**Infection Prevention & Control Environmental Audit Tool**

**For Supported Living and Extra Care Housing (Version 2 Oct 2024)  
(Adapted from Infection Prevention Society Tool for General Practitioner Settings - Quality Improvement Tool v2 2016)**

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| **Name of setting:** |  |  | **Standards Audited:** | **Current  % score** |
| **Name of Housing provider:** |  |  | IPC Safety |  |
| **Address:** |  |  | Staff Knowledge |  |
| **Postcode:** |  |  | Personal Protective Equipment |  |
| **Tel No:** |  |  | Minimising risk of infection |  |
| **Email:** |  |  | Domestic Room |  |
| **Name of Manager:** |  |  | Waste management |  |
| **Date of Audit:** |  |  | Laundry & Linen Management |  |
| **Audit Completed By:** |  |  | **Overall Score** |  |
| **Date Audit Report Completed:** |  |  |  |  |
|  |  |  | **Audit Scoring Key:** | |
|  |  |  | **Good Compliance** | **95 - 100%** |
|  |  |  | **Action Required** | **80 - 94%** |
|  |  |  | **Urgent Action/Improvement Required** | **79% and below** |

**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, NB where the NA box is ‘greyed’ out this indicates that the question must be given either a Yes or No answer. 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:

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| --- | --- | --- | --- | --- | --- | --- |
|  | **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 | 01/01/19 |
| **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 | 01/01/19 |

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

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| **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**

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| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions (To be completed by Service Lead)** | **Date of Completion** |
| **1** | Does setting have a designated person responsible for leading on IPC? |  |  |  |  |
| **2** | Are staff provided with updates when there are changes to IPC guidance? |  |  |  |  |
| **3** | Are IPC topics discussed at regular team meetings? |  | *(Check minutes of team meetings)* |  |  |
| **4** | Is there clear information about when and how to obtain advice about infection prevention and control - including out of hours? |  |  |  |  |
| **5** | Is there evidence of a process for reporting untoward infection related incidents e.g. outbreaks? |  | *(Review current polices/procedures)* |  |  |
| **6** | Is there evidence that audits have been undertaken and practice changed to improve IPC? |  | *(Review previous audit/action plans)* |  |  |
| **7** | Does the setting have an exclusion from work policy for staff? |  | *(Review current polices/procedures)* |  |  |
| **8** | Is the policy / poster for management of an inoculation injury easily accessible? |  | *(Is there a poster on display explaining how staff manage a needle stick injury, bite that breaks the skin, or splash of blood and or bodily fluids?)* |  |  |
| **9** | Have all staff received, or have planned (booked), IPC induction training? |  |  |  |  |
| **10** | Does IPC training meet mandatory requirements for those providing care activities i.e. minimum of every 3 years? |  |  |  |  |

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| **11** | Are up to date infection prevention and control policies and procedures available to staff, and accessible to staff 24 hours per day? |  | *(Review current polices/procedures)* |  |  |
| **12** | Are staff encouraged to have immunisations ? (e.g Influenza, COVID 19) |  |  |  |  |
| **13** | Where appropriate do providers support people to engage with the vaccination programmes? |  |  |  |  |
| **14** | Is a suitable general purpose detergent available (for areas staff are responsible for) ? |  |  |  |  |
| **15** | Is a suitable disinfectant available for use in the event of outbreaks, infection and when cleaning equipment in contact with bodily fluids (for areas staff are responsible for)? (Chlorine should be diluted to 1000ppm) |  | *(i.e. Milton)* |  |  |
| **16** | Is there a poster detailing how to decontaminate blood or body fluid spills, discard materials and use personal protective equipment? |  | [national-infection-prevention-control-manual-England-version-2.10.pdf](https://www.england.nhs.uk/wp-content/uploads/2022/04/national-infection-prevention-control-manual-England-version-2.10.pdf) |  |  |
| **17** | Are staff adhering to Bare Below the Elbow particularly if providing care |  | *(Observe staff)* |  |  |
| **18** | Is alcohol gel available within the setting at the point of care, and at a minimum of 60% alcohol? |  | *(Review current alcohol content in alcohol gel)* |  |  |
| **19** | There are no nail brushes or bars of soap in use (exclude for people who are supported)? |  |  |  |  |
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|  | **% Audit Score IPC Safety** |  |  |  |  |

**2. Staff Knowledge**

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| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions (To be completed by Service Lead)** | **Date of Completion** |
| **1** | Can the person in charge today state how they would manage an outbreak of infection? |  | *(Ask a member of staff. For example if 2 or more cases of flu, covid, diarrhoea and or vomiting are identified who and how would you manage this)* |  |  |
| **2** | Do staff feel they have received sufficient training in IPC to enable them to practice safely? |  |  |  |  |
| **3** | Can staff describe which products should be used for routine cleaning (for areas staff are responsible for)? |  |  |  |  |
| **4** | Do staff know how and when to use disinfectants safely?(for areas staff are responsible for) |  | *(Ask staff to explain how they would use a disinfectant and when it is appropriate to use a disinfectant i.e. when caring for a resident with gastrointestinal illness, in outbreaks etc)* |  |  |
| **5** | Do staff know how to decontaminate a blood or body fluid spillage safely? |  | *(Ask staff to explain process)* |  |  |
| **6** | Do staff know when and how to perform hand hygiene? |  | *(Ask staff to explain the WHO 5 moments of hand hygiene and demonstrate the Ayliffe technique)* |  |  |
| **7** | Do staff know when it is appropriate to use / not use alcohol gel? |  | (*Staff should be able to demonstrate when caring for a resident with gastrointestinal illness i.e. c.diff and when hands are visibly soiled alcohol gel should not be used)* |  |  |
| **8** | Do staff who manage laundry receive training on handling linen and safe laundry processes? |  |  |  |  |

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| **9** | Do staff know how to access the infection prevention policies and procedures? |  |  |  |  |
| **10** | Do staff know when to wear PPE appropriately? |  |  |  |  |
| **11** | 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 process)*  [national-infection-prevention-control-manual-England-version-2.10.pdf](https://www.england.nhs.uk/wp-content/uploads/2022/04/national-infection-prevention-control-manual-England-version-2.10.pdf) |  |  |
| **12** | Are people supported to follow good respiratory hygiene practice e.g. catch it, bin it, kill it ? |  |  |  |  |
| **13** | Are people supported and encouraged to wash their hands at appropriate times? (before eating and after the toilet) |  |  |  |  |
| **14** | Are people supported and encouraged to keep hydrated (as appropriate to their health status) to prevent dehydration? |  |  |  |  |
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|  | **% Audit Score Staff Knowledge** |  |  |  |  |

**3. Personal Protective Equipment**

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| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions (To be completed by Service Lead)** | **Date of Completion** |
| **1** | Are single use plastic aprons 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** | Is the available PPE kept away from sources of likely contamination? |  | *(Look where PPE is stored could it become contaminated ? i.e. in toilet/sluice facilities)* |  |  |
| **6** | Are staff wearing PPE in line with guidance? |  | *(Observe staff)*  [national-infection-prevention-control-manual-England-version-2.10.pdf](https://www.england.nhs.uk/wp-content/uploads/2022/04/national-infection-prevention-control-manual-England-version-2.10.pdf) |  |  |
| **7** | Is PPE worn in anticipation of contact with body fluid? |  | *(Observe staff)* |  |  |
| **8** | Are aprons and gloves used once and discarded after use? |  | *(Observe staff)* |  |  |
| **9** | Is PPE (gloves and apron) changed, between tasks on the same resident? |  | *(Observe staff)* |  |  |
| **10** | Is hand hygiene performed after PPE removal? |  | *(Observe staff)* |  |  |
| **11** | Is PPE observed to be worn appropriately? |  |  |  |  |
| **12** | Are staff trained in putting on and taking off PPE? |  |  |  |  |
| **13** | Are staff observed to be competent in putting on and taking off PPE? |  |  |  |  |
| **14** | Do staff have easy access to adequate supplies of PPE? |  |  |  |  |
|  | **% Audit Score PPE** |  |  |  |  |

**4. Minimising Risk of (catching and spreading) Infection**

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| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions (To be completed by Service Lead)** | **Date of Completion** |
| **1** | Are hand hygiene facilities/ hand rub available in communal areas and on entering and leaving the setting? |  |  |  |  |
| **2** | Does the provider provide accessible IPC information to people they support , visitors and family? |  |  |  |  |
| **3** | Is Information available for people and their visitors on how to raise concerns or complaints around IPC practice or standards? |  |  |  |  |
| **4** | Do providers support people to follow isolation guidance and hygiene practices as much as possible (appropriate to their needs)? |  |  |  |  |
| **5** | Where people choose not to or are unable to maintain measures to reduce the spread of infection the provider has taken all reasonable steps to mitigate risks to people and care staff? |  |  |  |  |
| **6** | Are people supported to understand the importance of effective ventilation and how to improve ventilation? |  |  |  |  |
| **7** | Where providers are responsible, are measures in place to support people to keep their home environment hygienic and minimise the risk of infection? |  |  |  |  |
| **8** | Are communal areas (where the provider is responsible ) of the environment clean? |  |  |  |  |

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| **9** | Are communal areas (where the provider is responsible) of the environment cleanable and in good condition? |  | *(Observe integrity of furniture and fittings)* |  |  |
| **10** | Is the floor covering clean, cleanable and in good condition (where the provider is responsible)? |  | *(Observe integrity of flooring)* |  |  |
| **11** | Are clear schedules in place, which include the frequency of cleaning of high touch areas. Records show compliance with the cleaning schedule (if the provider is responsible)? |  | *(Observe cleaning schedules)* |  |  |
| **12** | Are all staff rooms/areas clean and tidy? |  |  |  |  |
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|  | **% Audit Score Minimising Risk of Infection** |  |  |  |  |

**5. Domestic Rooms**

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| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions (To be completed by Service Lead)** | **Date of Completion** |
| **1** | Does the establishment have a colour coded system for cleaning equipment? |  |  |  |  |
| **2** | Is the domestic room (if applicable) fit for purpose? |  | *(Is the room large enough, containing all equipment available for cleaning)* |  |  |
| **3** | Is the environment, including floors, clean, cleanable and in good condition? |  |  |  |  |
| **4** | Is the environment free from clutter? |  |  |  |  |
| **5** | Are any unused or cleaned items stored such that they are free from any likely splash contamination? |  |  |  |  |
| **6** | Do the domestic staff have access to PPE suitable for their needs? |  |  |  |  |
| **7** | Are mop buckets, mop bucket ringers or other cleaning equipment clean and dry? |  |  |  |  |
| **8** | Are mop heads laundered or disposable? |  |  |  |  |
| **9** | Are mops stored inverted? |  | *(Observe if mops are stored upside down when not in use)* |  |  |
| **10** | Are cleaning cloths either single use or laundered? |  |  |  |  |
| **11** | Is there easy access to hand washing facilities either in the domestic room or close by? |  | *(Hand wash facilities should be for this purpose only)* |  |  |
| **12** | Is there a disposal unit for the discarding of waste water? |  | *(This should be within the domestic room)* |  |  |
| **13** | Is there somewhere to access water for cleaning? |  | *(This should be in a clean area - not a toilet/bathroom)* |  |  |
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|  | **% Audit Score Domestic Rooms** |  |  |  |  |

**6. Waste Management**

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| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions (To be completed by Service Lead)** | **Date of Completion** |
| **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)? |  |  |  |  |
| **3** | Are waste bags stored in a designated safe, lockable area / facility before uplift? |  |  |  |  |
| **4** | Are hand free operated waste bins used (staff areas) |  | *(Bins should be foot operated, lidded bin in staff areas)* |  |  |
| **5** | Is waste being managed safely in the setting? |  |  |  |  |
| **6** | Is the removal of all waste categories removed by a registered contractor? |  |  |  |  |
| **7** | Are hand free operated waste bins used (staff areas) |  | *(Bins should be foot operated, lidded bin in staff areas)* |  |  |
|  |  |  |  |  |  |
|  | **% Audit Score Waste Management** |  |  |  |  |

**7. Laundry Management**

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| --- | --- | --- | --- | --- | --- |
| **Question Number** | **Statement** | **Yes/No/NA** | **Comments** | **Actions (To be completed by Service Lead)** | **Date of Completion** |
| **1** | Where laundry facilities are shared (either because an ordinary house share arrangement, or because they are communal facilities in a housing scheme) are the facilities clean? |  |  |  |  |
| **2** | Is the laundry environment cleanable and in good condition (where the provider is repsonsible)? |  |  |  |  |
| **3** | Is the floor clean (where the provider is repsonsible)? |  |  |  |  |
| **4** | Is the floor cleanable and in good condition (where the provider is repsonsible)? |  |  |  |  |
| **5** | Is the laundry environment free from clutter and extraneous items (including food and drink)? |  | *(Check area for inappropriate items)* |  |  |
| **6** | Is the laundry room/facility free of a manual sluice facility / sluicing basin? |  | *(Check staff are not manually (hand cleaning) garments)* |  |  |
| **7** | Is soiled linen, contaminated with blood or body fluids, or from an isolation room managed safely i.e placed in water-soluble bags? |  |  |  |  |
| **8** | Is PPE available for staff to use ie gloves and apron? |  |  |  |  |
| **9** | Are people who are infectious supported to follow best practice guidance around their laundry? |  |  |  |  |
| **10** | Has the provider considered if people will need additional support with their laundry if they develop symptoms and has taken steps to ensure this support is available? |  |  |  |  |
| **11** | Is the tumble dryer vented to the outside or a condenser? |  |  |  |  |
| **12** | Is the washing machine and tumble dryer in good working order ? |  |  |  |  |
| **13** | Is the washing machine and tumble dryer included in a planned maintenance programme? |  |  |  |  |
| **14** | Is the handwash basin used only for hand washing (and not for discarding of any fluids)? |  |  |  |  |
| **15** | Is the designated handwash basin accessible for users? |  | *(Check items are not in the way of the hand wash basin)* |  |  |
| **16** | 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? |  |  |  |  |
| **17** | Is the handwash basin clean? |  |  |  |  |
| **18** | Is the handwash basin cleanable and in good condition? |  |  |  |  |
| **19** | Is the handwash basin free from clutter? |  | *(Check there are no items on the handwash basin)* |  |  |
| **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)? |  |  |  |  |
| **21** | Is the paper towel dispenser clean (includes underside), enclosed, containing paper towels? |  |  |  |  |

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| **22** | Are there posters that promote how to perform hand hygiene? |  |  |  |  |
| **23** | Is there a waste bin in the laundry area that is not overfilled, in good condition and operated via a functioning hands free mechanism? |  |  |  |  |
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|  | **% Audit Score Laundry Management** |  |  |  |  |