if domestic staff are not on duty or available. |  |
| **3** | Can staff describe the symbol used to indicate single use items? |  |  |  |
| **4** | Do staff know how and when to use disinfectants safely? |  |  |  |
| **5** | Do staff know how to decontaminate a blood or body fluid spillage safely? |  | Ask staff to explain the process. |  |
| **6** | Do staff know the correct procedure for decontaminating a commode? |  | Ask staff to explain the process. (poster available on digital hub, advised to display). |  |
| **7** | Do staff know when and how to perform hand hygiene? |  | World Health Organisation (WHO) 5 moments for hand hygiene and Ayliffe technique posters to be displayed - ask staff to explain / demonstrate technique. |  |
| **8** | Do staff know when it is appropriate to use / not use alcohol gel? |  | Ask staff to explain, e.g. for residents with C.diff/ D&V. |  |
| **9** | Do staff who work in the laundry receive training on handling linen and safe laundry processes? |  |  |  |
| **10** | Do staff know how to access the infection prevention policies and procedures? |  | Ask staff how they access policies & procedures. |  |
| **11** | Do staff know when to wear PPE appropriately? |  |  |  |
| **12** | Do staff know what to do if they or a colleague sustains an inoculation injury (i.e. needlestick/bite/scratch/splash)? |  | Ask staff to explain the process. |  |
| **13** | Are staff aware of the equipment cleaning schedule and where it is kept? |  |  |  |
| **14** | Are residents encouraged and assisted to wash their hands at appropriate times? (before eating and after the toilet) |  | Consider the use of disposable hand wipes for residents. |  |
| **15** | Is catch it, bin it, kill it practiced throughout the home? |  | Consider displaying posters. Ensure tissues are available, easy access to bins for disposal of tissues. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **% Audit Score Staff Knowledge** |  |  |  |

**3. Personal Protective Equipment (PPE)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions** |
| **1** | Are single use plastic aprons / plastic gowns available? |  |  |  |
| **2** | Are single use gloves (in a range of sizes) available? |  |  |  |
| **3** | Is eye protection (goggles or full-face shields) available? |  |  |  |
| **4** | Are fluid resistant surgical face masks available? |  |  |  |
| **5** | Are FFP3 respirators available in the event of an AGP being performed? |  | If an FFP3 respirator is required staff must be fit tested for use. |  |
| **6** | Is the available PPE kept away from sources of likely contamination? |  | Review positioning of PPE. |  |
| **7** | Is PPE worn in anticipation of contact with body fluid? |  |  |  |
| **8** | Are aprons and gloves used once and discarded after use? |  |  |  |
| **9** | Is PPE (gloves and apron) changed, between tasks on the same resident? |  |  |  |
| **10** | Is hand hygiene performed after PPE removal? |  |  |  |
| **11** | Are gloves worn when any invasive procedures are performed? |  | E.g procedures such as administration of suppositories. |  |
| **12** | Is PPE observed to be worn appropriately? |  | Observe staff. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **13** | Are staff trained in putting on and taking off PPE? |  |  |  |
| **14** | Are staff observed to be competent in putting on and taking off of PPE? |  |  |  |
| **15** | Do staff have easy access to adequate supplies of PPE? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **% Audit Score PPE** |  |  |  |

**4. Bedrooms**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions** |
| **1** | Is the environment including high touch sites, but excluding floors, clean? |  | Check picture rails, window sills, skirting boards, tops of wardrobes, underside of bed frames for dust. |  |
| **2** | Is the environment cleanable and in good condition with fully cleanable surfaces that are smooth and impervious for easy cleaning with appropriate edges? |  | Surfaces to be smooth, wipeable & impervious. Check if edges worn or damaged. |  |
| **3** | Is the environment including high touch sites, but excluding floors, free from clutter? |  | Can cleaning can be facilaited. |  |
| **4** | Are the floor coverings clean, free of clutter? |  |  |  |
| **5** | Are the floor coverings cleanable and in good condition? |  |  |  |
| **6** | Are the fixtures, fittings and furnishings clean? |  |  |  |
| **7** | Are the fixtures, fittings and furnishings cleanable and in good condition? |  | Surfaces to be smooth & impervious e.g bedroom furniture, chairs & beds. |  |
| **8** | Are the residents pillows free from stains and in good condition? |  |  |  |
| **9** | Is the mattress clean, cleanable (intact) and in good condition? |  | Review manufacturer’s instructions. Open mattress up & look for staining or damage to mattress/cover. |  |
| **10** | Is the bedding free from stains and in good condition? |  |  |  |
| **11** | Does the room have a handwash basin for staff use? |  |  |  |
| **12** | Is liquid soap available, dispensed from a single use cartridge (non-refillable container) for staff use? |  |  |  |
| **13** | Are paper towels available from an enclosed dispenser? |  |  |  |
| **14** | Are the waste bins clean, in good condition, not overfilled, operated by a functioning hands free system if appropriate or waste bin for resident use only? |  |  |  |
| **15** | Is the en-suite bathroom, including bath/shower (including shower curtain if appropriate) clean, tidy - free from clutter, free from obvious damage, in good working order? |  |  |  |
| **16** | Are anti-slip mats clean (free from mould)? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **% Audit Score Bedrooms** |  |  |  |

**5. General – Lounge/Dining Room**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions** |
| **1** | General - Is the furniture, furnishings & fixtures clean? |  |  |  |
| **2** | General - Is the furniture, furnishings & fixtures cleanable and in good condition? |  | As before smooth & impervious surfaces. |  |
| **3** | General - Is the environment excluding floors clean, free of clutter (all items suitably stored), in a good condition (free from damage) minimising infection risks and cleanable? |  |  |  |
| **4** | General - Is the floor covering clean, cleanable, free of extraneous items and in good condition minimising infection risks? |  |  |  |
| **5** | General - Is other equipment: TV screens, computer screens, telephones, fans, clean, cleanable and in good condition minimising infection risks? |  | Check condition of equipment, free from dust. Equipment should be included on the cleaning schedule. |  |
| **6** | Lounge - Is furniture, furnishings & fixtures clean? |  |  |  |
| **7** | Lounge - Is furniture, furnishings & fixtures cleanable and in good condition? |  | Review manufacturer’s instructions on how to clean furniture. |  |
| **8** | Lounge - Is the environment excluding floors clean, free of clutter (all items suitably stored), in a good condition (free from damage) minimising infection risks and cleanable? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9** | Lounge - Is the floor covering clean, cleanable, free of extraneous items and in good condition minimising infection risks? |  |  |  |
| **10** | Lounge - Is other equipment: TV screens, computer screens, telephones, fans clean, cleanable and in good condition minimising infection risks? |  |  |  |
| **11** | Dining Room - Is the furniture, furnishings & fixtures clean? |  |  |  |
| **12** | Dining Room - Is the furniture, furnishings & fixtures cleanable and in good condition? |  |  |  |
| **13** | Dining Room - Is the environment excluding floors clean, free of clutter (all items suitably stored), in a good condition (free from damage) minimising infection risks and cleanable? |  |  |  |
| **14** | Dining Room - Is the floor covering clean, cleanable, free of extraneous items and in good condition minimising infection risks? |  |  |  |
| **15** | Dining Room - Are the tables, coverings including mats clean, cleanable and in good state of repair minimising any infection risks? |  |  |  |
| **16** | Dining Room - Are the condiment containers visibly clean? |  |  |  |
| **17** | Are all staff rooms/areas clean and tidy? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **% Audit Score General - Lounge/ Dining Room** |  |  |  |

**6. Bathrooms/Showers/Toilets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions** |
| **1** | Is the bathroom/shower environment (include toilet if present) clean? |  |  |  |
| **2** | Is the bathroom/shower environment (include toilet if present) cleanable and in good condition? |  |  |  |
| **3** | Is the bathroom/shower environment (include toilet if present) free from clutter and extraneous items? |  |  |  |
| **4** | Is the floor covering clean? |  |  |  |
| **5** | Is the floor covering cleanable (intact) and in good condition? |  |  |  |
| **6** | Are the shower curtains clean? |  |  |  |
| **7** | Are the shower curtains cleanable and in good condition? |  |  |  |
| **8** | Are anti-slip bath/shower mats visibly clean, dry and free from mould? |  |  |  |
| **9** | Are bath hoists and other aids clean? |  |  |  |
| **10** | Are bath hoists and other aids cleanable and in good condition? |  | Review if they are free from rust or damage. |  |
| **11** | Is the bath/shower cleaned between uses? |  | Check if cleaning between each use takes place. |  |
| **12** | There are no toiletries stored within communal areas? |  |  |  |
| **13** | Are facilities available for the disposal of domestic and clinical waste (if required)? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **14** | Are the waste bins clean, in good condition, (not overfilled), operated by a functioning hands free system and correctly colour coded for the waste being generated / discarded? |  |  |  |
| **15** | Is the basin used only for hand washing (and not for discarding of any fluids)? |  |  |  |
| **16** | Is the designated basin accessible for users? |  |  |  |
| **17** | Is the basin and taps clean? |  |  |  |
| **18** | Is the basin and taps cleanable and in good condition? |  | Taps to be free from limescale. |  |
| **19** | Is the basin and taps cleanable and free from clutter? |  | No items to be stored on handwash basins. |  |
| **20** | Is the soap dispenser clean, containing soap, wall mounted or from a single use pump dispenser and filled with a single use cartridge (if wall mounted)? |  | Check underside of dispenser. |  |
| **21** | Is the paper towel dispenser clean, enclosed, containing paper towels and in good condition? |  |  |  |
| **22** | There are no reusable cotton towels to dry hands? |  |  |  |
| **23** | Are raised toilet seats and frames clean? |  |  |  |
| **24** | Are raised toilet seats and frames in good condition? |  |  |  |
| **25** | Are toilet brushes and their holders visibly clean? |  |  |  |
| **26** | Are all items stored off the floor (e.g. raised toilet seats)? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **27** | Are facilities available for the disposal of sanitary waste in the staff toilets? |  |  |  |
| **28** | Is the staff hand wash basin of a safe design i.e. plug free, overflow free, waste offset from tap flow, providing water at a comfortable temperature (i.e.mixer taps or thermostatically controlled), elbow operated or paper towels used to turn off taps? |  |  |  |
| **29** | Are there posters that promote how to perform hand hygiene in the staff toilets? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **% Audit Score Bathrooms/Showers/ Toilets** |  |  |  |

**7. Clean Utility/Drug Room**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions** |
| **1** | Does the home have a clean utility room, if required? |  |  |  |
| **2** | Is the space reserved for only "clean procedure preparation"? |  |  |  |
| **3** | Is the environment, excluding floors, clean? |  |  |  |
| **4** | Is the environment, excluding floors, cleanable and in good condition? |  | Smooth, impervious & cleanable surfaces. |  |
| **5** | Is the environment free from clutter? |  |  |  |
| **6** | Is the floor covering clean? |  |  |  |
| **7** | Is the floor covering cleanable and in good condition? |  |  |  |
| **8** | Are all items stored above floor level? |  |  |  |
| **9** | Are items stored free from splash contamination and visible dust? |  |  |  |
| **10** | Is there a designated trolley (or surface) available for the preparation of aseptic procedures? |  |  |  |
| **11** | Is this designated trolley/surface, clean? |  |  |  |
| **12** | Is this designated trolley/surface, cleanable and in good condition? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **13** | If handwash basin present, is it clean, in good condition, free from extraneous items, of a safe design, with liquid soap and paper towels available? |  | Overflow-free, plug-free, elbow or sensor-operated taps. Liquid soap and towel dispenser to be available in wall mounted dispensers.  Check underside of dispenser. |  |
| **14** | Is the drug preparation area away from the handwash basin (if present) to avoid splash contamination |  | Review area. |  |
| **15** | Are the waste bins clean, in good condition (not overfilled), operated by a functioning hands free system and correctly colour coded for the waste being generated/discarded? |  |  |  |
| **16** | Is equipment which is at high-risk for blood borne virus cross-transmission e.g. blood glucose monitoring equipment and sundries, visibly clean without any evidence of blood splatter? |  | Casing for equipment is of a cleanable material and cleaned after each use. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **% Audit Score Clean Utility/Drug Room** |  |  |  |

**8. Dirty Utility/Sluice Area**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions** |
| **1** | Does the home have a dirty utility / sluice area? |  |  |  |
| **2** | Is the environment, excluding floors, clean? |  |  |  |
| **3** | Is the environment, excluding floors, cleanable and in good condition? |  |  |  |
| **4** | Is the environment free from clutter? |  |  |  |
| **5** | Is the floor covering clean? |  |  |  |
| **6** | Is the floor covering cleanable and in good condition? |  |  |  |
| **7** | Is there a macerator/washer-disinfector available? |  | If residents are using bedpans & urinals, then there should be suitable facilities for cleaning these items. Macerator/washer disinfector is advised. If not available deep sink to clean & disinfect such items. |  |
| **8** | Is the macerator/washer-disinfector regularly maintained? |  |  |  |
| **9** | Is the macerator working well, without signs of being overloaded and without splash contamination of surrounding surfaces? |  |  |  |
| **10** | Is the washer-disinfector working well, without signs of being overloaded and without splash contamination of surrounding surfaces? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **11** | Is there a contingency plan should the macerator/washer disinfector break down? |  | What is the process/policy- ensure it is accessible for staff. |  |
| **12** | Is there a deep sink for washing of specified items (not used for hand hygiene)? |  |  |  |
| **13** | Is there a safe system for discarding body fluids including blood into a disposal unit? |  | This should be separate disposal unit from washing facility. |  |
| **14** | Is appropriate PPE available either within or very close to the sluice? |  |  |  |
| **15** | Are items stored in a closed cupboard or away from possible splash contamination? |  |  |  |
| **16** | Are there facilities available for the correct disposal of domestic and clinical waste? |  |  |  |
| **17** | Is waste appropriately segregated? |  |  |  |
| **18** | Are the waste bins clean, in a good condition minimising infection risk (not overfilled), operated by a functioning hands free system? |  |  |  |
| **19** | Is the basin used only for hand washing (and not for discarding of any fluids)? |  |  |  |
| **20** | Is the designated basin accessible for users? |  |  |  |
| **21** | Is the basin of a safe design i.e plug free, overflow free, waste offset from tap flow, providing water at a comfortable temperature (ie mixer taps or thermostatically controlled), elbow operated or paper towels used to turn off taps? |  |  |  |
| **22** | Is the basin clean? |  |  |  |
| **23** | Is the basin cleanable and in good condition? |  |  |  |
| **24** | Is the basin free from extraneous items? |  | No items to be stored on hand wash basins. |  |
| **25** | Is the soap dispenser clean, containing soap, wall mounted or from a single use pump dispenser and filled with a single use cartridge (if wall mounted)? |  | Check underside of dispenser. |  |
| **26** | Is the paper towel dispenser clean, enclosed, containing paper towels? |  |  |  |
| **27** | Are there posters that promote how to perform hand hygiene? |  |  |  |
| **28** | There are no reusable cotton towels to dry hands? |  |  |  |
| **29** | Are bed pans, urinals and catheter stands visibly clean? |  | Inspect items to ensure they are clean. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **% Audit Score Dirty Utility/Sluice Area** |  |  |  |

**9. Domestic Rooms**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions** |
| **1** | Does the establishment have a colour coded system for cleaning equipment? |  | <https://www.england.nhs.uk/wp-content/uploads/2021/04/B0271-national-standards-of-healthcare-cleanliness-2021.pdf> |  |
| **2** | Is the domestic room fit for purpose? |  | The room should have appropriate storage and facilities and storage. |  |
| **3** | Is the environment, excluding floors, clean? |  |  |  |
| **4** | Is the environment, excluding floors, cleanable and in good condition? |  |  |  |
| **5** | Is the environment free from clutter? |  |  |  |
| **6** | Is the floor covering clean? |  |  |  |
| **7** | Is the floor covering cleanable and in good condition? |  |  |  |
| **8** | Are any unused or cleaned items stored such that they are free from any likely splash contamination? |  | Stored off the floors & away from splash contamination risk. |  |
| **9** | Do the domestic staff have access to PPE suitable for their needs? |  |  |  |
| **10** | Are mop buckets, mop bucket ringers or other cleaning equipment clean and dry? |  |  |  |
| **11** | Are mop heads laundered or disposable? |  |  |  |
| **12** | Are mops stored inverted? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **13** | Are cleaning cloths either single use or laundered? |  |  |  |
| **14** | Is there easy access to hand washing facilities either in the domestic room or close by? |  |  |  |
| **15** | Is there a disposal unit for the discarding of wastewater? |  |  |  |
| **16** | Is there somewhere to access water for cleaning? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **% Audit Score Domestic Rooms** |  |  |  |

**10. Equipment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions** |
| **1** | Are commodes clean? |  | IPC digital hub - poster available on how to clean commode-  [Cleaning-a-commode-for-Care-Home-November-2022-Version-3.02.pdf (infectionpreventioncontrol.co.uk)](https://www.infectionpreventioncontrol.co.uk/content/uploads/2022/11/Cleaning-a-commode-for-Care-Home-November-2022-Version-3.02.pdf) |  |
| **2** | Are commodes stored away from possible contamination risk? |  |  |  |
| **3** | Are commodes cleanable and in good condition? |  | Check if these items are clean including underside & if free from rust or damage. |  |
| **4** | Are washing bowls dedicated for individual resident use? |  |  |  |
| **5** | Are wash bowls visibly clean, dry and stored separately and inverted when not in use? |  |  |  |
| **6** | Are single use items used once and then discarded? |  |  |  |
| **7** | Is all equipment clean? |  |  |  |
| **8** | Is all equipment cleanable and in good condition? |  |  |  |
| **9** | Is all manual handling equipment clean, stored safely away from areas where it could be contaminated (e.g. not in the sluice and for transfer slides, not on the floor) and slings used for single resident or centrally laundered after resident use (as per labelling)? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **10** | Is all manual handling equipment cleanable and in good condition? |  |  |  |
| **11** | Is all reusable equipment cleaned between use? |  |  |  |
| **12** | Is all other specialist equipment in the care home clean? |  |  |  |
| **13** | Is all other specialist equipment in the care home cleanable and in good condition? |  |  |  |
| **14** | Is the store room/area including floors clean? |  |  |  |
| **15** | Is the store room/area including floors cleanable and in good condition? |  |  |  |
| **16** | Apart from items designed to be placed on the floor, are all items in the store room placed off the floor? |  |  |  |
| **17** | Are the sterile items stored avoiding possible splash contamination, within expiry dates, in undamaged wrapping and stored off the floor? |  |  |  |
| **18** | If fans are in use are they wipeable, in good condition and used as per guidance? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **% Audit Score Equipment** |  |  |  |

**11. Waste and Sharps Disposal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions** |
| **1** | Are waste bags filled up to 3/4 full - capable of being tied / secured? |  |  |  |
| **2** | Are waste bags labelled before storage (signed and dated)? |  | [NHS England » National infection prevention and control](https://www.england.nhs.uk/publication/national-infection-prevention-and-control/) |  |
| **3** | Are waste bags stored in a designated safe, lockable area / facility before uplift? |  |  |  |
| **4** | Are clinical/offensive waste bags stored separately to domestic waste bags? |  |  |  |
| **5** | Is the removal of all waste categories removed by a registered contractor? |  |  |  |
| **6** | Are sharps containers used correctly in this setting:  i.e. marked BS7320? |  |  |  |
| **7** | Are sharps containers correctly assembled, labelled or tagged with date, locality and signature for assembly? |  |  |  |
| **8** | Are contents of sharps containers below the fill line? |  |  |  |
| **9** | Is the temporary closure activated between use? |  | Lid to be pulled closed but not clicked closed permanently. |  |
| **10** | No containers exceed the 3 month rule? |  | Sharps bin to be only in use for 3 months from date signed open. |  |
| **11** | No inappropriate items in the sharps container? |  |  |  |
| **12** | Are sharps containers safely positioned and out of reach of vulnerable people? |  |  |  |
| **13** | Are sharps disposed of safely at the point of use? |  |  |  |
| **14** | Are needles and syringes discarded as a single unit with absence of resheathing? |  |  |  |
| **15** | Are containers free from obvious blood and body fluid contamination? |  |  |  |
| **16** | Are safety device needles in use? |  |  |  |
| **17** | Are sharps disposed of via the correct colour coded stream? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **% Audit Score Waste and Sharps Disposal** |  |  |  |

**12. Laundry and Linen Management**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions** |
| **1** | Is there a designated area for laundering used linen well away from food preparation? |  |  |  |
| **2** | If observed, is used linen placed directly into colour coded bags or containers (i.e. not carried through the care area)? |  |  |  |
| **3** | Is soiled linen, contaminated with blood or body fluids, or from an isolation room, placed in water-soluble bags? |  | Red alginate bags to be available. |  |
| **4** | Are used linen bags able to be secured (less than ⅔ full)? |  |  |  |
| **5** | Is used linen stored in a designated area where it does not pose an infection risk to others? |  |  |  |
| **6** | Are laundry baskets, linen containers and trolleys clean? |  |  |  |
| **7** | Is there a dirty-to-clean work flow in the room? |  | Is there process in place - no risk of cross-contamination. facilities may not be suitable - may need future development of area. |  |
| **8** | Is PPE available ie gloves and apron? |  |  |  |
| **9** | Is the laundry environment clean? |  |  |  |
| **10** | Is the laundry environment cleanable and in good condition? |  |  |  |
| **11** | Is the laundry environment free from clutter and extraneous items (including food and drink)? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **12** | Is the floor clean? |  |  |  |
| **13** | Is the floor cleanable and in good condition? |  |  |  |
| **14** | Is the tumble dryer vented to the outside or a condenser? |  |  |  |
| **15** | Is the tumble dryer of an industrial category? |  |  |  |
| **16** | Is the washing machine of an industrial category? |  |  |  |
| **17** | Is the washing machine and tumble dryer included in a planned maintenance programme? |  |  |  |
| **18** | Is all soiled linen initially laundered on a pre-wash (sluice) machine cycle? |  |  |  |
| **19** | Is the laundry room free of a manual sluice facility / sluicing basin? |  |  |  |
| **20** | Is the handwash basin used only for hand washing (and not for discarding of any fluids)? |  |  |  |
| **21** | Is the designated handwash basin accessible for users? |  |  |  |
| **22** | Is the handwash basin of a safe design i.e. plug free, overflow free, waste offset from tap flow ,providing water at a comfortable temperature (i.e.mixer taps or thermostatically controlled), elbow operated or paper towels used to turn off taps? |  |  |  |
| **23** | Is the handwash basin clean? |  |  |  |
| **24** | Is the handwash basin cleanable and in good condition? |  |  |  |
| **25** | Is the handwash basin free from clutter? |  |  |  |
| **26** | Is the soap dispenser clean, containing soap, wall mounted or from a single use pump dispenser and filled with a single use cartridge (if wall mounted)? |  |  |  |
| **27** | Is the paper towel dispenser clean, enclosed, containing paper towels? |  |  |  |
| **28** | Are there posters that promote how to perform hand hygiene? |  |  |  |
| **29** | Is there a waste bin located by the handwash basins for discarding paper towels that is clean, operated by a functioning hands free system? |  |  |  |
| **30** | Is there a domestic and clinical waste bin in the laundry area that is not overfilled, in good condition and operated via a functioning hands free mechanism? |  |  |  |
| **31** | Are the areas where clean linen is stored appropriate i.e. not exposed to splash or pathogenic, microbial contamination? |  |  |  |
| **32** | Are the linen storage facilities (including floors and shelves) clean? |  |  |  |
| **33** | Are the linen storage facilities (including floors and shelves) cleanable and in good condition? |  |  |  |
| **34** | Are the linen storage facilities (including floors and shelves) free from clutter? |  |  |  |
| **35** | Is the clean linen stored off the floor? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **% Audit Score Laundry and Linen Management** |  |  |  |

**13. Quality Assurance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions** |
| **1** | Do staff know how to access the latest Acute Respiratory Illness (ARI) guidance |  | THIS SECTION IS NOT SCORED |  |
| **2** | Do staff receive training in aseptic technique |  | If applicable. |  |
| **3** | Do you monitor staffs competency and compliance in practice with invasive procedures ( competency assessments/audit) |  | If applicable. |  |
| **4** | Have staff received training on catheterisation |  | If applicable. |  |
| **5** | Have staff received training on catheter care management |  |  |  |
| **6** | Are staff trained in urine sample collection and understand when not to undertake dipstick urinalysis |  |  |  |
| **7** | Are specimen results followed up with the service users GP to ensure a review has taken place |  |  |  |
| **8** | Is there evidence that UTI assessment tools are being used in the setting |  |  |  |
| **9** | Are hydration leaflets/posters available in the setting |  |  |  |
| **10** | Are service users supported and encouraged to keep hydrated (as appropriate to their health status) |  |  |  |
| **11** | Is there evidence hydration assessment tools are being used in the setting |  |  |  |
| **12** | If staff perform enteral feeding management have they received appropriate training |  | If applicable. |  |
| **13** | Do staff receive regular training on mouthcare |  |  |  |
| **14** | Is mouthcare embedded in the care delivery |  |  |  |
| **15** | If a service user had unexplained diarrhoea does the setting have protocol/policy in place to manage appropriately (Includes Bristol stool chart, Isolation/Period of isolation, sampling, PPE, cleaning disinfection, hand hygiene) |  |  |  |
| **16** | Do staff have access to a care plan that incorporates C.diff management as required |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **% Audit Score Quality Assurance** |  |  |  |